

Evaluation of the Colorado Integrated System of Care Family Advocacy Demonstration Programs for Mental Health Juvenile Justice Populations Final Report

*Report to the Legislative Oversight Committee, the Task Force, Family Advocacy Coalitions,
and the selected Demonstration programs pursuant to C.R.S. 26-22-105(4)*

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EXECUTIVE SUMMARY

Juveniles who suffer from mental illness or co-occurring disorders and their families often have trouble navigating the many systems involved in providing services. These systems include mental health, medical, substance abuse, developmental disabilities, education, juvenile justice, child welfare, and others. One method of assisting this difficult process is to use family advocates who are committed to ensuring the best outcomes for juveniles with mental health or other co-occurring needs. In 2007, the Colorado General Assembly passed House Bill (H.B.) 07-1057, establishing the creation of family advocacy demonstration programs for juveniles with mental health or co-occurring disorders who are in or at-risk of becoming involved with the juvenile justice system (see C.R.S. 26-22-101 to 106).

H.B. 07-1057 also mandated that the Family Advocacy Demonstration Programs must serve urban, suburban, and rural populations. Staff from the Division of Criminal Justice (DCJ) and the Division of Behavioral Health (DBH) collaborated to develop the request for proposals for potential service agencies. The following were the selected family advocacy demonstration sites.

- **Urban:** The Family Agency Collaboration (FAC) located in Denver.
- **Suburban:** The Federation of Families for Children's Mental Health-Colorado Chapter is located in Jefferson County.
- **Rural:** Pikes Peak Mental Health Center (PPMH) located in Teller County (terminated participation as of February 16, 2009).
- **Rural:** Montrose County School District RE-1J located in Montrose (selected as replacement rural site on June 25, 2009).

PROGRAM DESCRIPTIONS

Urban Site: Denver. The urban program was provided by the Family Agency Collaboration (FAC), a family-run organization, in cooperation with the Mental Health Center of Denver (MHCD). FAC's target population were children and youths ages 10 to 21 years who resided in the city and county of Denver, had a serious mental health disorder/diagnosis, were involved or at risk of involvement with the juvenile justice system, and had been involved with multiple(three or more) child serving agencies.

Suburban Site: Jefferson County. The suburban program was offered by the Federation of Families for Children's Mental Health – Colorado Chapter in partnership with the 1st Judicial District Juvenile Services Planning Committee. Their target population included juveniles ages 10 to 17 years old who lived in Jefferson County, demonstrated mental health or co-occurring issues through the MAYSI-2 screening or DSM-IV diagnosis, and had a pending charge in the 1st Judicial District upon referral from the custody of Mount View Detention Center on bond or was a juvenile on probation needing further supervision without a duplication of services.

Former Rural Site: Teller County. The rural program was initially led by Pikes Peak Mental Health Center in collaboration with ten other Teller County partner organizations collectively called the Family to Community Program. However, Pikes Peak Mental Health submitted a

letter to the Division of Behavioral Health on December 17, 2008 stating their intent to terminate participation in the Family Advocacy Demonstration program.

Replacement Rural Site: Montrose. Following the withdrawal of the Teller County rural site, a subsequent program solicitation yielded a replacement for the rural program demonstration site. This program was selected as the replacement rural site on June 25, 2009, and the family advocate began working with juveniles and families on August 25, 2009. This program was located in the Montrose County School District RE-1J in collaboration with Hilltop Community Resources.

STUDY DESIGN AND METHOD

H.B. 07-1057 included a mandate (C.R.S. 26-22-105) for the Division of Criminal Justice (DCJ) to evaluate the family advocacy demonstration programs. The evaluation was to include analyzing system utilization outcomes, juvenile and family outcomes, family and juvenile satisfaction and assessment of family advocates, and process and leadership outcomes. Other outcomes may include the identification of the cost avoidance or cost savings, if any, achieved by the demonstration programs, the applicable outcomes achieved, transition services provided, and the service utilization time frames. The statute required the completion of two interim reports by January 15, 2009 and 2010, concluding with a final report due June 1, 2010. These interim reports, available at http://dcj.state.co.us/ors/research_documents.htm, provide additional background and information on the study design and measures.

Per the legislative mandate, the Division of Criminal Justice assessed service access and juvenile/family satisfaction among those who worked with an advocate. The evaluation of the family advocacy demonstration programs was focused on the program activities and clients who were admitted to and participated between January 1, 2008 and March 31, 2010. This evaluation was also mandated to include comparison groups relevant to each site. The comparison groups were comprised of juveniles and their families who did not receive family advocacy services and met similar site criteria during the same time period.

This study employed a Solomon four-group design (Solomon, 1949), which is an extension of the traditional pre-post design. The design includes the two traditional pre-post with and without treatment groups along with a treatment and a non-treatment group receiving only post-test measures. "Treatment" in this study refers to the reception of family and juvenile services with an advocate, whereas "without treatment" refers to the reception of family and juvenile services without an advocate. Therefore, the four quasi-experimental groups were as follows:

- **Family Advocacy-Active (Pre-Post with Treatment):** Participants were juveniles and families who worked with a family advocate, completed the Family Empowerment Scale (FES) within 30 days of enrollment, received family advocacy services and, upon completion of their involvement with the family advocate, completed the FES and the juvenile and parent/guardian versions of the DCJ Family Advocate Questionnaire (FAQ).

- **Comparison Group-Active (Pre-Post without Treatment):** Participants were juveniles and families involved in the juvenile justice system not working with a family advocate who completed the Family Empowerment Scale (FES) within 30 days of their child’s involvement in the Juvenile Justice System and again upon discharge from the system. In addition, the juvenile and their parent/guardian completed the DCJ Family Services Questionnaire (FSQ).
- **Family Advocacy-Closed (Post-only with Treatment):** Participants were juveniles and families previously discharged from the family advocacy demonstration programs prior to the start of the study. Parents/guardians were asked to complete the Family Empowerment Scale (FES) and the juvenile and their parent/guardian completed the DCJ Family Advocate Questionnaire.
- **Comparison Group-Closed (Post-only without Treatment):** Participants were juveniles and families previously discharged from their involvement in the Juvenile Justice System prior to the start of the study who did not receive family advocacy services. Parents/guardians completed the Family Empowerment Scale (FES) and the juvenile and their parent/guardian completed the DCJ Family Services Questionnaire.

Data Sources

Data were collected from each of the sites from a variety of sources. The data were gathered through case-file tracking documents, paper-and-pencil questionnaires, one-on-one interviews, surveys, and recidivism checks. Per H.B. 07-1057, the following program components were evaluated:

- system utilization outcomes,
- juvenile and family outcomes,
- family and juvenile satisfaction with the family advocate,
- assessment of family advocates, and
- process and leadership outcomes as they relate to partnering agencies.

Further, the legislation noted that, if feasible given the resources available, other outcomes such as cost avoidance and cost savings, and transition services provided.

Study Limitations

The Division of Criminal Justice made every attempt to meet the statutory evaluation mandates, which were exceptionally broad in scope. Consequently, program, data and methodological limitations were encountered in the following areas and are described in full in the body of the report:

- Demonstration project criteria,
- Case file tracking data,
- Cost avoidance / savings documentation,
- Family advocacy participant recruitment and attrition, and
- Comparison participant recruitment and attrition.

These problems of scope derived from the mandate itself. The final appropriation for the family advocacy demonstration programs and the evaluation, relative to the amounts requested, considerably limited the function and reach of both the advocacy programs and the evaluation. This resulted in the following:

- The funding of fewer advocates than originally proposed limited the number of possible advocacy clients. Advocates can serve only a limited number of simultaneous clients to maintain effective provision of services. The length of service, which is dependent on the breadth of service needs, is determined by the families and not the program advocates; therefore, the number of potential clients served was not wholly within the control of the programs. The reduced number of participants profoundly affected the viability of particular data analyses.
- The unique variations in program implementation across the three sites and the extensive outcomes requested in H.B. 07-1057 requires three tailored evaluations rather than a single evaluation project. There were fewer evaluation efficiencies than expected due to the individuality of programs, requiring staffing and managing three independent and comprehensive evaluations.
- The unique nature of each program necessitated that data be treated separately in statistical analyses. Although the programs yielded a total of 90 clients, analyses cannot be aggregated across the program sites.
- Additionally, the legislation required data collection from control groups to which the advocacy clients would be compared. There were no provisions in the legislation to provide the funding or resources necessary for control group sites to assist research staff in this portion of the project, resulting in participant numbers too few for analysis.
- Therefore, due to low participant numbers, it is an error to assume that the evaluative data collected can support meaningful conclusions.

FINDINGS: URBAN SITE-FAMILY AGENCY COLLABORATION

Referral Reasons. The primary reasons for referral to the Denver program were juvenile justice system involvement and mental health issues. Other reasons for referral included school problems, family dysfunction, anger issues, substance abuse, gang involvement, immigration status, and the juvenile's disregard for rules and authority.

Juvenile Justice Involvement. Thirty-five of the 40 juveniles in the Denver program had contact with or were involved in the juvenile justice system at enrollment.

At-Risk Juveniles. Most of the program participants had or were having significant problems in school, and 32 had been suspended or expelled. Forty percent (16) had a family history of criminality, six were homeless, and eight were gang members or had gang involvement. The program participants in Denver presented with a myriad of problems and at-risk circumstances.

Service Referrals and Services Received. For the 40 juveniles who participated in the Denver program, a total of 189 service referrals were made, 159 services were received by the juveniles and 62 services received by family members. This overall finding suggests that

program participants and their families benefited from significant service utilization.

Education. Many of the juveniles in the Denver program had serious problems with school. Thirty-two had been expelled or suspended, as shown in Table 16. Poor school performance is linked with many negative life outcomes, including involvement in crime. As shown in Table 20, 18 juveniles received Individualized Education Plans (IEP) during the study period, indicating that an important need of these juveniles was being addressed. An IEP is a plan developed by the parents and the school that specifies academic goals for the child and the ways in which the child can achieve them. It provides a structure for achieving educational goals.

Family Empowerment Scale. Overall, as measured by the Family Empowerment Scale, those who completed the questionnaire perceived themselves to be generally empowered both before and after participation in the Denver program. All average scores were above 3.5 on a scale of 1-5.

Family Advocacy Questionnaire. The average level of satisfaction with the family advocate program for those who responded to the questionnaire was above 4 for both juveniles and guardians, and well above the midpoint of the 1-5 range (2.5).

Juvenile Justice Outcomes. Given the high-risk nature of most of the Denver participants (see Table 16 for a description of the risk characteristics), it is notable that a majority of juveniles had no additional justice events during the study period. Many received services that may have improved the outcomes of the Denver program participants. Unfortunately, it is impossible to determine empirically if this finding is related to the advocacy program generally or any of the services received by the juveniles and their families. Only five juveniles and two families were recruited for a comparison group, making analysis unfeasible.

FINDINGS: SUBURBAN SITE-FAMILY AGENCY COLLABORATION

Referrals. The advocacy program developed by the Federation of Families for Children's Mental Health, Colorado Chapter (hereafter referred to as the Federation of Families) was specifically designed by the 1st Judicial District Juvenile Services Planning Committee to receive client referrals from Jefferson County Pre-Trial Services.

The program provided services to the population it intended to target. In fact, 86.7 percent of the 30 juvenile/family program participants were referred from the pre-trial services program (see Table 27) and nearly all (86 percent) had mental health problems (see Table 28).

Referral Reasons. The primary reasons for referral to this advocacy site were juvenile justice involvement and mental health concerns.

Enrollments and Discharges. According to the annual Work Plans submitted to the Division of Behavioral Health, the program planned to serve 30 juveniles and their families annually, but it served half that number.

Mental Illness. Overall, the Jefferson County advocacy program reported that 21 (70 percent) of the juveniles had a mental health diagnosis or disorder (for the types of disorders, see

Table 40) and the 9 remaining juveniles met the threshold of concern on a mental health screening instrument (for screening indications see Table 41). However, information about a child's mental health disorder was not systematically discussed with the parents, especially among those whose children had mental health concerns as indicated by the screening instrument. Despite the fact that the legislation and the program required the presence of mental health problems as a primary eligibility criterion, due to stigma concerns and a preference to focus on client strengths rather than deficits, program staff made the decision not to discuss a child's mental illness or potential mental illness unless the parent raised the subject. This is concerning, given the extent of potential problems identified by the screening instrument, including depression, suicide ideation and thought disturbances, among others. It is unknown whether this practice impeded obtaining a complete mental health evaluation and appropriate treatment for juveniles without a previous diagnosis in the Jefferson County program.

Family Satisfaction and Empowerment. Several instruments were used to assess the experience of juveniles and family members who participated in the demonstration programs. These are described in the methods section above. However, too few responses to the questionnaire were provided to researchers (see the family advocacy participant recruitment and attrition section under "Study Limitations" in the methods section for the reasons for the few responses). Although 30 juveniles participated in the program, only two families completed the Family Empowerment Scale and fewer than ten completed the Family Advocacy Questionnaire, which prohibited analyses. Five juveniles and guardians were recruited for the comparison group, but this small number of cases prohibits analysis of the data as well.

Juvenile Justice Outcomes. During the study period, nearly half (14 of 30) of the Jefferson County participants had no further contact with the juvenile justice system for new offenses during enrollment or after participation in the advocacy program. Six (20%) were arrested during program participation and 10 were arrested after discharge (three juveniles were arrested during both periods). Only three (10 percent) were convicted of a new offense during the study period. However, the few convictions may be a function of time: it takes months for individuals to process through the system.

Table 47 shows that, among the group that was on probation, eight program participants sustained 15 revocations; one went to jail for six months and two were given lengthy commitment sentences to the Division of Youth Corrections.

Given the high-risk nature of the program participants (see Table 36 for justice system involvement and Table 39 for a description of the risk characteristics), it is noteworthy that nearly half of the juveniles had no additional justice events during the study period.

Only five juveniles and five families were successfully recruited for the comparison group, making analysis unfeasible.

FINDINGS: RURAL SITE-MONTROSE COUNTY SCHOOL DISTRICT RE-IJ

Referrals. Nineteen cases were referred to the program from the school or the truancy officer. One case was referred from pretrial services.

Referral Reasons. Many of the juveniles were referred to this program due to issues with school-related behaviors such as truancy, as shown in Table 49. A few had juvenile justice involvement and some had mental health issues.

Enrollment and Discharges. At the close of the study period, 20 juveniles had participated in the Montrose program. Fifteen of the cases were still active and five had discharged.

Juvenile Justice Involvement. For those five juveniles that discharged from the rural program, there was no further penetration in the juvenile justice system.

At-Risk Juveniles. Eight of the juveniles were considered aggressive, 13 had juvenile justice contact in the year prior to enrollment, and three quarters of the group had school behavior problems.

Mental Illness. Eight of 20 juveniles in the Montrose program had some indication of a previously identified mental illness or co-occurring substance abuse disorder.

Family Satisfaction and Empowerment. As measured by the Family Empowerment Scale, the ten parents/guardians who completed the questionnaire perceived themselves to be generally empowered both before and after participation in the Montrose program, and respondents felt most empowered regarding the social service system. Enhancing family empowerment to navigate social service systems was one of the objectives of the family advocacy demonstration programs. The extent to which these 10 respondents are representative of the 10 who did not complete the questionnaire remains unknown.

The average satisfaction rating by juveniles was 4.68 on a 5-point scale, and the guardian rating was even higher at 4.79. Findings from the Family Advocacy Questionnaire reflect high levels of satisfaction with the family advocate's performance and the services received.

Only nine juveniles and eight guardians completed the Family Services Questionnaire, an instrument designed for a comparison group of juveniles and parents that did not receive advocacy services. The average scores were above 4.2 on the 1-5 scale. This indicates very high satisfaction. This group did not receive family advocacy services but still had very high service satisfaction scores.

GENERAL FINDINGS

The researchers had the advantage of working with all four demonstration sites, participating in meetings to discuss program development and implementation, meeting with stakeholders, reviewing case files on site, and working with the Division of Behavioral Health staff. Over the 27 month study period, this experience allowed for informal site-to-site comparisons of policies and practices, challenges and strategies to overcome barriers to the effective delivery of services.

The observations listed below, and described in full in the body of the report, document the important practices that seemed to facilitate the delivery of services to juveniles and families as originally conceived by the General Assembly:

1. Advocacy seems most effective when assistance to program participants begins immediately following an arrest or the filing of charges.
2. Language barriers were common problems when advocates were not bilingual.
3. A family advocacy toolkit is being developed by the Juvenile Justice/Mental Health Committee that will provide “best practice” information to individuals who want to become family advocates.
4. There is a need to develop an educational curriculum clearly describing the role and responsibilities of the family advocate.
5. Programs and staff seemed to operate most effectively when the following components were in place:
 - Clearly defined roles and responsibilities for each aspect of the program.
 - Methods of accountability within and across organizations.
 - Advocate’s role and activities are focused on the juveniles and families enrolled in the program.
 - Community partners completely accept and share responsibility for developing the system of care.
 - Adequate program funding ensured by its partnerships.
 - Connection with an established family advocacy organization enhances the capacity of the system of care to deliver appropriate services since family advocacy organizations alone seldom have the capacity to implement a comprehensive program.
 - The lack of resources afforded to the programs for participation in the evaluation, and the limited resources allotted to the multi-site evaluation, resulted in minimal empirical findings on which to base policy decisions.

Cost Avoidance or Cost Savings

During the study period, 11 of the 90 juveniles who participated in the family advocacy demonstration program were convicted of additional crimes after enrollment in the family advocacy programs (between January 1, 2008 through March 31, 2010). Based on recent crime and cost estimates (McCollister, French, & Hang, 2010), total offense cost was calculated for the crimes committed by the 11 juveniles. The estimated per offense cost comprises tangible and intangible costs totaling \$46,862 per convicted offender.

Costs may be averted by successful participation in the family advocate demonstration sites in at least two ways. One, without exposure to the program, those juveniles that were reconvicted may have been charged with more crimes, or more serious crimes. Two, participation in the program may have diverted any or all of the 79 other juveniles from new convictions during the study period. Neither of these scenarios is reasonable to assume without significantly more information about the juvenile and his or her family (before, during and after program involvement), details about the services received in relation to the specific

needs of each juvenile and his or her family, a longer follow-up period, and a comparison group. None of this information is available.

Nevertheless, an averted conviction potentially saves, on average, \$46,862. Given the previous justice involvement of the juveniles in Denver and in Jefferson County, and the at-risk nature of the juveniles in Montrose, *averting a single conviction* (\$46,862) annually in each site offsets nearly 82 percent of the \$57,439 (average) FY2008-2011 appropriation from the General Assembly.

SECTION 1: BACKGROUND

In 2007, the Colorado General Assembly passed House Bill (H.B.) 07-1057, establishing the family advocacy demonstration programs focused on juveniles with mental health or co-occurring disorders who are currently involved in or at risk of involvement in the juvenile justice system (see C.R.S., 26-22-101 to 106). The primary goal of the legislation is to ensure that juveniles and families access necessary services and supports that take into account their needs and strengths. Furthermore, the programs are intended to integrate family advocacy¹ into community-based systems of care.² H.B. 07-1057 called for the design of three demonstration programs, one each in urban, suburban, and rural communities to deliver juvenile justice family advocacy services. The programs were required to develop a partnership between a family advocacy organization and a community entity (for example, non-profit, government, tribal government, individual, or group), providing family-driven and youth-guided advocacy services and support to the target population as part of an integrated system of care. The programs were to employ a family advocate, engage local juvenile justice and other human service organizations, provide an array of services and supports, make training available to the family advocate(s) and stakeholders, and collect and report data on juvenile, family, and community partners.

H.B. 07-1057 included a mandate to evaluate the program (C.R.S. 26-22-105) and identified the Division of Criminal Justice (DCJ) to work with the Colorado Division of Behavioral Health (DBH), formerly the Division of Mental Health (DMH), to evaluate the three juvenile-focused family advocacy demonstration programs. The DBH was charged with monitoring the three demonstration programs whereas the DCJ was to evaluate the programs.

The evaluation also included analysis of system utilization outcomes, juvenile and family outcomes, family and juvenile satisfaction and assessment of family advocates, and process and leadership outcomes. Other outcomes may include identification of the cost avoidance or cost savings, if any, achieved by the demonstration program, the applicable outcomes achieved, and transition services provided (see Appendix A for the H.B. 07-1057 legislation).

Legislative Change to House Bill 07-1057

Senate Bill 10-014. In January 2010, Senate Bill 10-014 titled “Concerning Changes to the Demonstration Programs for System of Care Family Advocates” was first introduced to the General Assembly. The intent of this bill was to make several technical and definition changes clarifying the role of family advocates and adding the family system navigators to the juvenile justice family advocacy demonstration program. The bill also adds transition services to the required services provided under the demonstration program.

¹ According to H.B. 07-1057, a family advocate is defined as an individual who has been trained to assist families in accessing and receiving services and support. Family advocates are usually individuals who have raised or cared for children and youth with mental health or co-occurring disorders and have worked with multiple agencies and providers, including mental health, physical health, substance abuse, juvenile justice, developmental disabilities, and other state and local systems of care.

² According to H.B. 07-1057, the system of care reflects an integrated network of community-based services and support that is organized to meet the challenges of youth with complex needs, including but not limited to the need for substantial services to address areas of developmental, physical, and mental health, substance abuse, child welfare, education, and involvement in or being at risk of involvement with the juvenile justice system. In a system of care, families and youth work in partnership with public and private organizations to build on the strengths of individuals and to address each person’s cultural and linguistic needs so services and supports are effective.

Under S.B. 10-014, family advocates and family system navigators are both required to receive training in a system of care approach to assist families in accessing and receiving services, and to have worked with multiple agencies and providers such as mental health, physical health, substance abuse, juvenile justice, developmental disability services, education, and other state and local service systems. The bill further specifies that a family advocate is a parent or primary guardian who has raised or cared for a child with a mental health or co-occurring disorder, whereas a family system navigator is an individual who has the skills, experience, and knowledge to work with children and juveniles with mental health or co-occurring disorders. The Governor signed this bill into law on March 31, 2010 (see Appendix B for the S.B. 10-014 legislation).

SECTION 2: PROGRAM DESCRIPTIONS

The premise of the Family Advocacy Demonstration Programs was that juveniles who suffer from mental illness or co-occurring disorders and their families often have trouble navigating the many systems involved in providing services. These systems include mental health, medical, substance abuse, developmental disability services, education, juvenile justice, child welfare, and others. One method of assisting this difficult process is to use family advocates who are committed to ensuring the best outcomes for juveniles with mental health and other co-occurring needs. Currently in Colorado, family advocates are present in various communities, systems, and organizations. The descriptions of the sites fulfilling the H.B. 07-1057 mandate to create family advocacy demonstration programs follow.

Urban Site: Denver

The urban program was provided by the Family Agency Collaboration (FAC), a family-run organization, in cooperation with the Mental Health Center of Denver (MHCD). FAC's target population were children and youths ages 10 to 21 years who resided in the city and county of Denver, had a serious mental health disorder/diagnosis, were involved or at risk of involvement with the juvenile justice system, and had been involved with multiple (three or more) child serving agencies. Because no clients served by the urban program were over 18, the youths served will be referenced as "juveniles."

The Denver program's goal was to provide direct services to 51 juveniles as well as provide family support and education services to at least 80 family members between January 2008 and June 2010. The FAC began enrolling H.B. 07-1057 juveniles on January 31, 2008 and, as of the conclusion of the evaluation period on March 31, 2010, had served 40 juveniles and 25 families, contacting an unknown number of individual family members.

Denver used a High-Fidelity Wraparound Process³ and other interventions to achieve the goals and objectives of the juveniles and their families. FAC also utilized a dyad model represented by collaboration between the family advocate and the service coordinator to provide advocacy services.

The role of the family advocate and service coordinator was to work closely with referred juveniles and their families to reduce their involvement with the juvenile justice system by developing and implementing an individualized service plan, otherwise known as a wraparound plan. The family advocate can accompany the juvenile/family to court appointments, team meetings (for example, Team Decision Making (TDM), Individualized Education Program (IEP) plans, Denver Collaborative Partnership (DCP)), and facilitate communication with the juvenile's supervising officer, treatment providers, school staff, and social workers.

Besides assisting the family advocate, the service coordinator's primary role, as a master's level clinician, was to assess and diagnose the juvenile, if, upon enrollment, there was no

³ The High Fidelity Wraparound Process participants join the youth and families to identify the services and supports they need to successfully meet probation or other supervision requirements, reduce incarceration, and ensure access to various support and treatment services (<http://www.vroonvdb.com/>).

previous mental health diagnosis. FAC hosted family support group meetings twice a month. The first meeting consisted of an education component (topics include parenting skills, life skills, pregnancy prevention, Individualized Education Plans, etc) and those attending the first meeting were then qualified to attend the second meeting comprising a family recreation night (dinner out, movie night, etc).

Suburban Site: Jefferson County

The suburban program was offered by the Federation of Families for Children's Mental Health – Colorado Chapter in partnership with the 1st Judicial District Juvenile Services Planning Committee. Their target population included juveniles ages 10 to 17 years old who lived in Jefferson County, demonstrated mental health or co-occurring issues through the MAYSI-2 screening or DSM-IV diagnosis, and had a pending charge in the 1st Judicial District upon referral from the custody of Mount View Detention Center on bond or was a juvenile on probation needing further supervision without a duplication of services. The Federation's family advocacy program is housed at the Jefferson County Juvenile Assessment Center (JAC).

This program began enrolling juveniles on March 7, 2008 and had served 30 youth clients as of March 31, 2010. The program planned to serve 30 juveniles and their families annually. The family advocate program was designed to support juveniles and families moving through the system, increase access to services, provide basic needs (for example, bus passes, gift cards for groceries, etc.) and empower the families to make informed decisions by involving them in service planning.

Juveniles and families were to participate in wraparound services for 10-12 weeks to develop a treatment plan and receive advocacy services. During that time, the juveniles and families were to develop a family-driven and integrated Mutually Agreed upon Plan (MAP) to include goals and objectives for mental health needs and treatment services.

The family advocate was also to provide emotional support, advocacy, resource information; to accompany the juvenile/family to court and other meetings (for example, Individualized Education Program (IEP) plans and Team Decision Making); to assist with basic needs (for example, food, clothing, school supplies); and to help the juvenile and family transition from pre-trial services to another placement (for example, Probation). Family support groups were also made available to participating families.

Former Rural Site: Teller County

The rural program was initially led by Pikes Peak Mental Health Center in collaboration with ten other Teller County partner organizations collectively called the Family to Community Program. This rural program's target population included children and juveniles between the ages of 10 and 21 years who had a mental health problem which may co-occur with another disorder, were involved in or at risk of involvement with the juvenile justice system, and were involved with three or more of the Teller county core partners. The program's core partners included the judicial system, mental health centers, schools, public health, and social services. The family advocate began working with the first family on May 7, 2008. The advocate position was intended to provide services such as system navigation, crisis response, integrated planning, and diversion from the juvenile justice system as well as training to other

agency partners within the community. This program's objective was to work with approximately 25 families over a 12 month period. As of November 30, 2008, 10 families had been enrolled in the program.

However, Pikes Peak Mental Health submitted a letter to the Division of Behavioral Health on December 17, 2008 stating their intent to terminate participation in the Family Advocacy Demonstration program. As of February 16, 2009, the rural site in Teller County concluded their family advocacy service and withdrew from the family advocacy demonstration program. The client data collected from this site was very incomplete and the primary evaluative activities (i.e. interviews, questionnaires and surveys) were not possible. The data available at the point of withdrawal are presented in Appendix C.

Replacement Rural Site: Montrose

Following the withdrawal of the Teller County rural site, a subsequent program solicitation yielded a replacement for the rural program demonstration site. This program was selected as the replacement rural site on June 25, 2009, and the family advocate began working with juveniles and families on August 25, 2009. This program was located in the Montrose County School District RE-1J in collaboration with Hilltop Community Resources.

Hilltop Community Resources provided the family advocacy services centered on a wraparound approach with attention to issues of poverty. The target population of the program was to serve an annual 20-25 Montrose County School District middle and high school students (either enrolled, suspended, or expelled) who presented mental health and/or co-occurring challenges, were involved in the juvenile justice system, were at risk of (or were actively) dropping out of school, and were likely living in homes and neighborhoods affected by poverty.

As of March 31, 2010, the program had enrolled 20 juveniles in the program that focused on support and interventions to foster and enhance school success. The advocate differentiated education issues from behavioral, emotional, and familial issues and then connected families to needed resources in these areas. The family advocate, who is bilingual, assisted the juveniles and families with system navigation and strategies to access resources by providing intensive case management services that included initial assessments, treatment planning, in-home services and education, referrals, language translation (English/Spanish), and teaching the family how to advocate for themselves.

SECTION 3: DESIGN AND METHOD

Study Design

Per the legislative mandate, the Division of Criminal Justice assessed service access and juvenile/family satisfaction among those who worked with an advocate. The evaluation of the family advocacy demonstration programs was focused on the program activities and clients who were admitted to and participated between January 1, 2008 and March 31, 2010. During the same period, participants were recruited and data collected from comparison groups for each advocacy demonstration site. Juveniles and their families who did not receive family advocacy services and met similar site criteria were considered candidates for the comparison groups.

This study employed a Solomon four-group design (Solomon, 1949), which is an extension of the traditional pre-post design. The design includes the two traditional pre-post with and without treatment groups along with a treatment and a non-treatment group receiving only post-test measures. "Treatment" in this study refers to the reception of family and juvenile services with an advocate, whereas "without treatment" refers to the reception of family and juvenile services without an advocate. The pre-test may also be referenced subsequently as the test at enrollment and the post-test referenced as the test at discharge.

Given the protracted research review and consent form modification process and approval by Western Institutional Review Board (WIRB), some families in both the treatment (worked with an advocate) and non-treatment (did not work with a family advocate) groups had already completed services. Acquiring pre-treatment measures for these families was not possible. However, treatment measures of empowerment and service satisfaction were administered to the closed cases from the urban and suburban sites thus serving as the post-only groups. Although not randomly assigned to the post-only groups, these juveniles and families do not demonstrate differences from participants in the pre-post groups. Therefore, the four quasi-experimental groups were as follows:

- **Family Advocacy-Active (Pre-Post with Treatment):** Participants were juveniles and families who worked with a family advocate, completed the Family Empowerment Scale (FES) within 30 days of enrollment, received family advocacy services and, upon completion of their involvement with the family advocate, completed the FES and the juvenile and parent/guardian versions of the DCJ Family Advocate Questionnaire (FAQ).
- **Comparison Group-Active (Pre-Post without Treatment):** Participants were juveniles and families involved in the juvenile justice system not working with a family advocate who completed the Family Empowerment Scale (FES) within 30 days of their child's involvement in the Juvenile Justice System and again upon discharge from the system. In addition, the juvenile and their parent/guardian completed the DCJ Family Services Questionnaire (FSQ).

- **Family Advocacy-Closed (Post-only with Treatment):** Participants were juveniles and families previously discharged from the family advocacy demonstration programs prior to the start of the study. Parents/guardians were asked to complete the Family Empowerment Scale (FES) and the juvenile and their parent/guardian completed the DCJ Family Advocate Questionnaire.
- **Comparison Group-Closed (Post-only without Treatment):** Participants were juveniles and families previously discharged from their involvement in the Juvenile Justice System prior to the start of the study who did not receive family advocacy services. Parents/guardians completed the Family Empowerment Scale (FES) and the juvenile and their parent/guardian completed the DCJ Family Services Questionnaire.

With the addition of the new rural program in Montrose, assignment to groups could adhere to the more traditional method of random assignment in the Solomon design as opposed to the necessary convenience assignment of already-closed cases to the post-only groups at the urban and suburban sites. Families in the advocacy and those in the comparison (non-advocacy) groups were alternately assigned to either the pre-post group or the post-only group upon enrollment. Enrollees at the urban and suburban site, following the initiation of the study, also adhered to this assignment procedure to maintain a balance in enrollee group numbers.

Across the demonstration sites, the post-only groups encompassed participants who had either discharged from the family advocacy program/juvenile justice supervision prior to the start of the study or were participants alternately assigned to the post-only group. Based on this modification, the groups were as follows:

- **Family Advocacy-Pre-Post with Treatment:** Participants were juveniles and families working with a family advocate for whom pre-measures could be administered and who were randomly assigned to this group. Parents/guardians completed the Family Empowerment Scale (FES) within 30 days of being assigned a family advocate, received family advocacy services, and, upon completion of their involvement with the family advocate, completed the FES and the juvenile and parent/guardian versions of the DCJ Family Advocate Questionnaire (FAQ).
- **Comparison Group-Pre-Post without Treatment:** Participants were juveniles and families involved in the juvenile justice system not working with a family advocate who could be administered the pre-measures and who were randomly assigned to this group. Parents/guardians completed the Family Empowerment Scale (FES) within 30 days of their child's involvement in the Juvenile Justice System and again upon discharge from the system. In addition, the juvenile and their parent/guardian were administered the DCJ Family Services Questionnaire (FSQ).
- **Family Advocacy-Post-only with Treatment:** Participants were juveniles and families working with a family advocate for whom *only* post-measures could be administered or who were randomly assigned to this group. Parents/guardians were asked to complete the Family Empowerment Scale (FES) and the juvenile and parent/guardian versions of the DCJ Family Advocate Questionnaire. Disparate lag times between case closure and the post-test administration of the groups were noted, but did not affect analyses.

- **Comparison Group-Post-only without Treatment:** Participants were juveniles and families involved in the juvenile justice system not working with a family advocate who could be administered the post-measures or who were randomly assigned to this group. Parents/guardians completed the Family Empowerment Scale (FES) and the juvenile and their parent/guardian versions of the DCJ Family Services Questionnaire (FSQ). Disparate lag times between case closure and the post-test administration of the groups were noted, but did not affect analyses.

	Group	Pre-Test (FES) ¹	Treatment: Family Advocacy Services	Post-Test (FES, FAQ/FSQ) ¹
1	Family Advocacy: Pre-Post with Treatment	Yes	Yes	Yes
2	Comparison Group: Pre-Post without Treatment	Yes	No	Yes
3	Family Advocacy: Post only with Treatment	No	Yes	Yes
4	Comparison Group: Post only without Treatment	No	No	Yes

¹ FES stands for Family Empowerment Scale. FAQ stands for Family Advocate Questionnaire. FSQ stands for Family Services Questionnaire.

Human Subjects Protection

The protection of human subjects requires that research participation be completely voluntary and confidential, and that the benefits and risks of the study be clearly articulated to potential participants prior to their decision to participate. Federal law sets the guidelines for human subjects protection and, in doing so, specifies that research involving juveniles 10 - 17 years requires the consent of a parent or legal guardian and the active assent of the juvenile (45 C.F.R. § 46.102). The human subjects protection protocols undertaken for this study, described below, were approved by an independent body, the Western Institutional Review Board (WIRB)⁴. As part of the WIRB approval, DCJ staff and family advocates were required to complete training in the area of human subject protection in research. This training was available online at the NIH Office of Extramural Research online tutorial called "Protecting Human Research Participants" at <http://phrp.nihtraining.com/>.

Confidentiality. While it is necessary that individual identifiers remain available to track program involvement during the study (for example, services provided, juvenile and family outcomes), data were analyzed and presented in aggregate form only. Where the presentation of qualitative data, such as interview responses, may reveal identifiable information, the responses were edited to protect individual identities. As explained below, the data were stored electronically on protected and secure databases at the Colorado Department of Public Safety.

⁴ Information regarding the Western Institutional Review Board (WIRB) may be found at www.wirb.com. Due to the lengthy IRB review process required for research with minors, DCJ did not receive the certificate of approval from WIRB until November 26, 2008.

Informed Consent. The DCJ researchers trained advocates and comparison site staff to inform all participants regarding the demands of participation as well as the completely voluntary and confidential nature of the study. The consent meeting included an explanation to participants that no identifying information would be disclosed, and that all the quantitative and qualitative data would be analyzed and then presented in the aggregate or in non-identifiable manners. Additionally, participants were informed that they could withdraw from all or part of the project at any time during the course of the study.

As required by federal law, juveniles between the ages of 10 and 17 years who agreed to participate signed the assent portion of the parent's consent form; whereas, participants 18 years of age and older who agreed to participate signed a consent form without a parent/guardian signature.

Family advocates presented the informed consent and assent forms to participating juveniles and families during initial enrollment meetings. However, some potential participants in the family advocacy program discharged before the research study could commence. The independent review board (WIRB) approved a waiver of consent for those cases. For the comparison groups, supervising officers or other trained site staff presented and discussed the consent and assent forms with the juvenile and their parent/guardian. Systems professionals (for example, partnering organization and Interagency Oversight Group members) participating in interviews or surveys were asked to complete a research consent. The consent and assent forms can be found in Appendix D.

Incentives. Families who participated in the evaluation, whether in treatment or comparison groups, received a \$10 gift card to a local grocery store or a restaurant for their time and participation. This gift card was sent to the families by the DCJ researchers after completion of the final study questionnaires.

Data Entry, Storage, and Security. The information from the case file tracking instrument and the results from the FES, interviews, and family and juvenile questionnaires was entered into electronic data storage by DCJ researchers. The raw data (i.e., case file tracking instrument, FES, and questionnaires) were stored on the Colorado Department of Public Safety's (CDPS) secure servers that are password protected. CDPS has department-wide security conventions that are already in place, and all research-related materials are protected by these measures. The paper forms (i.e., signed consent forms, data collection instruments, FES, and questionnaires) were locked in a filing cabinet at the Division of Criminal Justice and only the DCJ researchers have access to the filing cabinet.

Location

H.B. 07-1057 mandated that one program serve an urban population, another serve a suburban population, and the third serve a rural population. Staff from the DCJ and the Division of Behavioral Health (DBH) collaborated to develop the request for proposals for potential service agencies. The following were the selected family advocacy demonstration sites.

- **Urban:** The Family Agency Collaboration (FAC) located in Denver.
- **Suburban:** The Federation of Families for Children’s Mental Health-Colorado Chapter is located in Jefferson County.
- **Rural:** Pikes Peak Mental Health Center (PPMH) located in Teller County (terminated participation as of February 16, 2009).
- **Rural:** Montrose County School District RE-1J located in Montrose (selected as replacement rural site on June 25, 2009).

After seven months of participation, on December 17, 2008, Pikes Peak Mental Health submitted a letter to the Division of Behavioral Health describing the intent to terminate participation from the Family Advocacy Demonstration Program effective February 16, 2009. On May 4, 2009, the Division of Behavioral Health reposted a request for proposals for a rural site on the State BIDS website. Multiple proposals were received and reviewed and on June 25, 2009, the Montrose County School District RE-1J was selected as the replacement rural site.

Participant Selection

In addition to the requirement that the advocacy demonstration programs serve an urban, suburban, or rural population, H.B. 07-1057 specified general criteria necessary for a juvenile and their family to participate in the Family Advocacy Demonstration Program. All youth participants were required to meet the following criteria:

- Have a mental illness or co-occurring disorder, and
- Be involved in or at risk of involvement with the juvenile justice system. Juveniles could not be wards of the state.

The demonstration sites identified additional eligibility criteria that were specific to their advocacy program implementation. By site, these additional criteria were as follows:

1. Denver (urban):
 - 10-21 years of age,
 - reside in Denver,
 - screened by a juvenile justice agency, and
 - involvement with three or more child service agencies.
2. Jefferson (suburban):
 - 10 to 17 years of age, and
 - pending charge in the 1st Judicial District been referred from the custody of Mount View Youth Services Center on bond, or a juvenile on probation found to be in need of further supervision without a duplication of services.
3. Montrose (rural - replacement):
 - Montrose County School District middle and high school students,
 - at risk of (or actively are) dropping out of school, and
 - from indigent homes and neighborhoods.

4. Teller (rural - withdrawn):

- 10-21 years of age, and
- juvenile's family must be involved with three or more of Teller county's core partner sites (for example, judicial system, mental health, social services, public health, education).

House Bill 07-1057 included a request that the evaluation include comparison groups. Based on this request, DCJ researchers worked with the family advocacy programs to identify comparison group sites and establish data collection protocols. The comparison groups were required to meet the same criteria as the demonstration sites: juveniles with a mental or co-occurring disorder and current involvement or risk of being involved in the juvenile justice system. The identified comparison groups were:

- **Urban:** Denver Juvenile Probation.
- **Suburban:** 1st Judicial District Pre-trial Services.
- **Rural:** Senate Bill 94 and Juvenile Diversion in Montrose.

Denver (urban). Family Agency Collaboration (FAC) received numerous referrals from different agencies; however, 30 percent of the juveniles were referred from Denver Juvenile Probation making this site a logical source to recruit participants for the urban site comparison group. Based on the criteria set forth by House Bill 07-1057 and the Family Agency Collaboration (FAC), the comparison group comprised juveniles who:

- were 10-21 years old,
- were under probation supervision (admitted to and completed probation supervision between January 1, 2008 and March 31, 2010),
- had mental health or co-occurring disorders or serious emotional disorders,
- resided in the city and county of Denver, and
- did not receive family advocacy services.

The establishment of this comparison site required a collaborative meeting between representative of the State Judicial Branch, Denver Juvenile Probation, and DCJ to describe the study and to develop study protocols. Subsequent to this meeting, a memorandum of understanding (MOU) between the above parties was created to guide the responsibilities of the study tasks. DCJ researchers provided orientation and training on project materials and monitored and advised Denver Juvenile Probation as the pool of potential participants was identified and data collection procedures were undertaken.

Jefferson County (suburban). Given that 87 percent of the juveniles referred to the Federation of Families flow from 1st Judicial Pre-Trial Services, this site was an obvious choice to serve as the recruitment source for the suburban site comparison group. The criteria proposed for the selection of comparison group juveniles:

- were 10-17 years old,
- were under pre-trial supervision (admitted to and completed pre-trial supervision between January 1, 2008 and March 31, 2010),

- had mental health or co-occurring disorders and/or a minimum of three warnings/cautions on the MAYSI-2,
- resided in Jefferson County, and
- did not receive family advocacy services.

The strategies to recruit participants for this comparison site were primarily developed by the suburban family advocate and a pre-trial officer at the Jefferson County Juvenile Assessment Center (JAC) with advice and guidance from DCJ researchers. DCJ monitored and advised the advocate and pre-trial officer as juveniles and their families were identified and data was collected.

Montrose (rural). Hilltop Community Resources oversees both the Senate Bill 94 and the Diversion program in Montrose. It was the goal of this program to utilize both programs as sources of participants in their comparison group. This decision was based on the comparability in juvenile justice backgrounds of the juveniles that were served within these programs.

Due to low participant numbers in the comparison subsamples, analyses were limited or not possible.

Data Sources

Data were collected from each of the sites from a variety of sources. The data were gathered through case-file tracking documents, paper-and-pencil questionnaires, one-on-one interviews, surveys, and recidivism checks. Per H.B. 07-1057, the following program components were evaluated:

- system utilization outcomes,
- juvenile and family outcomes,
- family and juvenile satisfaction with the family advocate,
- assessment of family advocates, and
- process and leadership outcomes as they relate to partnering agencies.

Further, the legislation noted that, if feasible given the resources available, other outcomes such as cost avoidance and savings and the transition services provided could be explored.

Data were collected using the following instruments: case file tracking, interviews, surveys, and measures of empowerment and satisfaction.

Case File Tracking Instrument. Initially, case file tracking was to occur using a web-based, multi-user application, Tracking System of Care (TSOC), (Allman, n.d.; www.coloradotsoc.org) modeled after the Division of Behavioral Health's case tracking in use for its System of Care initiative. However, the deployment of this technology was met with significant delays by the Department of Public Safety's Office of Information Technology (OIT) unit. The OIT was developing a server to run the application with a completion date of March 2009. Following this set-up, the application would have required a period of testing that would continue for

several more months. Due to the legislatively-mandated time constraints, DCJ began to collect the data manually without the TSOC application.

Researchers developed a nine-page case file tracking instrument based on similar information that DBH collected to track System of Care cases. This instrument was dynamic and evolved as the researchers encountered advocacy efforts that were not being captured effectively. Modifications and additions were made to the tracking document to reflect as accurately as possible the variety and frequency of advocacy activities (see Appendix E for the case file tracking instrument). The type of information assembled included demographic data, referral and enrollment information, diagnostic criteria, services to which juveniles and families were referred as well as those received, and discharge data.

Data were collected and updated monthly from the family advocacy demonstration sites. The data were gathered directly from client case files or via an electronic transmittal of client data to the researcher's office. The information from these instruments was entered by DCJ researchers into password-protected database files stored on the Colorado Department of Public Safety's (CDPS) secure servers. The CDPS has department-wide security conventions in place and all research-related materials are protected by these measures. All paper forms are locked in a filing cabinet at the DCJ offices in a secured state government building. Only the DCJ researchers have access to the filing cabinet.

Interviews and Surveys. Individual interviews were conducted with the family advocates, service coordinator, family advocacy program directors, staff from the family advocacy partnering agencies, and the H.B. 07-1057 state program administrator. Surveys were distributed to individuals from the referral agencies and members of the Interagency Oversight Groups (IOG) or key stakeholders. IOGs were created in related legislation, H.B. 04-1451 (see Appendix F), which promoted a collaborative system of local-level interagency oversight groups and individual service and support teams to coordinate and manage the provisions of services to children and families who would benefit from integrated multi-agency services. IOGs comprise representatives from local judicial districts including probation services; county, district, or regional health departments; local school district(s); each community mental health center; and each mental health assessment and service agency. All of the above-mentioned individuals were asked questions about the effectiveness of and barriers to the Family Advocacy program as well as their role in relation to the family advocacy program. The sample interview questions can be found in Appendix G and the IOG and referral agency surveys can be found in Appendix H.

In response to a request by demonstration program staff and the H.B. 07-1057 program administrator, we offered to collect and include voluntary testimonials in this report from families served by the demonstration program sites. We asked sites to forward any narratives/testimonials from juveniles and/or their families regarding their experiences working with the family advocacy program. The testimonials can be found in Appendix M.

Measures

The Family Empowerment Scale (FES). The FES (Koren, DeChillo, & Friesen, 1992) is a 34-item instrument developed by the Research and Training Center on Family Support and Children's Mental Health at Portland State University. Its purpose is to assess parent/guardian

perceptions about their roles and responsibilities within their local service systems and their ability to advocate on behalf of their child. The FES scoring procedure is based on a simple, unweighted summation of the items, resulting in scores within each of the following areas of parent/guardian empowerment: Family, Service System, and Community/Political systems. The FES is a simple, basic tool designed to be administered with minimal training (see Appendix I).

The FES was completed by the parent/guardian who was most involved in the treatment planning process. As mentioned above, the initial FES was to be completed within 30 days of assignment to a family advocate and, subsequently, upon discharge from the program. Family advocacy program staff were responsible for distributing and collecting the FES and forwarding to DCJ for data entry and analysis. Guardians of the juveniles in the comparison groups also completed the FES in accordance with the design described above.

The DCJ Family Advocate Questionnaire (FAQ). DCJ researchers created two versions of the FAQ to assess the degree of satisfaction with various aspects of family advocate performance and the services received. A 16-item version was designed to be completed by a parent or guardian and a shorter, but comparable, 10-item version was designed for juveniles (each version of the FAQ can be found in Appendix J). These questionnaires were completed by participants following the discharge of the juvenile/family's involvement from the family advocacy program.

The DCJ Family Services Questionnaire (FSQ). Guardian and juvenile versions of the Family Services Questionnaire were designed by DCJ researchers for comparison group participants (those not receiving advocacy services). The 15-item guardian and 7-item juvenile versions asked about aspects of the services the family received while navigating juvenile systems (the FSQ can be found in Appendix K). These questionnaires were completed by participants upon the conclusion of the juvenile's involvement in the juvenile justice system.

Recidivism Checks

Recidivism was measured in multiple ways to document whether and to what extent program participants further penetrated the juvenile justice system during enrollment and after discharge from the family advocacy programs. Recidivism was defined as any probation revocation, arrest, filing, conviction, or sentence after the juvenile entered the advocacy program. Traffic offenses and juvenile (JV) district court data were not included. Data concerning filings, convictions, and revocations originating from Denver County were not available either. The arrests data were extracted from the Colorado Bureau of Investigation's Colorado Criminal History database via the Colorado Justice Analytics Support System (CJASS) and analyzed by DCJ's Office of Research and Statistics. Filing, conviction, sentence, and probation revocation was extracted from the Colorado Judicial Department's Integrated Colorado Online Network (ICON) information management system via the Colorado Justice Analytics Support System (CJASS) and analyzed by DCJ's Office of Research and Statistics.

A proper analysis of recidivism requires that individuals be "at risk" for a new criminal event during a defined and bounded period of time, equal across all participants, typically 12 or 24 months following successful completion of a program or service. Controlling for time at risk was not possible in the current study because the definition of "program enrollment" and

“program discharge” varied considerably across sites, and was sometimes unclear within a site. One site employed a flexible discharge policy, one site provided advocacy services prior to trial, and another had barely begun to discharge clients by the time the evaluation concluded. Without the ability to define specific program transition points, especially a specific discharge date, differentiating periods of within-program performance from at-risk (after discharge) periods of performance is rendered unfeasible. These issues, along with the low number of cases and the short study period, made impossible the analysis of an appropriately designed recidivism study comparing the advocacy and comparison groups. Given this comparative analysis was not possible, each of the findings sections below includes a description of recidivism for each site alone which does not control for time at risk.

Procedure by Study Group

Upon enrollment, families receiving the advocacy service were alternately assigned to the pre-post measures group or the post-only measures group. In other words, half of the enrolling families completed the at-enrollment (i.e., FES) and the at-discharge measures (i.e., FES and FAQ/FSQ) while the other half only completed the at discharge measures (i.e., FES and FAQ/FSQ). Likewise, those not receiving the family advocacy service, the comparison group, were alternately assigned to the pre-post or the post-only groups. The families discharged from advocacy services or from the juvenile system prior to the start of the study were contacted to participate in the study. These families were assigned, as appropriate, to either the treatment (advocacy) or the non-treatment (comparison) post-test only evaluation groups.

Family Advocacy-Pre-Post or Post only with Treatment. At the onset of the juvenile’s referral to the family advocacy demonstration programs, the juvenile and their family were assigned a family advocate. Upon enrollment, the family advocate introduced the study to the juvenile and parent/guardian and explained the research consent forms to the family. If the family declined to participate, no further contact regarding study participation occurred. If the family consented to participate, copies of the signed consent forms were forwarded to DCJ. For those choosing to participate, data were collected in the following manner:

- Within 30-days of the juvenile’s assignment to a family advocate, the family advocate administered the FES to the parent/guardian for those families assigned to the pre-post group. Those families assigned to the post-only group did not receive the FES pre-test. Copies of the completed FES forms were forwarded to DCJ researchers for data entry.
- The family advocate maintained a client case file and either made the file available for DCJ researchers to collect case tracking data monthly or completed the case tracking instrument and forwarded updates on a monthly basis to DCJ.
- Upon the juvenile’s completion of involvement with the program, the advocate administered the parent/guardian a final FES and the DCJ Family Advocate Questionnaire-Family to all participants. At this same time, all juvenile participants completed the DCJ Family Advocate Questionnaire-Youth. Copies of completed questionnaires were sent to DCJ for data entry.
- After the juvenile and parent/guardian completed the post measures (FES and FAQ’s), a letter and gift card was sent to the family thanking them for their time and participation in the evaluation.

- Near the end of the evaluation period, interviews were conducted or surveys were administered to family advocates, referral agencies representatives, wraparound professionals, and members of the IOG and other key stakeholders.

Comparison Family-Pre-Post or Post only without Treatment. Upon the first contact (i.e., initial meeting), the juvenile and parents were introduced to the study and were provided an explanation of study consent. If the family declined to participate, no further contact regarding study participation occurred. If the family consented to participate, copies of the signed consent forms were forwarded to DCJ. For those choosing to participate, data were collected in the following manner:

- Within 30-days of the juvenile’s involvement in the juvenile justice system, a study representative administered the FES to the parent/guardian. Those families assigned to the post-only group did not receive the FES pre-test. A copy of the FES was sent to DCJ for data entry.
- Upon the juvenile’s discharge from the system, all participating juveniles completed the DCJ Family Services Questionnaire-Youth and the parent/care-giver completed the DCJ Family Services Questionnaire-Family. All participating parents/guardians completed the FES. Copies of completed questionnaires were sent to DCJ for data entry.
- After the juvenile and/or family completed the post measures (FES and FSQ’s), a letter and gift card was sent to the family thanking them for their time and participation in the evaluation.

Data Analysis

The evaluation was based on both qualitative and quantitative information. The qualitative data from interviews, observations, family narratives, and testimonials were reviewed, summarized or inserted as provided in Section 4 through 7 and Appendix M. The quantitative data were derived from information collected on the case file tracking instrument and the study surveys and questionnaires. Compilation of frequency distributions and calculations of percentages were the primary method of summarizing the quantitative data sources. SPSS 16.0 for Windows was used to conduct the quantitative analyses.

Comparisons of means using t-Tests were conducted to determine whether there were significant differences between pre and post measures, between post measures across advocacy and comparison groups, and between juvenile and parent scores. **Many comparisons were not possible due to missing scores and low participant numbers in several subsamples.**

Due to the differences across sites, **all analyses were conducted separately by program and are presented in separate findings sections. No comparisons were made between or across demonstration sites, given the unique nature of the implementation of the family advocacy demonstration programs.**

Study Limitations

The Division of Criminal Justice made every attempt to meet the statutory evaluation mandates, which were exceptionally broad in scope. Consequently, program, data and methodological limitations were encountered in the following areas:

- Demonstration project criteria,
- Case file tracking data,
- Cost avoidance/savings documentation,
- Family advocacy participant recruitment and attrition, and
- Comparison participant recruitment and attrition.

These problems of scope derived from the mandate itself. The final appropriation for the family advocacy demonstration programs and the evaluation, relative to the amounts requested, considerably limited the function and reach of both the advocacy programs and the evaluation. This resulted in the following:

- The funding of fewer advocates than originally proposed limited the number of possible advocacy clients. Advocates can serve only a limited number of simultaneous clients to maintain effective provision of services. The length of service, which is dependent on the breadth of service needs, is determined by the families and not the program advocates; therefore, the number of potential clients served was not wholly within the control of the programs. The reduced number of participants profoundly affected the viability of particular data analyses.
- The unique variations in program implementation across the three sites and the extensive outcomes requested in H.B. 07-1057 requires three tailored evaluations rather than a single evaluation project. There were fewer evaluation efficiencies than expected due to the individuality of programs, requiring staffing and managing three independent and comprehensive evaluations.
- The unique nature of each program necessitated that data be treated separately in statistical analyses. Although the programs yielded a total of 90 clients, analyses cannot be aggregated across the program sites.
- Additionally, the legislation required data collection from control groups to which the advocacy clients would be compared. There were no provisions in the legislation to provide the funding or resources necessary for control group sites to assist research staff in this portion of the project, resulting in participant numbers too few for analysis.
- Therefore, due to low participant numbers, it is an error to assume that the evaluative data collected can support meaningful conclusions.

Demonstration Project Criteria. Sites were successful identifying juveniles who met the requirement for juvenile justice involvement or risk for involvement, given that the “risk for involvement” concept provided sites sufficient latitude to identify juveniles demonstrating a wide range of at-risk behaviors (for example, truancy issues). However, the requirement that the sites serve juveniles with mental illness or co-occurring disorders proved complex and challenging. In many cases, juveniles were referred to the advocacy programs whose behavioral health issues were unclear or were based on a cursory screening (for example, via

the MAYSI). It was not standard practice or considered feasible for all sites to require a mental illness evaluation to confirm a diagnosis before enrolling a juvenile and family in the advocacy program. Additionally, one of the tenets of family advocacy is to focus on client strengths, rather than on deficits. Therefore, it appeared that in some cases advocates considered the determination of or focus on the behavioral health status of the juveniles potentially alienating, which could cause the families to reject family advocacy services. Specifically, advocates indicated it was counterproductive to address behavioral health issues with juveniles and families if the juvenile had not previously received a diagnosis, if the family did not initiate a discussion of behavioral health issues or concerns, or if a societal/cultural stigma regarding mental health issues was likely to be particularly problematic for the family.

Case File Tracking Data. Data were collected from case files by either the family advocate or DCJ researchers. Data reported here is as complete as were the case files. Where information could not be located or appeared incomplete, the researchers made follow-up contacts with the demonstration sites to clarify data issues. Some information was not tracked or monitored by demonstration sites, for example, service utilization time frames or cost information.

Regarding services not provided by the advocate, service utilization time frames were not documented because service start and end dates were unavailable or unknown to the family advocate, the frequency/duration of services were unavailable or unknown to the advocate, and, often, the juvenile began the advocacy service having already received or while receiving outside service(s). In these cases, tracking of these outside services was extremely difficult or impossible for advocates.

The Colorado Client Assessment Record (CCAR) data was not available for all juveniles participating in the evaluation. The CCAR has been required on all admissions and discharges to the Colorado Public Mental Health System since 1978. Initially it was used to count admissions for monitoring performance contracts between the Department of Human Services and the mental health centers. Service data has been collected since 1995 and has been matched with CCARs at the client level for studies and reports. Because not all the juveniles involved in the current study had enrolled in mental health centers, the CCAR data was not available for all the youth participants. For a limited number of juveniles, the CCAR data were used to confirm the recorded mental health diagnoses in the case files.

Cost Avoidance/Savings Documentation. Identifying cost avoidance or cost savings for these demonstration programs was difficult. The sites were unable to provide cost data for non-advocacy services the juveniles had begun before program enrollment and for services to which the juveniles were referred during their involvement with the advocate. DCJ does not have access to these outside systems (for example, mental health, education, child welfare, etc). The researchers attempted to track site expenses via invoices submitted to the Division of Behavioral Health (DBH) as a way to record types of service expenditures. However, the record of monthly billing invoices submitted by the sites to the DBH was incomplete. The invoices did not contain a consistent reporting format and those from early in the project listed a total invoice amount without an itemization of specific expenditures. Later in the demonstration period, the DBH updated the invoice format to acquire additional expenditure details. However, these new invoices did not require specific information regarding client-related flexible fund expenditures. Because the DBH does not require itemized documentation

(for example, copies of receipts), identifying programmatic cost avoidance or savings is problematic.

Further, undertaking reliable cost avoidance studies is extremely time consuming. Not only was detailed cost data not available for analysis, but undertaking this analysis would greatly exceed the resources allocated for the evaluation. Detailed outcome information was collected and is presented in Appendix L should additional expenditure data and evaluation resources become available in the future.

Family Advocacy Participant Recruitment and Attrition. An unknown number of juveniles/families declined advocacy services. Although participation in the evaluation was not a requirement, some families declined to enroll simply because the advocacy program was part of an evaluation even though participation in the study was voluntary.

A critical component of the evaluation was the measurement of family and juvenile satisfaction with both the juvenile systems and the family advocates. This aspect of the evaluation was achieved through the use of the Family Empowerment Scale and the Family Advocacy or Family Services Questionnaires (described above). Several obstacles were encountered in obtaining these evaluative measures.

First, according to the consent agreement, participants could withdraw from the study at any time and/or refuse to respond to any or all parts of the evaluation measures and process. This led to few subjects who agreed to participate in the entire study. Another obstacle was the delay in evaluation initiation due to the lengthy WIRB review, approval, and re-approval process. A redesign and resubmission of the consent forms was necessary due to off-putting and legalistic language inserted by the Western Institutional Review Board, upon initial approval, resulting in families rejecting participation. Given this delay, some juveniles/families discharged from the program before the evaluation project began. Because DCJ researchers were unable to implement the post-test measures (FES and FAQ) until June 2009, locating family members from these cases proved difficult. Some families had moved from the area, some were unresponsive, while others were simply unavailable or unwilling to participate. Table 1 below provides the frequency of participation in each measurement category by site. As will be described in Sections 4 through 6, many analyses were not statistically viable due to the small number of responses.

Table 1. Measures completed by Family Advocacy Demonstration sites

	Urban (Denver)	Suburban (Jefferson)	Rural (Montrose)
Case file tracking instruments (also, Total)	40	30	20
Family Empowerment Scale			
Pre-Post	13	2	10
Post only	5	7	6
Unusable ¹	18	4	3
Missing	4	17	1
Family Advocacy Questionnaire			
Family (parent/guardian) version	17	9	17
Youth version	10	5	16
Missing (G=Guardian, Y=Youth)	G=23, Y=30	G=21, Y=25	G=3, Y=4

¹ Includes participants completing a pre-test without a post-test or whose post-test was incomplete.

Comparison Participant Recruitment and Attrition. Recruitment of comparison participants proved quite challenging. Researchers were in frequent communication with the study sites to provide assistance, but most potential participants either did not respond or declined to participate. Despite extensive efforts, the Urban (Denver Juvenile Probation), Suburban (JeffCo JAC/Pre-Trial Services) and Rural (Hilltop Community Resources) sites managed to recruit only 5 to 9 participants each (see Table 2). Within these small samples, the number of participants who completed all the outcome measures was even smaller (see Table 3). Additional efforts to recruit subjects for the comparison group would have required significantly greater resources than were allocated for the project.

Table 2. Recruitment of comparison participants

	Urban (Denver)	Suburban (Jefferson)	Rural (Montrose)
Successful recruitments	5	5	9
Unsuccessful recruitments	27	26	0
Failed to respond ¹ /No show	5	20	0
Refused/declined to participate	8	2	0
Could not be reached	7	0	0
Moved away/Deported	1	1	0
Withdrew after agreeing to participate	1	1	0
Youth was committed and unavailable	5	2	0

¹Multiple attempts to contact potential participant families were made by phone and mail.

Table 3. Measures completed by comparison group sites

	Urban (Denver)	Suburban (Jefferson)	Rural (Montrose)
Total	5	5	9
Family Empowerment Scales			
Pre-Post	0	0	6
Post only	3	4	1
Unusable ¹	0	0	1
Missing	2	1	1
Family Services Questionnaire			
Family (parent/guardian) version	2	5	8
Youth version	5	5	9
Missing (G=Guardian, Y=Youth)	G=3, Y=0	0	G=1, Y=0

¹ Participants completing a pre-test without a post-test or whose post-test was incomplete.

Low Response Rate to Surveys. Surveys were distributed to individuals from referral agencies and members of the Interagency Oversight Group (IOG) or key stakeholders from each demonstration site to obtain their perspectives on the family advocacy program. However, the response rate was very low. The Urban (Denver) IOG, Denver Collaborative Partnership, was unresponsive to requests to introduce the survey request or to distribute surveys; therefore, no views representing this organization are presented.

Testimonials. At the request of stakeholders, researchers requested testimonials from families who received advocacy services. However, few were received. Appendix M contains the testimonials.

SECTION 4: FINDINGS: URBAN SITE-FAMILY AGENCY COLLABORATION

Denver Program Data

Results are presented for each site individually because each program was developed to provide specific services to unique populations and the results are not comparable. Section 4 provides a statistical snapshot of the urban site in Denver, Family Agency Collaboration, between January 1, 2008 and March 31, 2010.

The data are presented in subsections, including: programs, clients, criteria, system utilizations, transition services, juvenile justice outcomes, partnerships, accomplishments and challenges, and evaluation measures.

Program Information

Referrals. The largest number of referrals to the Family Agency Collaboration (FAC) were made from Denver Juvenile Probation (12) followed by the Denver Department of Human Services (6) and the school system (5). The FAC advocacy program in Denver was known to its referral network and this reduced the staff time necessary to promote the program.

Table 4. Denver: Referral agencies

	n	Percent
Department of Human Services	6	15.0%
Mental Health Center	5	12.5%
Pre-Trial Services	2	5.0%
Diversion	2	5.0%
Probation	12	30.0%
Division of Youth Corrections	2	5.0%
School	5	12.5%
Health Department	0	0.0%
Other ¹	6	15.0%
Total	40	100%

¹ The "Other" category includes the Denver Collaborative Partnership (DCP), a Medicaid provider, and another FAC family advocate...
Source: Case file data collected through March 31, 2010.

Referral Reasons. The primary reasons for referral to the Denver program were juvenile justice system involvement and mental health issues. Other reasons for referral included school problems, family dysfunction, anger issues, substance abuse, gang involvement, immigration status, and the juvenile's disregard for rules and authority.

Table 5. Denver: Referral reasons (N=40)

	n
Law/Juvenile Justice Involvement	
Stealing/theft/shoplifting	8
Contact with law enforcement	1
juvenile justice charges	11
Under juvenile justice supervision	27
School	
School issues	3
Truancy/school attendance issues	11
Suspended or expelled from school	2
Behavior problems	6
Academic issues	6
Mental Health	
Mental health issues	23
Grief and loss	6
Abandonment issues	2
Suicide ideations	1
Not taking medication	1
Needs counseling	1
Family	
Family issues	5
Family history of criminal justice involvement	0
Family history of mental health issues	1
Family history of substance abuse	0
Family needed additional support	0
Disregards rules	3
Disregards authority	3
Miscellaneous	
Homeless	0
Poverty	0
Delinquency behavior	2
Substance abuse	9
Gang involvement	4
Chronic liar	2
Anger issues	2
Other ¹	15

¹ Other includes communication/language barriers, immigration issues, poor choices, and lack of pro-social activities.

Categories are not mutually exclusive.

Source: Case file data collected through March 31, 2010.

Enrollments and Discharges. Table 6 displays the number of clients by month enrolled in and discharged from the Denver program. By the conclusion of the evaluation period, Denver had

served 40 juveniles. According to the annual Work Plans submitted to the Division of Behavioral Health, the program goal was to serve 51 juveniles between January 2008 and June 2010. There were three families with more than one family member who was enrolled in the advocacy program.

FAC staff reported that many of the juveniles referred did not meet the restrictive family advocacy program criteria and thus the number of enrollments was smaller than originally expected. Additionally, Denver provides wraparound services and planning this systemic approach requires a high level of family commitment and preparation. Some families withdrew from the program because they were unable to maintain the level of engagement necessary to continue with the advocacy service, even as they were offered remedial assistance in planning for the wraparound service.

Table 6. Denver: Number of clients enrolled and discharged

	Enrolled	Discharged
2008		
January	0	0
February	3	0
March	3	0
April	1	0
May	4	0
June	3	0
July	2	0
August	0	2
September	0	1
October	2	2
November	3	0
December	0	0
2008 Total	21	5
2009		
January	2	1
February	1	4
March	2	0
April	1	2
May	0	1
June	3	2
July	0	3
August	0	0
September	0	2
October	3	0
November	4	1
December	0	1
2009 Total	16	17
2010		
January	3	0
February	0	3
March	0	1
2010 Total	3	4
Total juveniles served	40	26

Family Agency Collaboration began taking clients on January 31, 2008. The evaluation period was between January 1, 2008 and March 31, 2010. Source: Case file data collected through March 31, 2010.

Enrollment Status. As of March 31, 2010, with fourteen juveniles still participating in the Denver program, the average length of stay for FAC was 243 days (data not presented). The program employs a flexible policy where juveniles/families could be considered inactive or “pending” rather than discharged, so the average length of participation in the program may not reflect the time that juveniles/families were actively engaged in services. Clients were encouraged to function independently as soon as they were comfortable, but the program welcomed any client to re-engage with the program when support or assistance was needed.

Table 7. Denver: Status of clients

	n	Percent
Active	14	35.0%
Closed	26	65.0%
Total	40	100%

Source: Case file data collected through March 31, 2010.

Discharge Types. Twenty-six juveniles discharged from the Denver program and, of these, ten were discharged successfully from the program, seven were committed to the Division of Youth Corrections and the remainder were discharged for a variety of reasons listed in Table 8.

Table 8. Denver: Type of discharge (N=26)

	n
Successful completion	10
Moved out of the area	3
Committed to the Division of Youth Corrections	7
Probation revoked	2
Probation terminated unsuccessfully	2
Unable to locate the family	3
Refused advocacy services	3
Unable to engage in the process	4

Categories are not mutually exclusive.

Source: Case file data collected through March 31, 2010.

Client Information

Gender. The clients served at the Denver advocacy site were almost exclusively male (see Table 9).

Table 9. Denver: Gender of clients

	n	Percent
Male	39	97.5%
Female	1	2.5%
Total	40	100%

Source: Case file data collected through March 31, 2010.

Age. The Denver program's target age range was 10-21 years old. More than 75 percent of the clients served were 15 years old or older, but none were over 18 at enrollment. The average age of participants was 15.4.

Table 10. Denver: Age of clients at enrollment

	n	Percent
9 years old ¹	1	2.5%
10 years old	0	0.0%
11 years old	3	7.5%
12 years old	0	0.0%
13 years old	4	10.0%
14 years old	3	7.5%
15 years old	15	37.5%
16 years old	5	12.5%
17 years old	8	20.0%
18 years old	1	2.5%
19 years old	0	0.0%
20 years old	0	0.0%
21 years old	0	0.0%
Total	40	100%
Average	15.4	

¹ Denver's target population was 10-21 year olds. However, they did have a client enroll one month prior to their 10th birthday.
Source: Case file data collected through March 31, 2010.

Ethnicity. As can be seen in Table 11, nearly ninety percent of Denver juveniles were ethnic minorities occupying the categories African American (60 percent), multi-ethnic (20 percent), and Latino (7.5 percent). The proportion of minority juveniles served in the advocacy program, although larger than the minority juvenile population of the county (72 percent), reflects the percentage of minority juveniles involved in various levels of the criminal justice system (see Appendix N).

It is noteworthy that Denver's Family Agency Collaboration also provides advocacy for juveniles through a federal grant administered by the Office of Adult and Juvenile Justice Assistance, Division of Criminal Justice to address disproportionate minority contact (DMC). This FAC grant addresses the issue of DMC in juvenile justice systems by providing early identification and intervention for children and youth of color with serious emotional disturbances who are at risk but not currently involved in the justice system. At the request of Denver program staff, information about disproportionate minority contact for Denver County is included as Appendix N.

Table 11. Denver: Ethnicity of clients

	n	Percent
Caucasian	4	10.0%
African American	24	60.0%
Latino	3	7.5%
Other	1	2.5%
Multi-Ethnic ¹	8	20.0%
Total	40	100%

¹ Multi-ethnic means the client identified with more than one racial/ethnic group.
Source: Case file data collected through March 31, 2010.

Client Residence. Table 12 displays the residential circumstances for clients at referral and at discharge. Eighty percent (26) of the Denver clients were living with parents or other relatives at the time of referral to the advocacy program. Six juveniles were detained at the Gilliam Youth Services Center at the time of referral. At discharge, many of the juveniles were still living with their parents but seven had been committed to the Division of Youth Corrections.

Table 12. Denver: Client residence at referral and discharge

	Referral		Discharge	
	n	Percent	n	Percent
Parents (Biological and step)	26	65.0%	14	53.8%
Relatives	6	15.0%	2	7.7%
Adoptive family	1	2.5%	0	0.0%
Foster care	1	2.5%	2	7.7%
Division of Youth Corrections facility	6	15.0%	7	26.9%
Residential treatment center	0	0.0%	1	3.8%
Total	40	100%	26	100%

Source: Case file data collected through March 31, 2010.

Program Criteria

Juvenile Justice Involvement. H.B. 07-1057 mandated that the family advocate programs target juveniles who were involved with the juvenile justice system, or who were “at risk” of involvement, although this latter criterion was not defined in the legislation. One stated purpose of the family advocacy programs, per H.B. 07-1057, was to prevent program participants from further penetrating the juvenile justice system. The analyses presented here address these aspects of the legislation.

Program staff at each site defined “at risk” based on (1) staff experience and (2) staffs’ understanding of services available and how these could assist with juvenile behavior problems.

Researchers confirmed the juvenile justice involvement of the youths by locating arrest histories on the Colorado Crime Information Center and juvenile court activity on CourtLink, the Judicial Branch database that describes court activity. When cases were not found in these databases, researchers coded these juveniles as “at risk” in the table that follows.

Table 13 provides details of the at risk/juvenile justice involvement of Denver juveniles at the point of enrollment. A justice record was located for all but 5 juveniles (12.5 percent). Thirty-five of the 40 juveniles in the Denver program had contact with or were involved in the juvenile justice system.

Table 13. Denver: Juvenile justice involvement at enrollment

	n	Percent
At risk	5	12.5%
Arrested	1	2.5%
Summons	4	10.0%
Diversion	2	5.0%
Pre-trial supervision	3	7.5%
Truancy JV case	2	5.0%
Detained	1	2.5%
Deferred Adjudication/Probation/Juvenile ISP	21	52.5%
Juvenile Parole	1	2.5%
Total	40	100%

Source: Colorado Information Crime Center (CCIC) and CourtLink.

The Denver program identified an additional eligibility requirement for program admission: the juveniles were to be involved with three or more child service agencies. Data analysis showed that the Denver program participants were, indeed, involved in three or more systems (including the education system). The number of juveniles involved in particular systems in the year preceding referral and at referral is shown in Table 14.

Table 14. Denver: Systems involvement (N=40)

	Year prior to referral	Point of referral
	n	n
Department of Human Services	9	12
Judicial system	22	10
Development disabilities	2	0
Diversion	0	2
Law Enforcement	18	6
Medical	0	2
Mental Health	19	15
Pre-trial services/Senate Bill 94	2	4
Probation	21	22
Education system	37	37
Substance abuse	7	5
Division of Youth Corrections	3	5

Categories are not mutually exclusive.

Source: Case file data collected through March 31, 2010.

At-Risk Juveniles. A critical indicator that a child may be at risk for juvenile justice involvement is exposure to violence (for example, see English, Widom, and Branford, 2002). Specifically, childhood victimization and exposure to violence has been shown to predict delinquency and adult criminality. Table 15 provides information gathered from intake evaluations regarding the exposure to various forms of victimization. Among Denver program participants, those reporting abuse experiences ranged from 10-25 percent, depending on types of abuse. Screening questions for sexual and physical abuse were part of the FAC family advocacy intake; however, screening for emotional/verbal abuse was only included in the file when a full mental health evaluation had occurred, so the available information on the four individuals exposed to emotional/verbal abuse is very likely an underestimate.

Table 15. Denver: History of victimization

	Victim of sexual abuse		Victim of physical abuse		Victim of emotional/verbal abuse	
	n	Percent	n	Percent	N	Percent
Yes	10	25.0%	7	17.5%	4	10.0%
No	28	70.0%	31	77.5%	16	40.0%
Unknown	2	5.0%	2	5.0%	20	50.0%
Total	40	100%	40	100%	40	100%

Source: Case file data collected through March 31, 2010.

Table 16 presents additional risk factors identified by the Denver family advocate and obtained from case file data at the end of the study period. Most of the program participants had or were having significant problems in school, and 32 had been suspended or expelled. Forty percent (16) had a family history of criminality, six were homeless, and eight were gang members or had gang involvement. The program participants in Denver presented a myriad of problems and at-risk circumstances.

Table 16. Denver: Client behavioral health and criminality risk factors (N=40)

	n
Family	
Violent environment	13
Out-of-home placement	13
Parent can't control youth	14
Family neglects basic needs	5
Inadequate supervision	10
Inadequate resources	5
Delinquent siblings	12
Family history of criminality	16
Poor family management	11
Family conflict	15
Homelessness	6
School	
Truancy	23
Suspension/expulsion	32
Dropping out	1
Early failure	1
School behavioral problems	13
Law/Juvenile Justice	
Contact	39
Lecture/release	15
Summons	13
Runaway	5
Arrested	38
Charged	31

Detained	22
Committed/Imprisoned	1
Probation/Parole	25
Detention/jail	13
Juvenile justice services in last year	36
Substance Use/Abuse	
Alcohol	8
Marijuana	25
Cocaine/Crack	1
Other Drugs	0
Gets High/Intoxicated	25
Dependent/Addiction/Interfere	1
Dangerousness	
Aggressive	17
Threatening	11
Violent	9
Animal Cruelty	3
Destroys property	22
Sets fires	9
Homicidal threats	2
Danger to others	5
Socialization	
Disrespect	20
Disregards authority	20
Disregards rules	22
Denies responsibility	20
Gang member/involvement	8
Delinquent peers	19
Runaway	18
Risk taking/impulsivity	18

This list of risk factors was used for the Systems of Care project, a Division of Behavioral Health project. The items were scored subjectively by the family advocates. Categories are not mutually exclusive.

Source: Case file data collected through March 31, 2010.

Mental Illness. H.B. 07-1057 required that participating juveniles have a mental illness or co-occurring disorder (in other words, both mental illness and substance abuse). However, the legislation did not define the method by which this criterion would be determined. The Family Agency Collaboration (FAC) program defined this criterion as juveniles with a mental health diagnosis and/or serious emotional/behavioral disorder (SED). A mental health diagnosis was a diagnosis or classification found in the DSM-IV, or ICD-9. An SED was defined as an outward indicator(s) of a mental health issue and/or a history of trauma, injury, physical emotional, sexual abuse, or other mental health issue. All 40 juveniles participating in the FAC program satisfied this definition and these mental health diagnoses or serious emotional disorders can be found in Table 17.

Nearly half (18) of the Denver program participants had ADD/ADHD and 16 were diagnosed with depression. Fourteen had PTSD/Anxiety, 12 were classified as oppositional defiant and nine had conduct disorders.

Table 17. Denver: Mental health diagnosis/disorders (N=40)

	n
Depression	16
Bi-polar/Mania	6
Mood	5
PTSD/Anxiety	14
ADD/ADHD	18
Conduct disorder	9
Oppositional defiant	12
Adjustment disorder	2
Disruptive behavior disorder	3
Antisocial personality disorder	2
Learning disability	4
Mental retardation	2
Parent child relationship issues	1
Other ¹	6

¹ Other includes relational problems, dysthmic disorder, Fetal Alcohol Syndrome, abandonment issues, grief and loss, and anger issues. Note that 57.5% (23) juveniles had been assessed using the Colorado Client Assessment Record; CCAR data were unavailable on 17 cases. Categories are not mutually exclusive.
Source: Case file data collected through March 31, 2010 and the Colorado Client Assessment Record (CCAR).

System Service Utilization

House Bill 07-1057 required that the program evaluation describe “system utilization outcomes, including but not limited to available data on services provided....” To the extent that data were available, this section addresses this mandate.

The services described below in Table 18 are non-family advocacy services delivered by another agency. The exception is Wraparound, the High Fidelity Wraparound Process. This is an approach used by the FAC whereby support people (family, non-family, and professionals) meet with juveniles and their families to identify the services and supports they need to successfully meet probation or other supervision requirements and to ensure access to support and treatment services. Table 18 reflects referrals by the family advocate or others (for example, court ordered services, treatment providers) along with services received.

As shown in Table 18, 35 of the 40 Denver program participants were referred to, and 27 received, mental health services, 32 were referred to and engaged in Wraparound services, and 20 were referred to, with 18 receiving, educational services. A total of 189 service referrals were made for the 40 juveniles and families in the Denver program, of which 159 services were received by the juveniles and 62 services were received by family members. This overall finding suggests that program participants and their families benefited from significant service utilization.

Table 18. Denver: Services referred and received (N=40)

Service Type	Number of juveniles and/or families referred to service	Number of juveniles who received service	Number of families who received service
Case management ¹	17	17	0
Mental health (individual, group, family counseling, mental health evaluations)	35	27	26
Residential treatment centers	7	7	0
Day treatment	6	4	0
Education services ²	20	18	0
Medical services/Medication	15	13	6
Mentor	5	5	0
Support group ³	2	1	0
Substance abuse	3	2	0
TASC	10	10	0
Wraparound ⁴	32	32	25
Employment/vocational	6	2	0
Anger management	2	1	0
Recreation/activity ⁵	4	3	0
Housing/Shelter/Out of home placement	7	7	0
Food	1	0	0
Clothing	4	2	2
Parenting classes	1	0	0
Transportation	1	0	0
Legal services	1	0	0
Other ⁶	10	8	3

1 Case management not does include justice agency involvement.

2 Education is defined as anything outside of attending regular school (for example, tutoring, GED). This information does not reflect Individualized Education Program (IEP) plans.

3 Support group includes anything outside of FAC's Family Support Group. Instead, FAC's family support groups are described on page 46.

4 The High Fidelity Wraparound Process is a specific approach used by FAC involving a collaborative effort among the juvenile, the family, non-family stakeholders, and professionals who work together to identify the services and supports needed to successfully meet probation or other supervision requirements and ensure access to various support and treatment services.

5 Recreation/activity includes martial arts and boxing, however, it does not include the recreational activities from the FAC's family support groups. The family support group recreation activities are described on page 46.

6 Other includes immigration advocacy, basic needs (supplies, bill assistance), SSI, developmental disabilities, classes (for example, life skills, theft, and fire setting). Categories are not mutually exclusive.

Source: Case file data collected through March 31, 2010.

Family Advocate Services and Outreach. Another way to capture service utilization is to describe the work of the family advocacy program staff which inherently operates as a service to the program participants and their families. The family advocate and the service coordinator in Denver worked in tandem with program participants and their families. The services listed in Table 19 represent tasks and activities of both individuals, as recorded in case files as of March 31, 2010.

As can be seen in Table 19, much of the advocate's and coordinator's time was spent monitoring the progress of program participants and attending (and facilitating) meetings, including Wraparound meetings. Other activities included providing transition services, attending court, participating in client staffings, and maintaining contacts with other professionals involved in the case including school staff, supervising officers, or treatment providers.

As can be seen in Table 19, the Denver program provided many of the participants and their families with \$15 gift cards to Wal-Mart during the holiday season and summer break.

Table 19. Denver: Family advocate/service coordinator activities and tasks in assisting clients and families (N=40)

	n
Conducted intake with client and family	40
Contact with education staff (teacher, principal, counselor, enrollment)	26
Contact with social worker	28
Contact with supervising officer (pre-trial, diversion, probation)	31
Contact with treatment providers	23
Contact with client	38
Contact with family	38
Voicemails left at client's home	28
Attended court hearings	26
Referred client for an Individual Education Plan (IEP)	5
Attended Individual Education Plan (IEP) meetings	4
Facilitated Wraparound meetings	32
Attended Team Decision Making (TDM) ¹ meetings	7
Attended other staffing	17
Visited client while detained/committed	10
School visit	14
Home visit	19
Founding housing	1
Provided clothing	1
Provided miscellaneous supplies (e.g. hygiene products, detergent, etc)	1
Provided juvenile and family with \$15 gift card during Christmas (e.g. Wal-Mart)	29
Provided juvenile and family with \$15 gift card during summer (e.g. Wal-Mart)	5
Provided family with a recreation/outing ²	4
Employment/vocational assistance	4
Referred the juvenile and their family to services	34
Assisted the juvenile and family with SSI	2
Other ³	13

1 Team Decision Making (TDM) is a case planning mechanism used in the child welfare system.

2 Recreation/outing does not include family field trips that were part of the Family Support Group meetings.

3 "Other" includes assistance with naturalization issues, assisted juvenile and family with letter of complaint to the Denver Public School System, school placement assistance, contact with TASC specialist, mentor, group home staff and others.

Categories are not mutually exclusive.

Source: Case file data collected through March 31, 2010.

In addition to the tasks and activities detailed above, the Denver program also facilitated family support group meetings. These meetings were held the second and fourth Mondays each month. The first meeting had an educational focus with separate programming for parents and for juveniles. The family is required to attend the first meeting to qualify for the Family Fun Night which is scheduled at the second monthly meeting. The class curriculum included such topics as parenting, mental health diagnoses, confidence and self esteem building, sibling rivalry and bonding relationships, household budgeting and finance, social security qualifications and application processes, mentoring/tutoring training, Individualized Education Program (IEP) plans, nutrition and dietary needs, peer-to-peer partnering, civic/legislative duty education, home ownership programs, insurance coverage, pregnancy prevention, STD, HIV prevention, substance abuse, and child service agency mandates. Twenty-five of the 40 enrolled families attended at least one family support group meeting.

Education. Many of the juveniles in the Denver program had serious problems with school. Thirty-two had been expelled or suspended, as shown in Table 16. Poor school performance is linked with many negative life outcomes, including involvement in crime. As shown in Table 18, 18 juveniles received Individualized Education Program (IEP) plans during the study period, indicating that an important need of these juveniles was being addressed. An IEP results in a plan developed by the parents and the school that specifies academic goals for the child and the ways in which the child can achieve them. It provides a structure for achieving educational goals. The Individuals with Disabilities Education Act (IDEA) and Colorado’s Exceptional Children’s Education Act (ECEA) established the Individualized Education Program (IEP) as the mechanism for planning and implementing goals and objectives for children with disabilities, including those with emotional and social functioning disorders.

Table 20. Denver: Individualized Education Program (IEP) plans

	n	Percent
Yes	18	45.0%
No	22	55.0%
Total	40	100%

Source: Case file data collected through March 31, 2010.

Family Satisfaction and Empowerment

Two instruments were used to assess the experience of juveniles and family members who participated in the demonstration programs. The findings from these measures are provided below. The number of cases in each analysis, particularly for the comparison group, is very low (see Table 3). The lower the number of cases, the lower is the reliability of the findings. For this reason, the findings should be interpreted with caution.

Family Empowerment Scale. As described in the Method section, the FES (Koren, DeChillo, & Friesen, 1992) is a 34-item instrument developed by the Research and Training Center on Family Support and Children’s Mental Health at Portland State University. Its purpose is to assess parent/guardian perceptions about their roles and responsibilities within their local service systems and their ability to advocate on behalf of their child. The FES scoring procedure is based on a simple, unweighted summation of the items, resulting in scores within each of the following areas of parent/guardian empowerment: Family, Service System, and Community/Political systems. The FES is a simple, basic tool designed to be administered with minimal training (see Appendix I). The FES was completed by the parent/guardian who was most involved in the treatment planning process. As mentioned above, the initial FES was to be completed within 30 days of assignment to a family advocate and upon discharge from the program. Family advocacy program staff were responsible for distributing and collecting the FES and forwarding to DCJ for data entry and analysis. Guardians of the juveniles in the comparison groups also completed the FES in accordance with the design described above.

The summed items were averaged to more easily relate the score to the 1 to 5 (Not at all true of me to Very true of me) scale. The higher average (mean) scores on the 1 to 5 scale indicate greater agreement with the empowerment statements. Only 13 responses are presented in Table 21 of the 40 juveniles who participated in the Denver program; therefore, results must be interpreted with caution.

Table 21 shows all scores at both time periods were above the midpoint (2.5), suggesting higher rather than lower feelings of empowerment. Although the average empowerment scores increased, with the exception of the community/political score, the differences are not statistically significant, meaning that any difference in the scores is likely due to chance rather than an actual change in the average feeling of empowerment. Overall, as measured by the Family Empowerment Scale, those completing the questionnaire both at enrollment and at discharge perceived themselves to be generally empowered both before and after participation in the Denver program. All average scores were above 3.5 on the 1-5 scale.

One likely explanation of the lack of greater improvement in feelings of empowerment is the increased awareness that occurs from exposure to counseling and other services. Ironically, gaining a greater understanding of problems and the strategies required to manage those problems may help individuals become more realistic about the difficulty involved in navigating the complex world of social service systems.

Table 21. Denver: Family Empowerment Scale, mean scores

Mean Score (n)	Family Empowerment Scale Range 1 to 5		
	Family	Service System	Community/Political
At enrollment	3.84 (13)	3.99 (13)	3.52 (13)
At discharge	3.96 (13)	4.15 (13)	3.02 (13)

Family Advocacy Questionnaire. The FAQ was designed to assess the degree of satisfaction with various aspects of family advocate performance and the services received. DCJ researchers created two versions of the FAQ. A 16-item questionnaire was designed to be completed by a parent or guardian and a shorter, but comparable, 10-item version was designed for juveniles (each version of the questionnaires can be found in Appendix J). These questionnaires were completed by participants upon conclusion of the juvenile/family’s involvement with the family advocacy program. Participants rated their degree of satisfaction on a 1 to 5 scale, with 5 indicating stronger satisfaction.

As shown in Table 22, the average level of satisfaction with the family advocate program for those who responded to the questionnaire was above 4 for both juveniles and guardians, and well above the midpoint of the 1-5 range (2.5). Juveniles receiving advocacy services responded to the service more highly than did their parents, although this difference was not statistically significant. The lack of statistical differences means that the responses can be, in general, interpreted to reflect a similar and relatively high level of satisfaction with the Denver programs. Attempts were made to gather this information from a comparison group of children and families without advocacy services, but because fewer than six juveniles/family members participated in the comparison study, there are too few cases to report here.

Table 22. Denver: Family Advocacy Questionnaire, mean scores

Family Advocacy Questionnaire Range 1 to 5 (n)	
Juveniles	4.43 (10)
Guardian	4.18 (17)

Services at Discharge

Eight of the 26 discharged juveniles were either referred to new services or continued with ongoing services at the time of discharge (see Table 23). Upon discharge from the Denver program, one juvenile was referred to Project HIKE (Health Intervention Knowledge Education, a project partner with Urban Peak, the Council on Substance Abuse and Mental Health, and the Children’s Hospital) which targets youth between the ages of 16-24 who are at risk for contracting HIV and who also have mental health and/or substance abuse issues. Several of the other discharged juveniles continued participation in ongoing services, such as mental health counseling, prescribed medication(s), and involvement with the Department of Human Services.

Table 23. Denver: Client received services after discharged from the urban program

	Additional services¹	Ongoing services²
	n	n
No	25	19
Yes	1	7
Total	26	26

1 Additional services reflects any additional services not received during participation in the family advocacy program. Juvenile justice supervision (for example, commitment or probation) is not included.

2 Ongoing services refers to any service in which the juveniles continued participation after discharge from the family advocacy program. Juvenile justice supervision is not included.

Source: Case file data collected through March 31, 2010.

Juvenile Justice Outcomes

This section addresses recidivism during enrollment and after discharge from the Denver program. A proper analysis of recidivism requires that individuals be “at risk” for a new criminal event during a defined and bounded period of time, equal across all participants, typically 12 or 24 months following successful completion of a program or service. Controlling for time at risk was not possible in the current study because the definition of “program enrollment” and “program discharge” was generally subjective and blurred. Without the ability to define specific program transition points, especially a specific discharge date, differentiating periods of within-program performance from at-risk (after discharge) periods of performance is rendered unfeasible. These issues, along with the low number of cases and the short study period, made impossible the analysis of an appropriately designed recidivism study comparing the advocacy and comparison sites. Given this comparative analysis was not possible, the information below includes a description of recidivism for the Denver site which does not control for time at risk.

Recidivism was measured in multiple ways to document whether and to what extent program participants further penetrated the juvenile justice system. Recidivism was defined as any probation revocation, arrest, filing, conviction, or sentence after the juvenile entered the

advocacy program. The specific charge information for arrests, filings, and convictions can be found in Appendix L.

Table 24 provides a summary of arrests, filings, convictions, and revocations during enrollment and after discharge. The information in the shaded far right column shows that, during the study period, half of the Denver participants did not have further contact with the juvenile justice system for new offenses during enrollment or after participation in the Denver program. Of the half (20) that were arrested, half of those (10) received court filings. Only seven juveniles, 17.5 percent of the Denver participants, were convicted of a new offense during the study period. However, the few convictions may be a function of time: it takes months for individuals to process through the system.

Table 25 shows the sentences imposed on the juveniles who were convicted. Note that multiple sentences can be imposed. Table 26 shows that two juveniles were placed in detention and one was committed to the Division of Youth Services.

Given the high-risk nature of most of the Denver participants (see Table 15 for a description of the risk characteristics), it is important to note that a majority of juveniles had no additional justice events during the study period. Many received services that may have improved the outcomes of the Denver program participants. Unfortunately, it is impossible to determine empirically if this finding is related to the advocacy program specifically or to any of the other services received by the juveniles and their families. Only five juveniles and two families were recruited for a comparison group, making a recidivism analysis unfeasible. However, it should be noted that nearly 20 percent of potential comparison juveniles selected for the study were not available due to a juvenile commitment (see Table 2).

Table 24. Denver: Recidivism

	During enrollment (N=40)		After discharge (N=26)		During enrollment and after discharge (N=40)	
	n	Percent	n	Percent	n	Percent
No recidivism	21	52.5%	22	84.6%	20	50.0%
Arrested	18	45.0%	4	15.4%	20	50.0%
Filings	10	25.0%	1	3.8%	10	25.0%
Convicted	6	15.0%	1	3.8%	7	17.5%
Revoked	3	7.5%	1	3.8%	3	7.5%

Categories are not mutually exclusive. Traffic offenses and juvenile (JV) district court data were not included. Juvenile delinquency (JD) district court cases are included with the exception of Denver County. Data concerning filings, convictions, and revocations originating from Denver County were not available.

Sources: Colorado Criminal Information System, maintained by the Colorado Bureau of Investigation; Colorado Integrated Online Network (ICON) maintained by the Colorado Judicial Department.

Table 25. Denver recidivism: Conviction sentences during enrollment and after discharge

	During enrollment ¹ (N=6)		After discharge ² (N=1)	
	n	Total time	n	Total time
Detention	1	45 days	0	N/A
Probation	3	3825 days	0	N/A
Deferred sentence	0	N/A	1	730 days
Division of Youth Corrections	2	1460 days	0	N/A
Community Service	3	114 hours	1	50 hours

1 These sentences reflect initial sentences only, resulting from filings occurring during enrollment.

2 These sentences reflect initial sentences only, for arrest/filings after discharge.

Categories are not mutually exclusive. Traffic offenses and juvenile (JV) district court data were not included. Juvenile delinquency (JD) district court cases are included with the exception of Denver County. Data concerning filings, convictions, and revocations originating from Denver County were not available.

Source: Data were extracted from the Judicial Department’s Integrated Colorado Online Network (ICON) information management system via the Colorado Justice Analytics Support System (CJASS) and analyzed by DCJ’s Office of Research and Statistics.

Table 26. Denver recidivism: Revocation sentences during enrollment and after discharge

	During enrollment (N=3)		After discharge (N=1)	
	n	Total time	n	Total time
Detention	2	135 days	0	N/A
Jail	0	N/A	1	20 days ²
Deferred revoked, given probation	0	N/A	1	730 days ³
Probation reinstated	3	3311 days ¹	0	N/A
Division of Youth Corrections	1	730 days	0	N/A
Total revocations	8		1	

1 Reflects the total probation days expected after reinstatements and revocations to NYC.

2 Original sentence was 60 days, but 40 days credited for time served.

3 Deferred sentence truncated by 656 days after revocation to probation.

Categories are not mutually exclusive. Traffic offenses and juvenile (JV) district court data were not included. Juvenile delinquency (JD) district court cases are included with the exception of Denver County. Data concerning filings, convictions, and revocations originating from Denver County were not available.

Source: Data were extracted from the Judicial Department’s Integrated Colorado Online Network (ICON) information management system via the Colorado Justice Analytics Support System (CJASS) and analyzed by DCJ’s Office of Research and Statistics.

Partnership and Leadership Outcomes: Agency Perspective

H.B. 07-1057 required that the evaluation of the family advocacy demonstration programs assess “process and leadership outcomes, including but not limited to measures of partnerships, service processes and practices among partnership agencies, leadership indicators and shared responses to resources and outcomes.”

The data presented below is from the annual Work Plan submitted by the FAC advocacy program to the Division of Behavioral Health. Efforts to independently verify this information with interview or survey data were generally unsuccessful.

According to the agency’s Work Plan, Denver’s FAC provides direct services to juveniles and their families. FAC stakeholders report that it serves an important role as a systems change agent by encouraging local and state agencies to adopt a strengths-based, community-oriented approach to work with juveniles and their families. The FAC attempts to accomplish this change agent role in several ways. First, FAC brings agencies and institutions together

through the wraparound process which views these entities as equal partners with families. Wraparound promotes the use of nontraditional resources as uniquely defined by the juvenile and the family to meet their needs and encourages institutions to work with families differently. Second, FAC is involved in a number of collaborations focused on integrating the systems of care, and through these efforts promotes a strengths-based approach, and models the use of this approach to other agencies and stakeholders. FAC staff facilitates these collaborative efforts by providing consultation and training to increase awareness about System of Care guidelines and principles. Using these strategies, FAC seeks to advance positive change in the community.

The FAC is no longer a member of the Denver Collaborative Partnership (DCP). Nevertheless, the referral process continues through its relationships with staff from the individual agencies of the DCP. Those agencies include the Mental Health Center of Denver, Denver Public Schools, Paramount Youth Services, Gilliam Youth Services, Denver Juvenile Probation, Family to Family Sites/ Denver Human Services, and Access Behavioral Care. FAC officials report that the loss of DCP membership has not affected referrals to Family Agency Collaboration's advocacy and supports organization. FAC remains part of the developed response to House Bill 04-1451 because it is a member of the family involvement component of HB-1451.

FAC participates in the following stakeholder groups: Colorado Mental Health Planning and Advisory Council and its committees, the Health Disparities Coalition, the Cross Cultural Ethnic Consortium and the Colorado System of Care Collaborative. Additionally, FAC works with the following organizations:

- *Federation of Families for Children's Mental Health - Colorado Chapter* FAC staff provides technical assistance and support, and serves as a member of its Board of Directors. Staff has also provided training in the Enriched Support Group curriculum, used with families and juveniles enrolled in the Minorities Over-Representation in Juvenile Justice Program.
- *Denver Youth Corrections (DYC)* - One FAC family advocate is currently housed at the Gilliam Youth Center (a program of DYC), where the Mental Health Center of Denver also has an on-site therapist.
- *Denver Human Services (DHS)* - For DHS-referred clients, DHS and FAC collaborate on the Family to Family Project, working to keep youth in their homes and communities.
- *Access Behavioral Care (ABC)* - ABC is the mental health Medicaid provider for Denver and a co-partner on the FAC governing council, working with FAC to advance the System of Care project.
- *Juvenile Probation* - Member of the FAC governing council.
- *Denver Public Schools (DPS)* - FAC's Executive Director works closely with DPS and serves on the team that conducts pre-expulsion hearings for all students.
- *Hope Academy* - FAC developed a transitional educational model for this faith-based school, designed for juveniles ages 12-17 with serious emotional disturbance/mental illness. The transition model assists youth in the development of skills required for self-sufficiency.
- *Paramount Youth Services* - An FAC family advocate works with this agency by assisting with urine analyses testing for substance abuse, youth counseling, and mentoring youth who have little adult support.

Program Challenges and Accomplishments

DCJ researchers requested that the Family Agency Collaboration (FAC) provide descriptions of accomplishments and challenges encountered during the evaluation period (January 1, 2008 through March 31, 2010). The presentation of program challenges was intended to highlight the difficulties in implementation or function encountered by programs in order to identify opportunities to improve the service environment for advocacy programs. The Family Agency Collaboration reported several system-wide challenges that either increased the demand for family advocacy services or make successfully delivering advocacy services difficult. Detailed below are the accomplishments and challenges forwarded by FAC and generated from DCJ researcher notes taken at quarterly Family Advocacy meetings. These statements reflect the unedited perspective and experiences of the advocacy program staff (the statements below contain minor edits for format and style).

Accomplishments

1. Family Agency Collaboration is working in partnership with Denver Juvenile Probation to help families get the mental health services they need. As a result, there is improved communication between FAC program staff and probation officers. Also, probation officers are increasingly interested in participating in the development of wraparound plans.
2. The Director of Family Agency Collaboration (FAC) is the current chairperson of The Colorado Multi-Ethnic Culture Consortium (CMECC) and serves on the Behavioral Health Transformation Council (BHTC). Participation in the BHTC meetings provide all members an opportunity to learn, and assist in building a more effective approach towards accessible and more culturally competent services.
3. The FAC has reduced the number of children with unaddressed mental health needs committed to DYJ. This is reflected in the number of juveniles who have successfully graduated from the FAC program.
4. Staff at the Gilliam Youth Detention Center requested that the FAC advocate speak to the entire youth population quarterly to help them learn critical thinking skills. The presentations have opened an additional avenue for referrals, often at the request of the juveniles themselves. As a result of continued speaking engagements facilitated by FAC at Gilliam, children who have had contact with the advocate have sought out FAC assistance in the community and at court.
5. The FAC staff has increased their presence and visibility at the schools in the Denver district. FAC has experienced an increase in referrals generated from schools. Once social workers and school counselors become aware of the services FAC provides, a request for FAC referral forms is typically followed by the referral of new clients who can benefit from family advocacy services.
6. The Family Agency Collaboration has provided services when families report encountering barriers elsewhere in the service community.

7. The Family Agency Collaboration's high fidelity wraparound service and family support groups have successfully educated, trained and empowered families to advocate for themselves.

Challenges

1. Children as young as pre-school age are being referred for advocacy services. Some reasons for referral are derived from developmentally inappropriate behavioral standards established by zero tolerance policies in schools, while reasons represent real behavioral problems among these very young children.
2. The FAC finds that community services are sometimes inadequate. The following examples were provided:
 - a. "Aging out" – community services are often withdrawn when juveniles reach 18 years of age. The referral to adult services for these young people is sometimes inadequate and can be developmentally inappropriate. Young clients often find the adult clients at service settings too dissimilar, with issues not comparable to their own. The discomfort results in some young adults withdrawing from needed services and support.
 - b. Substance abuse services are inadequate and funding cuts have exacerbated this situation.
 - c. The sanction for several missed appointments is typically the withdrawal of service. Ironically this often results in clients cycling back through the system for unresolved issues.
3. Often, individualized education plans (IEPs) are not followed or updated regularly. This can result in expulsion of a youth with significant mental health issues when, instead, working with a support team to get the youth the needed treatment may have resulted in an improved outcome.
4. In situations where a child may not be best served by placement in a particular school, FAC staff meets with school officials to discuss transfer options. This exchange can take up to seven months, a long period during which the educational needs of the child may be negatively affected.
5. Family Agency Collaboration is no longer a member of the interagency oversight group (IOG) as defined in House Bill 04-1451. The FAC staff reported that this eliminates an independent family voice for system change/system Integration at the DCP Board Level.
6. The service coordinator position is funded by Senate Bill 97, and funding ends at the end of the each fiscal year (June 30), at which time it is common for service coordinators to resign their position, leading to staff turnover.
7. Family Agency Collaboration works to convince service providers that sometimes children's actions are a consequence of mental illness and not simply bad behavior or recalcitrance. Sometimes commitment to the Division of Youth Corrections is suggested as a means of accessing mental health services. Yet, mental health treatment is not the core mission of DYC and placement there for services may not be

in the best interest of the child.

8. Obtaining mental health evaluations for juveniles can be challenging. Some agencies do not accept court-ordered evaluations, and sometimes the evaluation process is very long. This delays assisting juveniles in the wraparound process.
9. The Family Agency Collaboration sometimes struggles to get families to commit to building supports for their child's team.
10. FAC faced some cultural challenges such as:
 - a. Families without legal status are limited in the services that are available to them, in addition to systemic (court systems, education systems and mental health systems) weaknesses around working with refugees in this country;
 - b. A lack of therapists who speak different languages; and
 - c. A lack of expertise in working with refugees.
11. The demands of the evaluation component of the Denver family advocacy program per H.B. 07-1057 interfered with providing services to families.

SECTION 5: FINDINGS: SUBURBAN SITE-THE FEDERATION OF FAMILIES FOR CHILDREN’S MENTAL HEALTHCOLORADO CHAPTER

Jefferson County Program Data

As mentioned in the “Data Analysis” portion of Section 3, the unique variations in the implementation, challenges, and populations served by the demonstration sites required individual program analysis. Section 5 provides a statistical snapshot of the data collected on the family advocacy program implemented by the Federation of Families for Children’s Mental Health, Colorado Chapter, during the evaluation time period, January 1, 2008 through March 31, 2010. This program was designed by the Juvenile Services Planning Committee in Jefferson County and developed to coordinate services for juveniles in the Jefferson County Pre-Trial Services and therefore was selected as the suburban site.

The findings are presented in the following sections: program information, clients (target population), criteria, system service utilization, transition services, juvenile justice system outcomes, partnerships, accomplishments and challenges, and evaluation measures.

Program Information

Referrals. The advocacy program developed by the Federation of Families for Children’s Mental Health, Colorado Chapter (hereafter referred to as the Federation of Families) was specifically designed by the 1st Judicial District Juvenile Services Planning Committee to receive client referrals from Jefferson County Pre-Trial Services. Working with pre-trial services staff, the family advocate often sat in on intakes. This allowed the target population for this program to be youth with juvenile justice system involvement and the use of the Massachusetts Youth Screening Instrument-Second Version (MAYSI-2), a standardized and validated 52-item, true-false self-report instrument developed for juveniles between the ages 12-17 years old and who are entering the juvenile justice system. The instrument screens for mental health problems.

The program provided services to the population it intended to target. In fact, 86.7 percent of the 30 juvenile/family program participants were referred from the pre-trial services program (see Table 27) and nearly all (86 percent) had mental health problems (see Table 28).

Table 27. Jefferson County: Referral agencies

	n	Percent
Pre-Trial Services	26	86.7%
Probation	3	10.0%
Other ¹	1	3.3%
Total	30	100%

¹ Other includes a parent who attended the Parent Support Group meeting, and requested the child receive family advocacy services. Source: Source: Case file data collected through March 31, 2010.

Referral Reasons. The primary reasons for referral to this advocacy site were juvenile justice involvement and mental health concerns. Other referral reasons included family dysfunction, substance abuse, anger issues, homelessness, and poverty, according to information provided in the case file. This information is shown in Table 28.

Table 28. Jefferson County: Referral reasons (N=30)

	n
Law/Juvenile Justice Involvement	
Stealing/theft/shoplifting	3
Contact with law enforcement	0
juvenile justice charges	26
Under juvenile justice supervision	29
School	
School issues	0
Truancy/school attendance issues	0
Suspended or expelled from school	0
Behavior problems	0
Academic issues	0
Mental Health	
Mental health issues	26
Grief and loss	0
Abandonment issues	0
Suicide ideations	2
Not taking medication	0
Needs counseling	1
Family	
Family issues	2
Family history of criminal justice involvement	1
Family history of mental health issues	1
Family history of substance abuse	0
Family needed additional support	1
Disregards rules	1
Disregards authority	0
Miscellaneous	
Homeless	1
Poverty	1
Delinquency behavior	1
Substance abuse	2
Gang involvement	1
Chronic liar	0
Anger issues	2
Other ¹	6

¹ Examples of "other" includes physical and sexual abuse issues and pregnancy. Categories are not mutually exclusive.

Source: Case file data collected through March 31, 2010.

Enrollments and Discharges. Table 29 displays the number of clients by month enrolled and discharged from the Federation of Families advocacy program. According to the annual Work Plans submitted to the Division of Behavioral Health, the program planned to serve 30 juveniles and their families annually, but it served half that number. This program began enrolling juveniles on March 7, 2008 and, as of March 31, 2010, they had served 30 of the expected 60 juveniles. Three families had more than one family member enrolled in this program. Program staff explained that the fewer enrollments likely resulted from having a single referral source. They plan to expand their referral source to mental health centers and restorative justice programs. Twenty-eight clients had discharged at the end of the study period, as shown in Table 29 and 30.

Table 29. Jefferson County: Number of clients enrolled and discharged

	Enrolled	Discharged
2008		
January	NA	NA
February	NA	NA
March	2	0
April	2	0
May	4	1
June	5	0
July	0	1
August	3	4
September	0	2
October	0	5
November	0	0
December	0	0
2008 Total	16	13
2009		
January	2	0
February	2	0
March	2	3
April	0	0
May	4	4
June	2	1
July	1	1
August	0	1
September	0	0
October	0	1
November	0	3
December	0	1
2009 Total	13	15
2010		
January	0	0
February	1	0
March	0	0
2010 Total	1	0
Total juveniles served	30	28

The Federation of Families for Children’s Mental Health-Colorado Chapter began taking clients on March 7, 2008. The family advocate stopped enrolling between November 2009 and January 2010 because she had been promoted and they were not sure when they would be able to fill the advocate position. The evaluation period was between January 1, 2008 and March 31, 2010.

Source: Case file data collected through March 31, 2010.

Enrollment Status. Between November 2009 and January 2010, client enrollment was suspended due to staff changes. Also, between January and March 2010, enrolling more juveniles in the program was challenging in Jefferson County. Potential families did not return phone calls and referrals coming from the Jefferson County S.B. 94 program declined due to a decrease in juvenile caseloads. As of March 31, 2010, the end of the evaluation period, two juveniles were enrolled in the program.

Table 30. Jefferson County: Status of clients

	n	Percent
Active	2	6.7%
Closed	28	93.3%
Total	30	100%

Source: Case file data collected through March 31, 2010.

Program Duration. The intent of this advocacy program was to provide service between 9-12 weeks to correspond with the period juveniles were supervised by pre-trial services. This appears to have been accomplished since the average length of stay for the suburban program was 120 days (data not presented).

Discharge Types. Twenty-eight juveniles discharged from this program and over 70 percent completed successfully. As shown in Table 31, among the other discharge reasons was commitment to the Division of Youth Corrections, relocation outside the county, or the inability to locate the client families.

Table 31. Jefferson County: Type of discharge

	n	Percent
Successful completion	20	71.4%
Moved out of the area	3	10.7%
Committed to the Division of Youth Corrections	1	3.6%
Unable to locate the family	4	14.3%
Total	28	100%

Source: Case file data collected through March 31, 2010.

Client Information

Gender. The gender of juveniles served by the Jefferson County program was fairly balanced between male (56.7 percent) and female (43.3 percent) clients (see Table 32).

Table 32. Jefferson County: Gender of clients

	n	Percent
Male	17	56.7%
Female	13	43.3%
Total	30	100%

Source: Case file data collected through March 31, 2010.

Age. The Federation of Families program's target age range was 10-17 years old. Half the juveniles were 16 or 17 years old at enrollment. The distribution of client ages is shown in Table 33. The average age of the juveniles participating in this program was 15.8 years old.

Table 33. Jefferson County: Age of clients at enrollment

	n	Percent
10 years old	1	3.3%
11 years old	0	0.0%
12 years old	1	3.3%
13 years old	0	0.0%
14 years old	7	23.3%
15 years old	6	20.0%
16 years old	6	20.0%
17 years old	9	30.0%
Total	30	100%
Average	15.8	

Source: Case file data collected through March 31, 2010.

Ethnicity. The largest percentage of juveniles served by the Federation of Families program was Caucasian (63.3 percent), followed by Latino (26.7 percent) and African-American (6.7 percent). Given that nearly all juveniles were referred from pre-trial services to the advocacy program, the percentages of juveniles in the ethnic categories is comparable to the reported arrest percentages in the county (Appendix N). The percentages available in Appendix N regarding Jefferson County also include juveniles in Gilpin County, but the ethnicity distributions are assumed to be comparable. More information about the ethnicity distributions at key juvenile justice contact points may be found in Appendix N.

Table 34. Jefferson County: Ethnicity of clients

	n	Percent
Caucasian	19	63.3%
African American	2	6.7%
Latino	8	26.7%
Other	0	0.0%
Multi-Ethnic ¹	1	3.3%
Total	30	100%

¹ Multi-ethnic means the client identified with more than one racial/ethnic group.

Source: Case file data collected through March 31, 2010.

Client Residence. Table 35 displays the residential circumstances for the clients at the time of referral and at discharge. A large majority of juveniles were living with parents or relatives at the time of referral and at discharge.

Table 35. Jefferson County: Client residence at referral and discharge

	Referral		Discharge	
	n	Percent	n	Percent
Parents (Biological and step)	25	83.3%	20	71.4%
Relatives	1	3.3%	2	7.1%
Foster care	1	3.3%	0	0.0%
Division of Youth Corrections facility	1	3.3%	1	3.6%
Other	2	6.7%	0	0.0%
Unknown	0	0.0%	5	17.9%
Total	30	100%	28	100%

Source: Case file data collected through March 31, 2010.

Program Criteria

Juvenile Justice Involvement. H.B. 07-1057 mandated that the family advocate programs target juveniles who were involved with the juvenile justice system, or who were “at risk” of involvement, although this latter criterion was not defined in the legislation. Program staff at each site defined “at risk” based on (1) staff experience and (2) staffs’ understanding of services available and how these could assist with juvenile behavior problems.

The Federation of Families program set the following additional eligibility criteria:

- have an active charge in the 1st Judicial District,
- referred from the custody of Mount View Youth Services Center on bond, or
- serving a probation sentence and in need of further supervision without a duplication of services.

Table 36 provides detail of the at risk or justice system involvement of Jefferson County clients at the point of enrollment. Note that those who may have been arrested, summoned, or under pre-trial supervision may have received a filing, sentence, or placed under supervision while participating in the family advocacy program, and this would result in a change in their involvement between enrollment and discharge.

Table 36. Jefferson County: Juvenile justice system involvement at enrollment

	n	Percent
At risk for juvenile justice system involvement	1	3.3%
Pre-trial supervision	26	86.7%
Deferred Adjudication/Probation/JISP	3	10.0%
Total	30	100%

Categories are not mutually exclusive.

Source: Colorado Information Crime Center (CCIC) and CourtLink.

Because the majority of referrals to the advocacy program were from pre-trial services, these clients have necessarily had prior contact with law enforcement and the judicial system. Other system involvement included the Department of Human Services, mental health centers, the probation department, and the school systems.

On average, juveniles were involved with 2.9 systems at referral. The involvement ranged from no system involvement to involvement with six agencies, as shown in Table 37 which shows the number of program participants involved in a particular system/agency in the year preceding referral and at referral. The program seems to have provided services to the population identified in H.B. 07-1057.

Table 37. Jefferson County: Systems involvement (N=30)

	Year prior to referral	Point of referral
	n	n
Department of Human Services	3	2
Judicial system	3	26
Diversion	1	0
Law Enforcement	29	6
Medical	1	0
Mental Health	15	7
Pre-trial services/SB 94	4	26
Probation	3	3
Education system	24	17
Substance abuse	2	0
Division of Youth Corrections	2	1

Categories are not mutually exclusive.

Source: Case file data collected through March 31, 2010.

At-Risk Juveniles. Table 38 provides information gathered from intake evaluations regarding the exposure of the participants in the Jefferson County program to various forms of victimization. Twenty percent of those in the Federation of Families program had histories of sexual abuse and emotional/verbal abuse, and 16.7 percent were victims of physical abuse.

Table 38. Jefferson County: History of victimization

	Victim of sexual abuse		Victim of physical abuse		Victim of emotional/verbal abuse	
	n	Percent	n	Percent	n	Percent
Yes	6	20.0%	5	16.7%	6	20.0%
No	23	76.7%	24	80.0%	23	76.7%
Unknown	1	3.3%	1	3.3%	1	3.3%
Total	30	100%	30	100%	30	100%

Source: Case file data collected through March 31, 2010.

Table 39 provides information on additional risk factors identified by the family advocate and recorded in the Federation of Family's program. In addition to the information about juvenile justice system involvement, Table 39 shows the wide range of additional problems the juveniles were facing. Nine of the 30 juveniles (30 percent) had a family history of criminality, nine had truancy problems, half were using drugs, six were considered a danger to others, and three were homeless.

Table 39. Jefferson County: Client behavioral health and criminality risk factors (N=30)

	n
Family	
Violent environment	2
Out-of-home placement	4
Parent can't control youth	9
Family neglects basic needs	6
Inadequate supervision	3
Inadequate resources	3
Delinquent siblings	5
Family history of criminality	9
Poor family management	5
Family conflict	8
Homelessness	3
School	
Truancy	9
Suspension/expulsion	5
Dropping out	1
Early failure	0
School behavioral problems	5
Law/Juvenile Justice	
Contact	28
Lecture/release	11
Summons	2
Runaway	4
Arrested	29
Charged	29
Detained	14
Committed/Imprisoned	3
Probation/Parole	5
Detention/jail	4
Juvenile justice services in last year	29
Substance Use/Abuse	
Alcohol	6
Marijuana	15
Cocaine/Crack	3
Other Drugs	5
Gets High/Intoxicated	15
Dependent/Addiction/Interfere	1
Dangerousness	
Aggressive	7
Threatening	2
Violent	3

Animal Cruelty	1
Destroys property	3
Sets fires	0
Homicidal threats	0
Danger to others	6
Socialization	
Disrespect	3
Disregards authority	2
Disregards rules	3
Denies responsibility	3
Gang member/involvement	2
Delinquent peers	3
Runaway	7
Risk taking/impulsivity	4

This list of risk factors was used for the Systems of Care project, a Division of Behavioral Health project. The items were scored subjectively by the family advocates. Categories are not mutually exclusive.

Source: Case file data collected through March 31, 2010.

Mental Illness. A primary target population criterion identified in H.B. 07-1057 was that juveniles have a mental illness or co-occurring (for example, mental illness and substance abuse) disorder. When a standard DSM-IV mental health diagnosis was not available for a juvenile, this site used the MAYSI-2 to determine their mental health status.

The Massachusetts Youth Screening Instrument-Second Version (MAYSI-2) is a standardized 52-item, true-false self-report questionnaire used for mental health screening of juveniles between the ages 12-17 years old and who are entering the juvenile justice system. The MAYSI-2 provides information that alerts staff to the following emotional and behavioral problems:

- Alcohol/Drug Use,
- Angry-Irritable,
- Depressed-Anxious,
- Somatic Complaints,
- Suicidal Ideation,
- Thought Disturbance, and
- Traumatic Experiences.

The MAYSI-2 is not a diagnostic instrument; instead it serves as a "triage" tool for decisions about the possible need for intervention(s). Following an arrest, juveniles in Jefferson County complete the MAYSI-2 at the Jefferson Assessment Center during the intake process.

The Federation determined that a juvenile must score a minimum of three warnings/and or cautions on the MAYSI-2 to be eligible for the family advocacy program. Table 40 presents the mental health diagnosis/disorders, while Table 41 shows the MAYSI-2 scoring profile for their clients.

Table 40. Jefferson County: Mental health diagnosis/disorders (N=21)

	n
Depression	7
Bi-polar/Mania	4
Mood	5
PTSD/Anxiety	5
ADD/ADHD	10
Conduct	1
Oppositional defiant	4
Adjustment disorder	2
Disruptive behavior disorder	0
Antisocial personality disorder	0
Learning disability	2
Mental retardation	0
Parent child relationship issues	1
Other ¹	1

¹ Other includes a psychotic disorder not otherwise specified.

Mental health disorder was determined using the DSM IV. CCARs were available for 10 of the 30 juveniles. Categories are not mutually exclusive.

Source: Case file data collected through March 31, 2010 and the Colorado Client Assessment Record.

Table 41. Jefferson County: MAYSI-2¹ scoring profile (N=13)

	Warning ²	Caution ³
Alcohol/drug use	0	4
Angry irritable	2	7
Depressed/anxious	1	8
Somatic complaints	3	8
Suicide ideation	4	3
Thought disturbances	4	4
Traumatic experiences	0	1

¹ Massachusetts Youth Screening Instrument-Second Version.

² A warning means the juvenile has scored in the top 5-15 percent of the justice system youths on the scale.

³ A caution means the juvenile has scored higher on the scale than about two-thirds of youths in probation intake or secure pretrial detention or reception centers.

Source: Case file data collected through March 31, 2010.

Overall, the Jefferson County advocacy program reported that 21 (70 percent) of the juveniles had a mental health diagnosis or disorder (for the number of disorders, see Table 40) and the 9 remaining juveniles met the MAYSI-2 screening threshold (for screening indications see Table 41). Four juveniles with a mental health diagnosis or disorder also had a MAYSI-2 score. However, information about a child's mental health disorder was not systematically discussed with the parents, especially among those whose children had mental health concerns as indicated by the screening instrument. Despite the fact that the legislation and the program required the presence of mental health problems as a primary eligibility criterion, program staff made the decision not to discuss a child's mental illness or potential mental illness unless the parent raised the subject. This is concerning, given the extent of potential problems identified by the screening instrument, including depression, suicide ideation and thought disturbances, among others. It is unknown the extent to which this practice impeded or delayed obtaining a complete mental health evaluation and appropriate treatment for juveniles without a previous diagnosis in the Jefferson County program.

System Service Utilization

The services described below in Table 42 are non-family advocacy services, with the exception of Blues Blaster, to which the juvenile and/or family were referred and received services from an outside agency. Referrals to these service agencies were made by the family advocate or other points in the system (for example, court ordered services, treatment providers, family members, etc).The activities and tasks the family advocate has provided to support and assist the juveniles and families can be found in Table 43. Two juveniles also received Individualized Education Plans, but this information was not systematically recorded in the file.

Table 42. Jefferson County: Services referred and received (N=30)

Service Type	Number of juveniles and/or families referred to the service	Number of juveniles who received service	Number of families who received service
Case management ¹	4	1	1
Mental health (individual, group, family counseling, mental health evaluations)	18	12	9
Residential treatment centers	3	1	1
Day treatment	1	1	0
Education services ²	12	7	3
Medical services/Medication	1	0	0
Mentor	2	0	0
Support group	7	0	0
Substance abuse	11	8	2
Employment/vocational	6	2	0
Anger management	1	0	0
Housing/Shelter/Out of home placement	2	2	1
Legal services	1	0	0
Other ³	7	3	1

1 Case management not does include their juvenile justice supervision. We did not record their juvenile justice supervision under services referred or received since it was part of the H.B. 07-1057 criterion.

2 Education was defined as anything outside of attending regular school such as tutoring or GED classes.

3 Other includes relationship classes, basic needs, community services, and skills training (Blues Blaster).

The recreation activities, food, clothing, and transportation provided by the family advocate are not included in this table, instead they can be found in Table 43. Categories are not mutually exclusive.

Source: Case file data collected through March 31, 2010.

Family Advocate Services and Outreach. The family advocates recorded in case files that they communicated with the juveniles and families, conducted home visits, attended court hearings, worked with supervising officers, provided for incidental needs (for example, bus tokens, gift cards for food, clothing, school supplies, and assistance with paying electrical bills), supported recreational activities (movie passes, bowling nights), and made service referrals. The Federation’s advocates were adapting new communication strategies to maintain contact with families by making use of texting and Facebook. Table 43 presents the number and types of activities reported by the family advocate.

Table 43. Jefferson County: Family advocate activities and tasks in assisting clients and families (N=30)

	n
Conducted intake with client and family	30
Contact with education staff (teacher, principal, counselor)	6
Contact with social worker	8
Contact with supervising officer (pre-trial, diversion, probation)	28
Contact with treatment providers	12
Contact with client	21
Contact with family	27
Voicemails left at client’s home	25
Attended court hearings	14
Attended Individual Education Plan (IEP) meetings	2
Attended Team Decision Making (TDM) ¹ meetings	5
Attended other staffing	5
Visited client while detained/committed	3
School visit	5
Home visit	23
Founding housing	3
Provided clothing	12
Provided food	20
Provided school supplies	7
Provided miscellaneous supplies/fees ²	11
Provided family a gift card for gas	7
Provided family with a recreation/outing (e.g. bowling nights, movie passes, park passes)	6
Provided juvenile with a recreation center pass	6
Financial assistance (e.g. electric bill)	3
Provided transportation (e.g. bus passes)	20
Employment/vocational assistance	1
Created plans for the family (e.g. list of goals to accomplish)	4
Referred the juvenile and their family to services	23
Other ³	4

1 Team Decision Making (TDM) is a case planning mechanism used in the child welfare system.

2 Miscellaneous supplies includes household supplies, day planners, ID cards, bikes, journals, books, phone lines, etc.

3 Other includes community service opportunities, school placement assistance, tutoring.

Categories are not mutually exclusive.

Source: Case file.

In addition to the tasks and activities detailed above, the Federation program also hosted family support group meetings. Unfortunately, participation by H.B. 07-1057 families was very low until recently. As of February 2010, meetings were held on the fourth Monday of each month and efforts were planned to increase participation.

Family Satisfaction and Empowerment

Several instruments were used to assess the experience of juveniles and family members who participated in the demonstration programs. These are described in the methods section above. However, too few responses to the questionnaire were provided to researchers (see the family advocacy participant recruitment and attrition section under “Study Limitations” in the methods section for the reasons for the few responses). Although 30 juveniles participated in the program, only two families completed the Family Empowerment Scale and fewer than ten completed the Family Advocacy Questionnaire, which prohibited analyses. Five juveniles and guardians were recruited for the comparison group, but this small number of cases prohibits analysis of the data as well.

Services at Discharge

Upon discharge, several of the juveniles were referred to new services or continued with ongoing services, as shown in Table 44. Six juveniles received new services, including referrals for recreation (such as participation on a volleyball team), support groups, mental health counseling, community service, legal assistance, and GED assistance. Ten juveniles continued with services including mental health counseling, substance abuse treatment, recreational activities, and GED assistance.

Table 44. Jefferson County: Client received services after discharged from the suburban program

	Additional services¹	Ongoing services²
	n	n
No	20	18
Yes	6	10
Unknown	2	0
Total	28	28

1 Services not received during the program. Justice supervision is not included.

2 Services that juveniles will continue upon discharge. Juvenile justice supervision not included.

Source: Case file data collected through March 31, 2010.

Juvenile Justice Outcomes

This section addresses recidivism during enrollment and after discharge from the Jefferson County program. A proper analysis of recidivism requires that individuals be “at risk” for a new criminal event during a defined and bounded period of time, equal across all participants, typically 12 or 24 months following successful completion of a program or service. Controlling for time at risk was not possible in the current study because the definition of “program enrollment” and “program discharge” was generally subjective and blurred. Without the ability to define specific program transition points, especially a specific discharge date, differentiating periods of within-program performance from at-risk (after discharge) periods of performance is rendered unfeasible. These issues, along with the low number of cases and the short study period, made impossible the analysis of an appropriately

designed recidivism study comparing the advocacy and comparison sites. Given this comparative analysis was not possible, the information below includes a description of recidivism for the Jefferson County site which does not control for time at risk.

Recidivism was measured in multiple ways to document the extent to which program participants further penetrated the juvenile justice system. Recidivism was defined as any probation revocation, arrest, filing, conviction, or sentence after the juvenile entered the advocacy program. The specific charge information for arrests, filings, and convictions can be found in Appendix L.

Table 45 provides a summary of arrests, filings, convictions, and revocations during enrollment and after discharge. The information in the shaded far right column shows that, during the study period, nearly half (14 of 30) of the Jefferson County participants had no further contact with the juvenile justice system for new offenses during enrollment or after participation in the advocacy program. Six (20%) were arrested during program participation and 10 were arrested after discharge (three of these were arrested during both periods). Only three (10 percent) were convicted of a new offense during the study period. However, the few convictions may be a function of time: it takes months for individuals to process through the system.

Table 46 shows the sentences imposed on the juveniles who were convicted. One received a 10-day detention sentence. Table 47 shows that, among the group that was on probation, 8 program participants sustained 15 revocations; one went to jail for 6 months and 2 were given lengthy commitment sentences to the Division of Youth Corrections.

Given the high-risk nature of the program participants (see Table 36 for justice system involvement and Table 39 for a description of the risk characteristics), it is noteworthy that nearly half of the juveniles had no additional justice events during the study period. While many received services that may have improved their outcomes, unfortunately, it is impossible to determine empirically if the findings presented here link to the advocacy program specifically or to any of the other services received by the juveniles and their families. Given the program practice of not discussing potential mental health problems with parents unless the parent raised the subject, it is possible that opportunities were missed to provide mental health services to an unknown number of juveniles in the program.

Only five juveniles and five families were recruited for a comparison group, making a recidivism analysis unfeasible.

Table 45. Jefferson County: Recidivism

	During enrollment (N=30)		After discharge (N=28)		During enrollment and after discharge (N=30)	
	n	Percent	n	Percent	n	Percent
No recidivism	23	76.7%	15	53.6%	14	46.7%
Arrested	6	20.0%	10	35.7%	13	43.3%
Filings	4	13.3%	4	14.3%	6	20.0%
Convicted	3	10.0%	1	3.6%	3	10.0%
Revoked	0	0.0%	8	28.6%	8	26.7%

Categories are not mutually exclusive. Traffic offenses and juvenile (JV) district court data were not included. Juvenile delinquency (JD) district court cases are included with the exception of Denver County. Data concerning filings, convictions, and revocations originating from Denver County were not available.

Sources: Colorado Criminal Information System, maintained by the Colorado Bureau of Investigation; Colorado Integrated Online Network (ICON) maintained by the Colorado Judicial Department.

Table 46. Jefferson County: Conviction sentences during enrollment and after discharge

	During enrollment ¹ (N=3)		After discharge ² (N=1)	
	n	Total time	n	Total time
Community Service	1	8 hours	1	24 hours
Detention	-	-	1	10 days

¹ Reflects initial sentences only.

² Reflects initial sentences only, for arrests/filings after discharge.

Categories are not mutually exclusive. Traffic offenses and juvenile (JV) district court data were not included. Juvenile delinquency (JD) district court cases are included with the exception of Denver County. Data concerning filings, convictions, and revocations originating from Denver County were not available.

Source: Data were extracted from the Judicial Department's Integrated Colorado Online Network (ICON) information management system via the Colorado Justice Analytics Support System (CJASS) and analyzed by DCJ's Office of Research and Statistics.

Table 47. Jefferson County: Revocation sentences during enrollment and after discharge

	During enrollment (N=0)		After discharge (N=8)	
	n	Total time	n	Total time
Probation reinstated	0	N/A	5	246 days ¹
Probation revoked, given ISP	0	N/A	1	730 days
Division of Youth Corrections	0	N/A	2	1460 days
Jail	0	N/A	1	180 days
Diversion reinstated	0	N/A	1	57 days
Diversion revoked, given probation	0	N/A	3	1095 days
Total revocations	0		15	

¹ Reflects the total probation days expected after reinstatements, revocations to DYC or Jail.

Due to truncated diversion and probation sentences: 452 Diversion days saved. 460 Probation days saved.

Categories are not mutually exclusive. Traffic offenses and juvenile (JV) district court data were not included. Juvenile delinquency (JD) district court cases are included with the exception of Denver County. Data concerning filings, convictions, and revocations originating from Denver County were not available.

Source: Data were extracted from the Judicial Department's Integrated Colorado Online Network (ICON) information management system via the Colorado Justice Analytics Support System (CJASS) and analyzed by DCJ's Office of Research and Statistics.

Partnership and Leadership Outcomes: Agency Perspective

H.B. 07-1057 required that the evaluation of the family advocacy demonstration programs assess “process and leadership outcomes, including but not limited to measures of partnerships, service processes and practices among partnership agencies, leadership indicators and shared responses to resources and outcomes.” The following descriptive information from the annual Work Plan submitted by the program to the Division of Behavioral Health attempts to address these concerns.

According to the agency’s Work Plan, the Federation partners with the 1st Judicial District Juvenile Services Planning Committee and the 1st Judicial District Juvenile Pretrial Services. Members of the 1st Judicial District Juvenile Services Planning Committee include:

- County department of social services,
- Local school districts,
- Local law enforcement,
- Local probation department,
- Private citizens,
- District attorney’s office,
- Public defender’s office,
- Community mental health,
- Representatives of municipality, and
- Division of Youth Corrections.

Program Challenges and Accomplishments

DCJ researchers requested that the Family Agency Collaboration (FAC) provide descriptions of accomplishments and challenges encountered during the evaluation period, January 1, 2008 through March 31, 2010. This request was intended to highlight the difficulties in implementation and to identify opportunities to improve the service environment for advocacy programs. Programs were asked to identify the full range of challenges, from task-level concerns encountered through advocates’ work with families to matters regarding of the program’s role and acceptance in the general service environment. The information below is from two sources, (1) the accomplishments and challenges identified by Federation staff, and (2) notes taken by DCJ researchers at quarterly Family Advocacy project meetings. It should be noted that the accomplishments and challenges provided below address a limited period between January 14, 2010 and March 31, 2010, corresponding with the tenure of the family advocate hired in January 2010. The following statements reflect the unedited perspective and experiences of the advocacy program staff (the statements below contain minor edits for format and style).

Accomplishments

1. Due to the relationships established through the suburban demonstration program, the Jefferson County IOG found it advantageous to employ a Family Systems Navigator to help families find their way through a complicated human services system.

2. Enrolled one new family; three more possible families contacted.
3. Attended JAC staff meeting to remind all JAC staff of the criteria for referrals.
4. Met with a 1st Judicial District probation officer to encourage referrals.
5. Formed parent committee to revive parent support group and develop a new flyer to reflect new meeting time and place.
6. Distributed flyers to agencies and some businesses.
7. Have facilitated two parent support groups (2/22/2010 and 3/22/2010).
8. Presented at JJ/MH Subcommittee.
9. Attended H.B. 04-1451 Design and Implementation team meetings.
10. Participated in System of Care Collaborative meetings, including the Blending and Braiding Your TANF (Temporary Assistance for Needy Families) subcommittee.
11. Attended Team Decision Making meeting with enrolled family.
12. Met with a supervisor from Jefferson County Human Services to explain the role of a family advocate.
13. Attended the Advocates' Forum (state-wide organization of mental health advocates).
14. Member of the committee to develop System of Care Collaborative website.
15. Met with two families who to determine if they fit the program; not eligible.
16. Developed a presentation on advocacy for the Child and Adolescent Mental Health conference.
17. Met with and advocated for a family from the parent support group. The family does not meet criteria for H.B. 07-1057 program.

Challenges

1. Turnover in the family advocate position.
2. During the first year of implementation, this site experienced some referral process implementation issues. The referral protocol was based on the MAYSI-2 and the original eligibility criterion for acceptance was a minimum of three warnings on the MAYSI-2. Soon it became evident that too few juveniles qualified for the program, necessitating a change in the criterion from three warnings to three cautions. Additionally, pre-trial officers had noted at least two flaws with the screening tool.

First, juveniles were completing the MAYSI-2 while still experiencing the emotional consequences of having been arrested. These emotional reactions, such as anger, led juveniles to not take the screening tool seriously. Some did not answer honestly and others simply marked answers randomly without reading the questions. Hence, the data from the MAYSI-2 was not reliable. Secondly, the MAYSI-2 questions were more difficult for the younger children (10 and 11 years old) to understand.

3. The Mutually Agreed upon Plan (MAP) was intended to be the sole plan used by the courts, Diversion, and Probation services. However, this met implementation problems. The Federation was not viewed as having the authority to get everyone together to compile and use the MAP as the only plan.
4. It has been challenging to recruit participants to the parent support group. Families whose child is involved in ongoing juvenile justice processes feel they do not have the time for the support group. Given the necessity for many families to juggle uncoordinated appointments and commitments required by multiple case managers, the support group is perceived as simply one more demand competing for their time.
5. The Detention Mental Health Demonstration Project (Turnabout), a partnership between community mental health centers, the Division of Behavioral Health, and the Division of Youth Corrections at the Department of Human Services was eliminated from the state budget. This cut affected Jefferson County and the advocacy program because one of the two Turnabout demonstration programs was located at the Jefferson Center for Mental Health. The advocacy program and its sponsoring organization Federation of Families did not agree with the elimination decision because reports from families receiving Turnabout services were positive and there is no current alternative to the services provided by the Turnabout program.
6. Many families in the suburban program are transient, so it was difficult for the family advocate to find them and obtain their consent to participate in the program and the evaluation.
7. Enrolling more juveniles in the program has been challenging over the past few months (January through March 2010). Families were not returning phone calls, despite leaving multiple messages. Also, the Jefferson County S.B. 94 program is seeing a decrease in their caseloads. In March 2010, the Federation only received referrals for three new cases. Juvenile justice populations may be falling generally. For example, of the 469 detention beds statewide only 330 are currently being used. The Jefferson County Juvenile Assessment Center (JAC) attributes this decrease to various things: (1) the timely movement of youth through the system; they are able to get a court date in 4-6 weeks versus 4-6 months, as was the case previously; and (2) since many parents are unemployed right now, they are better able to supervise their children because they are home and have the time.

SECTION 6: FINDINGS: RURAL SITE-MONTROSE COUNTY SCHOOL DISTRICT RE-1J

Montrose Program Data

The Montrose County School District RE-1J was selected as the replacement rural family advocacy demonstration site on June 25, 2009. The findings presented here provide a statistical snapshot of the data collected on the program during its nine month involvement during the evaluation time frame (June 25, 2009 through March 31, 2010). Results are presented for each site individually because each program was developed to provide specific services to unique populations and the results are not comparable.

The data are presented in the following sections: program information, target population, criteria, service system utilization, transition services, juvenile justice system outcomes, partnerships, accomplishments and challenges, and evaluation measures.

Program Information

After only seven months since the family advocate began working with juveniles, the close of the study period occurred. Still, the program managed to recruit and work with 20 juvenile participants in the Montrose advocacy program of which 15 were still active while five had discharged.

Referrals. The Montrose program worked closely with the Montrose County School District and its truancy officer. As can be seen in Table 48, 19 cases were referred to the program from the school or the truancy officer. One case was referred from pretrial services.

Table 48. Montrose: Referral agencies

	n	Percent
Pretrial Services	1	5.0%
School	11	55.0%
Truancy officer	8	40.0%
Total	20	100%

Source: Case file data collected through March 31, 2010.

Referral reasons. Many of the juveniles were referred to this program due to issues related to school-related behaviors such as truancy/attendance issues, as shown in Table 49. A few had juvenile justice involvement and some had mental health issues.

Table 49. Montrose: Referral reasons (N=20)

	n
Law/Juvenile Justice Involvement	
Stealing/theft/shoplifting	1
Contact with law enforcement	0
juvenile justice charges	2
Under juvenile justice supervision	2
School	
School issues	0
Truancy/school attendance issues	11
Suspended or expelled from school	4
Behavior problems	4
Academic issues	3
Mental Health	
Mental health issues	4
Grief and loss	1
Abandonment issues	0
Suicide ideations	0
Not taking medication	0
Needs counseling	5
Family	
Family issues	0
Family history of criminal justice involvement	0
Family history of mental health issues	0
Family history of substance abuse	1
Family needed additional support	0
Disregards rules	2
Disregards authority	0
Miscellaneous	
Homeless	1
Poverty	2
Delinquency behavior	0
Substance abuse	1
Gang involvement	0
Chronic liar	0
Anger issues	6
Other	0

Categories are not mutually exclusive.

Source: Case file data collected through March 31, 2010.

Enrollments and Discharges. The family advocate was hired and began work on August 25, 2009 and the first client was enrolled on October 5, 2009. Program staff expected to serve 20-25 juveniles annually. Just over seven months into the program, on March 31, 2010, the rural

program had served 20 juveniles, easily meeting the first-year enrollment expectations. There was one family with more than one family member enrolled in this family advocacy program.

Table 50. Montrose: Number of clients enrolled and discharged

	Enrolled	Discharged
2009		
January	NA	NA
February	NA	NA
March	NA	NA
April	NA	NA
May	NA	NA
June	0	0
July	0	0
August	0	0
September	0	0
October	7	1
November	3	0
December	2	0
2009 Total	12	1
2010		
January	2	1
February	2	0
March	4	3
2010 Total	8	4
Total juveniles served	20	5

The Montrose County School District RE-1J family advocacy began enrolling clients on October 5, 2009. The evaluation period was between January 1, 2008 and March 31, 2010.

Source: Case file data collected through March 31, 2010.

Enrollment Status. As of March 31, 2010, 15 juveniles remained engaged in advocacy services in the rural program. For the five participants who had discharged, the average length of stay in this program was 76 days (data not presented).

Table 51. Montrose: Status of clients

	n	Percent
Active	15	75.0%
Closed ¹	4	20.0%
Inactive ²	1	5.0%
Total	20	100%

¹ "Closed" means the juvenile and family have discharged from the family advocacy program.

² "Inactive" means the family advocate was unable to locate the juvenile and family.

Source: Case file data collected through March 31, 2010.

Discharge Types. Of the five juveniles discharged from the Montrose's program, three had successfully completed the program as shown in Table 52. The two other discharge reasons included a client moving out of the area and the inability to locate the other client family.

Table 52. Montrose: Type of discharge

	n	Percent
Successful completion	3	60.0%
Moved out of the area	1	20.0%
Unable to locate the family	1	20.0%
Total	5	100%

Source: Case file data collected through March 31, 2010.

Client Information

Gender. The Montrose program served a larger percentage of males than females in the program at 65 vs. 35 percent, respectively (see Table 53).

Table 53. Montrose: Gender of clients

	n	Percent
Male	13	65.0%
Female	7	35.0%
Total	20	100%

Source: Case file data collected through March 31, 2010.

Age. The Montrose program's target population was middle and high school students with an age range of 8-18 years old. The average age of the juveniles participating in the program was 12.8 years old, as shown in Table 54.

Table 54. Montrose: Age of clients at enrollment

	n	Percent
8 years old	1	5.0%
9 years old	2	10.0%
10 years old	1	5.0%
11 years old	2	10.0%
12 years old	5	25.0%
13 years old	3	15.0%
14 years old	2	10.0%
15 years old	3	15.0%
16 years old	1	5.0%
17 years old	0	0.0%
18 years old	0	0.0%
Total	20	100%
Average	12.8	

Source: Case file data collected through March 31, 2010.

Ethnicity. The juveniles served by the Montrose program fell into two categories, Latino (65 percent) and Caucasian (35 percent). The percentage of Latino juveniles served by the program far outweighs the percentage of Latino juveniles in the county population (17 percent) or in most of the juvenile justice intercepts (see Appendix N). Although the percentages available in Appendix N reflect juveniles in five other western slope counties in addition to Montrose County, the ethnicity distributions are assumed to be comparable.

Table 55. Montrose: Ethnicity of clients

	n	Percent
Caucasian	7	35.0%
African American	0	0.0%
Latino	13	65.0%
Other	0	0.0%
Multi-Ethnic ¹	0	0.0%
Total	20	100%

¹ Multi-ethnic means the client identified with more than one racial/ethnic group.

Source: Case file data collected through March 31, 2010.

Client Residence. Table 56 displays the residential circumstance of clients at the time of referral and at discharge. Nearly all (95 percent) of the youth clients were living with parents or relatives at the time of referral to the advocacy program.

Table 56. Montrose: Client residence at referral and discharge

	Referral		Discharge	
	n	Percent	n	Percent
Parents (Biological and step)	18	90.0%	3	60.0%
Relatives	1	5.0%	1	20.0%
Other ¹	1	5.0%	0	0.0%
Unknown	0	0.0%	1	20.0%
Total	20	100%	5	100%

¹ Other includes living with their father's friend.

Source: Case file data collected through March 31, 2010.

Program Criteria

Juvenile Justice Involvement. H.B. 07-1057 mandated that the family advocate programs target juveniles who were involved with the juvenile justice system, or who were “at risk” of involvement, although this latter criterion was not defined in the legislation. One stated purpose of the family advocacy programs, per H.B. 07-1057, was to prevent program participants from further penetrating into the juvenile justice system. The analyses presented here address these aspects of the legislation. Program staff at each site defined “at risk” based on (1) staff experience and (2) staffs’ understanding of services available and how these could assist with juvenile behavior problems.

Researchers confirmed the juvenile justice involvement of the youth participants by locating arrest histories on the Colorado Crime Information Center and juvenile court activity on CourtLink, the Judicial Branch database that logs court activity. When cases were not found in these databases, researchers coded these juveniles as “at risk” in the table that follows.

Table 57 summarizes the at-risk and juvenile justice involvement totals of Montrose juveniles at the point of enrollment. A justice record was located for three juveniles (15 percent). Twenty-four of the 20 juveniles in the Montrose program were not involved in the juvenile justice system, but were exhibiting worrisome precursor behaviors.

Table 57. Montrose: Juvenile justice system involvement at enrollment

	n	Percent
At risk for juvenile justice system involvement ¹	17	85.0%
Diversion	1	5.0%
Pre-trial supervision	1	5.0%
Contact with truancy officer	7	35.0%
Truancy JV case	1	5.0%
Total	20	100%

¹ Seven of the 17 juveniles were identified as having problems with school attendance and were referred by the truancy officer.

Source: Colorado Information Crime Center (CCIC) and CourtLink.

For those five juveniles that discharged from the rural program, there was no further penetration in the juvenile justice system.

Because the majority of referrals to the advocacy program were from the school system or truancy officer, the juveniles were involved with at least one system, the education system. Other system involvement included the Department of Human Services, law enforcement, and substance abuse treatment center. On average, the juveniles were involved with 1.9 systems at referral. Their involvement ranged from one to five service agencies. Table 58 below provides a count of juveniles involved in particular systems in the year preceding referral and at referral.

Table 58. Montrose: Systems involvement (N=20)

	Year prior to referral	Point of referral
	n	n
Department of Human Services	2	1
Judicial system	2	2
Development disabilities	0	1
Diversion	0	1
Law Enforcement	4	3
Medical	0	1
Mental Health	6	5
Pre-trial services/SB 94	0	1
Education system	20	20
Substance abuse	1	3
Division of Youth Corrections	1	0

Categories are not mutually exclusive.

Source: Case file data collected through March 31, 2010.

At-Risk Juveniles. Table 59 provides information gathered from intake evaluations regarding the exposure of the rural juveniles in the program to various forms of victimization. Among the Montrose juveniles, those reporting abuse experiences ranged widely, depending on abuse type. None reported sexual abuse, but nearly all the juveniles reported experiencing emotional/verbal abuse.

Table 59. Montrose: History of victimization

	Victim of sexual abuse		Victim of physical abuse		Victim of emotional/verbal abuse	
	n	Percent	n	Percent	n	Percent
Yes	0	0.0%	5	25.0%	19	95.0%
No	20	100%	15	75.0%	1	5.0%
Unknown	0	0.0%	0	0.0%	0	0.0%
Total	20	100%	20	100%	20	100%

Source: Case file data collected through March 31, 2010.

Table 60 presents additional risk factors identified by the family advocate for the juveniles enrolled in the rural program. Eight of the juveniles were considered aggressive, 13 had juvenile justice contact in the year prior to enrollment, and three quarters of the group had school behavior problems.

Table 60. Montrose: Client behavioral health and criminality risk factors (N=20)

	n
Family	
Violent environment	7
Out-of-home placement	0
Parent can't control youth	12
Family neglects basic needs	12
Inadequate supervision	11
Inadequate resources	10
Delinquent siblings	9
Family history of criminality	7
Poor family management	15
Family conflict	16
Homelessness	1
School	
Truancy	13
Suspension/expulsion	8
Dropping out	0
Early failure	0
School behavioral problems	15
Law/Juvenile Justice	
Contact	13
Lecture/release	0
Summons	0
Runaway	0
Arrested	5
Charged	3
Detained	1
Committed/Imprisoned	0

Probation/Parole	0
Detention/jail	0
Juvenile justice services in last year	13
Substance Use/Abuse	
Alcohol	2
Marijuana	5
Cocaine/Crack	0
Other Drugs	0
Gets High/Intoxicated	5
Dependent/Addiction/Interfere	0
Dangerousness	
Aggressive	8
Threatening	6
Violent	5
Animal Cruelty	0
Destroys property	1
Sets fires	0
Homicidal threats	0
Danger to others	1
Socialization	
Disrespect	14
Disregards authority	10
Disregards rules	14
Denies responsibility	8
Gang member/involvement	0
Delinquent peers	4
Runaway	2
Risk taking/impulsivity	11

This list of risk factors was used for the Systems of Care project, a Division of Behavioral Health project. The items were scored subjectively by the family advocates.

Categories are not mutually exclusive.

Source: Case file data collected through March 31, 2010.

Mental Illness. H.B. 07-1057 required that participating juveniles have a mental illness or co-occurring disorder (for example, mental illness and substance abuse). However, the legislation did not define the method by which this criterion would be determined. Most of the Montrose program clients did not have a mental health diagnosis. Eight of 20 juveniles in the Montrose program had some indication of a previously identified mental illness or co-occurring substance abuse disorder.

Table 61. Montrose: Mental health diagnosis/disorders (N=8)

	n
Depression	1
Bi-polar/Mania	0
Mood	0
PTSD/Anxiety	0
ADD/ADHD	2
Conduct	0
Oppositional defiant	4
Adjustment disorder	4
Disruptive behavior disorder	1
Antisocial personality disorder	0
Learning disability	0
Mental retardation	0
Parent child relationship issues	0
Other	0

The CCAR was available for nine of the program's clients. For one of the nine clients, the diagnosis was deferred on the CCAR. Categories are not mutually exclusive.

Source: Case file data collected through March 31, 2010 and the Colorado Client Assessment Record.

System Service Utilization

The services described below in Table 62 are non-family advocacy services to which the juvenile and/or family were referred and received from an outside agency. Referrals to these service agencies were made by the family advocate or court staff, treatment providers, and school staff, among others. Table 64 includes a list of family advocate activities.

Table 62. Montrose: Services referred and received (N=20)

Service Type	Number of juveniles and/or families referred to the service	Number of juveniles who received service	Number of families who received service
Mental health (individual, group, family counseling, mental health evaluations)	13	10	2
Education services ¹	5	1	1
Medical services/Medication	5	3	1
Mentor	10	4	2
Support group	3	0	1
Substance abuse	2	1	1
Anger management	4	2	3
Housing/Shelter/Out of home placement	2	1	1
Food	6	0	1
Clothing	1	0	0
Parenting classes	5	0	2
Transportation	1	0	0

¹ Education was defined as anything outside of attending regular school such as tutoring and GED programming. It does not include Individualized Education Program (IEP) plans or Individual Literacy Plans (ILP) (see Table 63).

Categories are not mutually exclusive.

Source: Case file data collected through March 31, 2010.

The Montrose program focused on at-risk juveniles who were having problems in the education system. The Individualized Education Program (IEP) plan is an indicator of a focus a juvenile’s educational progress. An IEP is a plan developed by the parents and the schools that specifies academic goals for the child and the ways in which the child can achieve them. An Individual Literacy Plan (ILP) is used for youth who read below the third grade level. As seen in Table 63, two of the 20 juveniles had an IEP and six other juveniles had an ILP.

Table 63. Montrose: Individualized Education Program (IEP) plans and Individual Literacy Plans (ILP)

	IEP		ILP	
	n	Percent	n	Percent
Yes	2	10.0%	6	30.0%
No	18	90.0%	14	70.0%
Total	20	100%	20	100%

Source: Montrose County School District RE-1J.

Family Advocate Services and Outreach. Because the program was focused on juveniles with school problems, the family advocate spent most work days in the schools meeting with program participants and their families, teachers, school counselors, principals, and other school staff (see Table 64). The advocate also worked in collaboration with the truancy officer to improve attendance (see Table 70 for improved attendance rates). Table 64 provides information about the advocate’s work activities.

Table 64. Montrose: Family advocate activities and tasks in assisting clients and families (N=20)

	n
Conducted intake with client and family	20
Contact with education staff (teacher, principal, counselor)	20
Contact with social worker	1
Contact with truancy officer	8
Contact with supervising officer (pre-trial, diversion, probation)	4
Contact with treatment providers	12
Contact with client	15
Contact with family	20
Voicemails left at client’s home	11
Attended other staffing	1
School visit	18
Work visit	2
Home visit	10
Provided clothing	6
Provided food	1
Provided miscellaneous supplies (e.g. glasses, toys during Christmas)	4
Provided family a gift card for gas	3
Provided youth with a recreation center pass	1
Assisted with paying electric bill	2
Provided transportation (e.g. bus passes)	1
Referred the youth and their family to services	19
Social services assistance (e.g. went with them, helped fill out applications)	3
Other ¹	3

1 Other includes explanations to the families about the Diversion program, helping families set up curfews, and communication with a mentor. Categories are not mutually exclusive.
Source: Case file data collected through March 31, 2010.

The rural program had not begun to host parent support group meetings. However, at the conclusion of the study period, plans were underway for the family advocate to attend a train-the-trainer training for a parent education program.

Family Satisfaction and Empowerment

As described in the Method section above, two questionnaires were used to tap participant satisfaction and empowerment. One was the Family Empowerment Scale (FES) and the other was the Family Advocacy Questionnaire (FAQ). As described previously, the FES is a 34-item instrument developed to assess parent/guardian perceptions about their roles and responsibilities within their local service systems and their perception of their ability to advocate on behalf of their child. The FES was completed by the parent/guardian who was most involved in the treatment planning process. As mentioned above, the initial FES was to be completed within 30 days of assignment to a family advocate and upon discharge from the program. The same parent or guardian completed the FES measure twice, once enrollment and once at discharge. The family advocate was responsible for distributing and collecting the questionnaires and forwarding the completed instrument to researchers.

By the conclusion of the evaluation on March 31, 2010, only ten (of 20) family participants had completed the FES at enrollment and at program discharge. With only eight family members recruited for the comparison group by the conclusion of the evaluation, no comparison group findings are presented.

The mean scores for the Family Empowerment Scale can be found in Table 65. Higher scores on the 1 to 5 scale indicate more favorable feelings of empowerment. The average scores for the three domains (family, services system, and community/political) were well above the midpoint of the scale (2.5), both at enrollment and after discharge. Although the scores at discharge show slightly lower average scores for the family and service system categories, the differences are not statistically significant. The average empowerment score as it related to community/political issues is lowest among the three domains at discharge, but this difference is not statistically significant. When differences are not statistically significant, it means that any difference in the scores is likely due to chance alone rather than an actual change in the average feeling of empowerment.

One likely explanation of the lack of improvement in feelings of empowerment is the increased awareness that occurs from exposure to counseling and other services. Ironically, gaining a greater understanding of problems and the strategies required to manage those problems may help individuals become more realistic about the difficulty involved in navigating the complex world of social service systems. Overall, as measured by the Family Empowerment Scale, those who completed the questionnaire perceived themselves to be generally empowered both before and after participation in the Montrose program, and respondents felt most empowered regarding the social service system. This was one of the objectives of the family advocacy demonstration programs. The extent to which these 10 respondents are representative of the 10 who did not complete the questionnaire remains unknown.

Table 65. Montrose: Family Empowerment Scale, mean scores

Mean Score (n)	Family Empowerment Scale Range 1 to 5		
	Family	Service System	Community/Political
At enrollment	3.81 (10)	4.14 (10)	3.15 (10)
At discharge	3.67 (10)	3.97 (10)	3.02 (10)

Findings from the Family Advocacy Questionnaire are presented in Table 66. The FAQ was designed by DCJ researchers to assess the degree of satisfaction with various aspects of family advocate performance and the services received. DCJ researchers created two versions of the FAQ. A 16-item questionnaire was designed to be completed by a parent or guardian and a shorter, but comparable, 10-item version was designed for juveniles (the questionnaires can be found in Appendix J). These questionnaires were completed by participants upon conclusion of the juvenile/family's involvement with the family advocacy program. Participants rated their degree of satisfaction with the advocacy service on a 1 to 5 scale, with 5 indicating stronger satisfaction.

Although the response rates were low, the questionnaire data reflect a high level of satisfaction with the Montrose program. A small comparison group that did not participate in the advocacy program also found services in Montrose to be highly satisfactory.

Sixteen juveniles and 17 guardians completed the questionnaire and the average scores on the 1 to 5 scale are very high for both sets of respondents. The average satisfaction rating by juveniles was 4.68, and the guardian rating was even higher at 4.79. Findings from the Family Advocacy Questionnaire reflect high levels of satisfaction with the family advocate's performance and the services received.

Table 66. Montrose: Family Advocacy Questionnaire, mean scores

Family Advocacy Questionnaire Range 1 to 5 (n)	
Juveniles	4.68 (16)
Guardian	4.79 (17)

Guardian and youth versions of the Family Services Questionnaire (Table 67) were designed by DCJ researchers for comparison group participants who did not receive advocacy services. The 15-item guardian and 7-item youth versions asked about satisfaction with aspects of the services the family received while navigating juvenile systems (the FSQ can be found in Appendix K). These questionnaires were completed by participants upon conclusion of the juvenile's involvement in the juvenile justice system. Participants rated their degree of satisfaction with the services they encountered on a 1 to 5 scale, with 5 indicating stronger satisfaction.

Only nine juveniles and eight guardians completed the Family Services Questionnaire by the conclusion of the evaluation period. The average scores were above 4.0 on the 1 to 5 scale, indicating a high level of satisfaction. This group did not receive family advocacy services but still had very high service satisfaction scores.

Table 67. Montrose: Comparison Group: Family Services Questionnaire, mean scores

Family Services Questionnaire Range 1 to 5 (n)	
Juveniles	4.50 (9)
Guardian	4.24 (8)

Services at Discharge

One of the five youth discharged from the rural (Montrose) site continued with family counseling at the time of discharge.

Table 68. Montrose: Client received services after discharged from rural program (N=5)

	Additional services ¹	Ongoing services ²
	n	n
No	4	3
Yes	0	1
Unknown	1	1
Total	5	5

1 Additional services refers to services not received during the time they were participating in the program. Justice supervision is not included.

2 Ongoing services refers to continued participation following discharge. Justice supervision is not included.

Source: Case file data collected through March 31, 2010.

Juvenile Justice Outcomes

The tables below present recidivism that occurred during enrollment and after discharge from the Montrose family advocacy program. A proper analysis of recidivism requires that individuals be “at risk” for a new criminal event during a defined and bounded period of time, equal across all participants, typically 12 or 24 months following successful completion of a program or service. Controlling for time at risk was not possible in the current study because the definition of “program enrollment” and “program discharge” was generally subjective and blurred. Without the ability to define specific program transition points, especially a specific discharge date, differentiating periods of within-program performance from at-risk (after discharge) periods of performance is rendered unfeasible. These issues, along with the low number of cases and the short study period, made impossible the analysis of an appropriately designed recidivism study comparing the advocacy and comparison sites. Given this comparative analysis was not possible, the information below includes a description of recidivism for the Montrose site which does not control for time at risk.

Recidivism was measured as new arrests, filings, convictions, sentences, and revocations. Specific charge information for arrests and filings can be found in Appendix L.

The outcomes for the Montrose juveniles are very positive. As shown in Table 69, during program participation, only one juvenile was arrested and, following the case filing in court, the case was eventually dismissed. Five juveniles discharged the program and none had recidivated. None of the youth who were under supervision were revoked.

Table 69. Montrose: Recidivism

	During enrollment (N=20)		After discharge (N=5)		During enrollment and after discharge (N=20)	
	n	Percent	n	Percent	n	Percent
No recidivism	19	95.0%	5	100.0%	19	95.0%
Arrested	1	5.0%	0	0.0%	1	5.0%
Filings	1	5.0%	0	0.0%	0	0.0%
Convicted	0	0.0%	0	0.0%	0	0.0%
Revoked	0	0.0%	0	0.0%	0	0.0%

Categories are not mutually exclusive. Traffic offenses and juvenile (JV) district court data were not included. Juvenile delinquency (JD) district court cases are included with the exception of Denver County. Data concerning filings, convictions, and revocations originating from Denver County were not available.

Sources: Colorado Criminal Information System, maintained by the Colorado Bureau of Investigation; Colorado Integrated Online Network (ICON) maintained by the Colorado Judicial Department.

Partnership and Leadership Outcomes: Agency Perspective

H.B. 07-1057 required that the evaluation of the family advocacy demonstration programs assess “process and leadership outcomes, including but not limited to measures of partnerships, service processes and practices among partnership agencies, leadership indicators and shared responses to resources and outcomes.” The following descriptive information attempts to address these concerns. The information is, in large part, excerpted directly from program description documents prepared by program officials.

Partnerships

Montrose County School District RE-1J (MCSD) served as the lead contractor for its family advocacy program. The District was well-equipped to manage the project, both programmatically and fiscally. MCSD took both leadership and team member roles in numerous community efforts, and had the infrastructure to ensure appropriate use of and accounting for the funds received. The following list of partnership and leadership activities is from the proposal submitted to the Division of Behavioral health. The MCSD committed to the following responsibilities:

- Meet all state standards for demonstration program compliance and accountability, including the program’s evaluation component.
- Work with Hilltop Community Resources to ensure the Family Advocacy Services are provided as outlined.
- Provide a breadth of services using a “wraparound” approach for those students and families requiring additional supports, particularly those wherein poverty issues are creating undue challenges to success at school.
- Continue efforts to increase available mental health services and supports, maximizing access to these resources for identification, assessment, referral, treatment and aftercare.
- Develop, implement and enforce consistent policies and practices for student behavior and accountability; provide sustained and effective universal prevention programming in tobacco, alcohol and other drug use; promote effective interventions at the student

and familial levels to minimize the impacts of TAOD use and abuse on the academic, behavioral, social and emotional success of MCSD students.

- Fully implement the Positive Behavior Support model and curriculum throughout MCSD; continue and augment implementation of youth character development programs, including Character Counts! and CHAMPS.
- Retain a Truancy Officer (funded/approved Spring 2009).

Hilltop Community Resources was the agency providing family advocacy. Hilltop facilitated the local Community Evaluation Team (CET) through Senate Bill 94 (SB94). It also provided referral services for mental health treatment and life skills groups and collaborated with juvenile justice resources. As stated in the proposal to the Division of Behavioral Health, Hilltop committed to the following responsibilities:

- Provide administrative control and/or oversight for the delivery of Family Advocacy services.
- Retain and share knowledge of the continuum of mental health and related services to students and families.
- Share information with school officials to identify at-risk students and recommend appropriate interventions and treatment.
- Integrate Family Advocacy Demonstration Program activities with additional agency stakeholders, including other mental health and social service providers in Montrose County and the state.
- Work closely with MCSD, Office of School Support Services and school officials in transitioning back into the school environment those students who are in or have completed treatment.
- Work closely with MCSD in the planning and delivery of appropriate professional development in mental health issues for District staff and other community stakeholder representatives.
- Work with State to ensure compliance with all Demonstration Program requirements for data collection, storage, compilation, assessment and reporting.

Stakeholders

According to the proposal submitted to the Division of Behavioral Health, Montrose County Schools expanded current relationships and developed additional relationships with community mental health and advocacy groups. The goal was to develop a leadership consortium of relevant community players to aid in the development of a support network for the people of Montrose County. Montrose School District RE-1J, Hilltop Community Resources, and the Midwestern Colorado Center for Mental Health have been and continue to be key players in the ongoing development of this consortium. The design of this consortium was to leverage existing services and increase communication to meet the needs of Montrose residents. The 7th Judicial District, Juvenile Justice, Probation, and Health and Human Services were all members of the consortium and contributed to meeting the needs of the community through this consortium.

The Family Advocacy Project was conceived as a multi-disciplinary, collaborative effort involving numerous agencies in the community. The comprehensive integration and

systemizing of services support and strengthens MCSD's many efforts to work with Hilltop Community Services, the 7th Judicial District Probation Department, Montrose City Police Department, Montrose County Sheriff's Department, Midwestern Colorado Mental Health Center, Montrose County Department of Health and Human Services, and the Underage Drinking/Drug Task Force, as MCSD works collaboratively to provide a healthy, safe and engaging environment for the students and families of Montrose County.

The following provide short explanations of the various stakeholder agencies' roles in working with the School District, particularly as pertains to the targeted population for the Demonstration Program, as stated in the original proposal:

7th Judicial District Probation Department historically has maintained a relationship with MCSD to provide assistance specific to school attendance and court-ordered student participation in agency programs. Additionally, the 7th Judicial District Probation Department provides (during regular school hours) cognitive-based instruction for juveniles under probation supervision, as well as for their family members, in the areas of delinquency and substance abuse. These classes also may include students referred by MCSD schools for truancy or behavioral problems.

Montrose Police Department had a contract and Memorandum of Understanding with MCSD providing School Resource Officers (SROs). SROs are integral members of school building communities and of the District's Safe Schools Committee. Additionally, SROs serve on other student safety and community-based committees.

Montrose County Sheriff's Office is the law enforcement agency outside the city limits in Montrose County. Because of the rural nature of our school district, MCSD has a very strong informal relationship with the Sheriff's Office. MCSD and the Sheriff's Office are working to formalize the relationship through the use of County SROs in schools located outside City of Montrose limits. The relationship will be very similar to that currently between MCSD and the Montrose Police Department.

Montrose County Department of Health and Human Services (MCDHHS) has a long history of working closely with the School District in providing support and assistance with administration of various health services and screenings, is the expert advisor for infectious disease and environmental hazards, and provides population-based health education. Additionally, MCSD school counselors and administration and MCDHHS case managers have a strong partnership in discussing the needs of specific students and families; both entities share information so that these students and families get the support they need. MCDHHS also is a member of the CET team, providing another level of collaborative involvement.

Underage Drinking/Drug Task Force facilitates ongoing community training and other resources for the prevention of underage drinking and drug use. The Task Force is a member of the MCSD Health Advisory Council, and further works collaboratively with MCSD to deliver substance abuse prevention activities in the schools, coordinate targeted after-school programs, and facilitate and coordinate reports and presentations on the degree of underage drinking activities in our community.

Additional local agencies are likely to present themselves in the future. We welcome additional partners in our effort; however, they will be held to a similar standard of participation and engagement as these original partners.

A Community Core Management Team is made up of agency directors and/or other senior representatives from each of the aforementioned partner agencies. These individuals contribute as decision-makers on the Team, which provides the primary means of leadership, communication, networking and resource sharing among project partners for all designed/developed youth and family wraparound services (including Family Advocacy).

Working “beneath” the Core Management Team is the Community Action Response Team (CART), consisting of line staff and supervisors representing the various partner agencies. This group uses the Community Evaluation Team model to consider, on a case-by-case basis, the behavioral/social/emotional situation of a particular student/family. CART is charged with having full knowledge of the resources available in the community, and connecting the student/family with these resources through an individualized assessment and plan. CART will meet on a weekly or as-needed basis to conduct its work, and is staffed with the following representatives:

- MCSD Director of Instructional Services – Team Leader
- School Resource Officer(s), as appropriate to the student(s) being considered at any given meeting
- School building-level representatives (for example, principal, teacher), as appropriate to the student(s) being considered at any given meeting
- Other service-providing representatives (for example, Family Advocate, mental health professional, etc.), as appropriate to the student(s) being considered at any given meeting.

Program Challenges and Accomplishments

DCJ researchers requested that each demonstration site provide descriptions of accomplishments and challenges. The inclusion of program challenges was intended to highlight the difficulties in implementation or function encountered by programs in order to identify opportunities to improve the service environment for advocacy programs. Programs could identify challenges derived from task concerns encountered through advocates’ work with families to challenges derived from broader concerns of the program’s role and acceptance in the general service environment. The information below is from two sources, (1) the accomplishments and challenges identified by Montrose site, and (2) notes taken by DCJ researchers at quarterly Family Advocacy project meetings. The statements below reflect the unedited perspective and experiences of the advocacy program staff.

Accomplishments

1. None of the juveniles in the program dropped out of school.
2. Ten juveniles improved school grade performance.

3. Twelve of the 20 juveniles were identified as having significant school attendance issues or concerns and 10 have shown considerable improvement in attendance ranging from 12 to 147 percent (see Table 70 for more information).
4. The program has seen an increase in collaboration within the schools and with the school therapists.
5. Families in the program have developed a perceived increase in trust of the system.
6. The program has increased collaboration with the Department of Health and Human Services.
7. The program brought a Wraparound training to the community which has started a community conversation around serving the families of Montrose in a different way.
8. A community resource list has been created to better serve families.

Table 70. Montrose: Rate of Attendance (ROA)

	Intake ROA	3rd QT ROA	Percent change
Client 1	69%	92%	33%
Client 2	32%	79%	147%
Client 3	71%	81%	14%
Client 4	25%	Suspended	-
Client 5	77%	90%	17%
Client 6	56%	73%	30%
Client 7	78%	87%	12%
Client 8	69%	78%	13%
Client 9	47%	80%	70%
Client 10	71%	94%	32%
Client 11	75%	85%	13%
Client 12	52%	Expelled	-

Source: Montrose County School District RE-1J.

Challenges

1. Finding services for families that are not U.S. citizens. They do not have insurance or Medicaid because of their legal status.
2. Working with parents who have difficulty implementing behavioral interventions and consequences to improve their children's behavior.
3. The large number of single-parents homes where the mother is the primary guardian and the father is absent due to working in different community, divorce, or confinement in jail.
4. The program has served a large number of juveniles without a mental health diagnosis. Families are not amenable to affixing their child with a mental illness label.

5. Families living in poverty. The families usually do not have anything to eat at home.
6. The lack of parenting classes in general, but, more importantly, the infrequency of these classes offered in Spanish classes.
7. Families working multiple jobs to make a living and reducing the ability to spend quality time with their children.
8. Creation of the Family Advocate role and ensuring that the schools understood the role.
9. Family Advocate has had a difficult time contacting some families and has had challenges getting families to show up for meetings.
10. The lack of mentoring resources.
11. Tedious paperwork that pulls the program's one advocate away from serving the families.

SECTION 7: GENERAL FINDINGS

Researcher Observations

The researchers had the advantage of working with all four demonstration sites, participating in meetings to discuss program development and implementation, meeting with stakeholders, reviewing case files on site, and working with the Division of Behavioral Health staff. Over the 27 month study period, this experience allowed for informal site-to-site comparisons of policies and practices, challenges and strategies to overcome barriers to the effective delivery of services.

These observations are collected here in the form of recommendations or documentation of important practices that seemed to facilitate the delivery of services to juveniles and families as originally conceived by the General Assembly.

1. Advocacy seems most effective when assistance to program participants begins immediately following an arrest or the filing of charges. Many times, program enrollment occurred after a juvenile was placed under supervision, sometimes weeks after arrest, reducing opportunities to assist families navigate agencies, interventions, and services.
2. Language barriers were common problems when advocates were not bilingual. Additional resources should be made available to assist with payment for translators. Emphasis should be placed on recruiting bilingual staff when possible.
3. A family advocacy toolkit is being developed by the Juvenile Justice/Mental Health Committee that will provide “best practice” information to individuals who want to become family advocates. The plan is for the toolbox to be available online and in a manual format, and include information and resources to support a program at the community level. Funding was recently granted by the Colorado Juvenile Justice and Delinquency Prevention Council for this toolkit, and the estimated time frame for implementation of this product would be June 2011. These resources and other specific training and mentoring that focuses on collaboration, partnership, wraparound concepts, knowledge of the multiple systems that serve justice-involved juveniles, and interaction skills will provide a critical resource to maximize the effectiveness of this important role. Given the intersection between justice system and the mental health systems, expertise in both areas is required in this role.
4. As this function expands, it will be important to develop an educational curriculum clearly describing the role and responsibilities of the family advocate so that all relevant agency staff understands how collaboration can benefit their common clients.
5. Programs and staff seemed to operate most effectively when the following components were in place:
 - Clearly defined roles and responsibilities for each aspect of the program.
 - Methods of accountability within and across organizations.

- Advocate’s role and activities are focused on the juveniles and families enrolled in the program.
- Community partners completely accept and share responsibility for developing the system of care.
- Adequate program funding ensured by its partnerships.
- Connection with an established family advocacy organization enhances the capacity of the system of care to deliver appropriate services since family advocacy organizations alone seldom have the capacity to implement a comprehensive program.
- The lack of resources afforded to the programs for participation in the evaluation, and the limited resources allotted to the multi-site evaluation, resulted in minimal empirical findings on which to base policy decisions.

Cost Avoidance or Cost Savings

During the study period, 11 of the 90 juveniles who participated in the family advocacy demonstration program were convicted of additional crimes after enrollment in the family advocacy programs (between January 1, 2008 through March 31, 2010). Based on recent crime and cost estimates (McCollister, French, & Fang, 2010), total offense cost was calculated for the crimes committed by the 11 juveniles. The estimated per offense cost comprises tangible and intangible costs. *Tangible costs* include victim costs (direct costs: medical expenses, cash losses, property theft/damage, lost wages), risk of homicide (probability certain offense leads to homicide times means present value of lifetime earnings), mental health care costs (cost estimates of post-victimization counseling and related services inflated to 2004 dollars from Cohen and Miller [1998]), criminal justice system costs (police protection, legal and adjudication, corrections), and crime career costs (productivity losses incurred by perpetrator). *Intangible costs* include pain and suffering and corrected risk of homicide. Pain and suffering includes crime costs (rape/sexual assault, robbery, and aggravated assault), injury and medical treatment costs (Miller, Cohen, & Wiersema, 1996), and the value of specials⁵ subtracted from jury award data (Jury Verdict Research, 2004) to provide pain and suffering estimates. Corrected risk of homicide includes costs associated with murder, the value of statistical life (Viscusi & Aldy, 2003), and a probability of homicide multiplier for each offense.

Based on the estimated offense costs presented below in Table 71, the 28 conviction charges for these 11 juveniles cost an estimated \$515,483, or \$46,862 per convicted offender.

Costs may be averted by successful participation in the family advocate demonstration sites in at least two ways. One, without exposure to the program, those juveniles that were reconvicted may have been charged with more crimes, or more serious crimes. Two, participation in the program may have diverted any or all of the 79 other juveniles from new convictions during the study period. Neither of these scenarios is reasonable to assume without significantly more information about the juvenile and his or her family (before, during and after program involvement), details about the services received in relation to the specific needs of each juvenile and his or her family, a longer follow-up period, and a comparison group. None of this information is available.

⁵ Specials are lost wages and victims’ medical expenses reported by treatment, per injury offense.

Nevertheless, an averted conviction potentially saves, on average, \$46,862. Given the previous justice involvement of the juveniles in Denver and in Jefferson County, and the at-risk nature of the juveniles in Montrose, *averting a single conviction* (\$46,862) annually in each site offsets nearly 82 percent of the \$57,439 (average) FY2008-2011 appropriation from the General Assembly.

Table 71. Estimated cost of crimes

Conviction charge	Category	Total per offense cost ¹	Number of conviction charges ²	Total
Assault 2	Aggravated assault	\$111,801.00	1	\$111,801.00
Assault 3	Aggravated assault	\$111,801.00	3	\$335,403.00
Financial Transaction Device/Unauthorized Use	Forgery and counterfeiting	\$435.00	2	\$870.00
Fare Evasion	Fraud	\$420.00	1	\$420.00
Burglary 2	Household burglary	\$3,974.00	2	\$7,948.00
Identity Theft	Larceny/theft	\$1,344.00	2	\$2,688.00
Theft	Larceny/theft	\$1,344.00	3	\$4,032.00
Attempted Robbery	Robbery	\$46,484.00	1	\$46,484.00
Alcohol-Underage Possession ³	Vandalism	\$449.00	2	\$898.00
Criminal Mischief	Vandalism	\$449.00	3	\$1,347.00
Curfew Violation ³	Vandalism	\$449.00	3	\$1,347.00
Defacing Property of Another	Vandalism	\$449.00	1	\$449.00
Possession Controlled Substance <1 Gram ³	Vandalism	\$449.00	1	\$449.00
Protection Order Violation-Criminal ³	Vandalism	\$449.00	1	\$449.00
Trespass 1-Auto with Intent to Commit Crime ³	Vandalism	\$449.00	1	\$449.00
Weapon-Possession on School Grounds ³	Vandalism	\$449.00	1	\$449.00
Total charges			28	\$515,483.00
Total cases			15	
Total clients			11	
Per offender cost⁴				\$46,862.09

1 Total per offense cost includes the sum of the tangible (victim costs, risk of homicide, mental health care costs, crime justice system costs, and crime career cost) and intangible (pain and suffering and corrected risk of homicide) costs. The total per offense costs is associated with the costs of adult crimes. Juvenile crimes cost more.

2 The rural site did not have any convictions during or after enrollment.

3 When a conviction charge did not fit into a comparable crime category, it was considered vandalism.

4 The per offender cost is calculated by the number of clients convicted by the total amount of the per offense costs.

Sources: McCollister, K. E., French, M. T., & Fang, H. (2010). The cost of crime to society: New crime-specific estimates for policy and program evaluation. *Drug and Alcohol Dependence, 108* (1-2), 98-109. Cohen, M. A., & Miller, T. R. (1998). The cost of mental health care for victims of crime. *Journal of Interpersonal Violence, 13* (1), 93-110. Miller, T. R., Cohen, M. A., & Wiersema, B. (1996). *Victim costs and consequences: A new look*. Report submitted to the National Institute of Justice (NCJ 155282). Washington, DC: National Institute of Justice. Jury Verdict Research available at <http://www.juryverdictresearch.com/index.html>. Viscusi, W. K. & Aldy, J. E. (2003). The value of statistical life: A critical review of market estimates throughout the world. *Journal of Risk and Uncertainty, 27* (1), 5-76.

Sustainability of the family advocacy demonstration programs

Should the Family Advocacy Demonstration Program funding be discontinued after FY 2011, each of the demonstration sites have devised plans for sustainability of their programs. If the current sites are able to sustain the programs using resources discussed below, it may be prudent to fund other communities to develop family advocacy programs, building on the findings, lessons learned, and recommendations contained in this report to improve program efficiency and outcomes. Such expansion could be further supported by resources such as the family advocacy toolkit discussed earlier in this section.

Denver

FAC has made great strides toward decreasing reliance on any one source of funding, detailed in a sustainability plan first developed in the fall of 2005. The plan includes a focus on further development and strengthening of the agency's Board of Directors, as well as a plan for diversifying the funding sources currently used to support programming. The plan calls for broad-based support from community stakeholders who have been approached on an individual level through ongoing contacts. In addition, FAC has been aggressively pursuing grants and other funding opportunities as well as conducting a minimum of two annual funding events with a focus on educating and empowering families.

MHCD, which currently provides substantial in-kind and direct financial support for FAC, also has a demonstrated history of sustaining programs for traditionally underserved populations when outcomes have shown them to be effective. One example is MHCD's Living and Learning with HIV program that began in 1996 funded exclusively with Ryan White Care Act dollars. As federal support for the project has decreased over the past 10 years, MHCD has developed other funding streams to increase services to this population. Throughout its 20-year history, MHCD has sought funding opportunities to increase access to care for persons with serious mental illness. Four years ago, MHCD implemented a 10-year development strategy which calls for the building of an endowment designed to provide sustainable sources of funding to ensure access to behavioral healthcare for all Denver citizens with serious mental illness who are unable to pay for care. MHCD has included support for family advocacy in this development plan.

Jefferson County

The Colorado Federation has developed the relationships and partnerships necessary to establish family advocacy as a vital funded service for families and juveniles. The Federation's strong community partnerships have been beneficial to them. They have established a strong working relationship with the 1st Judicial District. Also their work with HB 07-1050, the Colorado Behavioral Health Force, has been establishing a strong public sector and legislative relationship and has created credibility for family advocacy organizations.

The Federation has been successful in sustaining family advocacy services following the completion of other grant funded projects (for example, the Cornerstone Initiative) and through the support of the Colorado foundation community. They plan to sustain this program through the development of diverse funding sources including a fee for family advocacy services and trainings, and access to available public sources. The Colorado

Federation has hired development staff focused on the expansion of funding sources. In addition, they have talked with several private foundations, including The Colorado Health Foundation, about a strategy on approaching private foundations to fund family advocacy services.

Montrose

Continuation funding is already being sought. The District has been contracting with a professional grant writing organization, Third Sector Innovations out of Grand Junction, to aggressively pursue both public and private grants in the coming years. Plus there is a significant level of opportunity for funding around students' mental health issues.

The sustainability of this program is dependent upon the program meeting the needs of the stakeholders involved. Through the work and partnerships of the various groups, the design of this proposal is to continue to attract and support programs having a positive impact for the entire consortium. Using this model, along with shared responsibility and accountability, stakeholders can systematically increase their fiscal responsibility over time, to support programs important to the community. Because the Advocate is involved with so many different components and members in the consortium, including the CART and CET teams, as well as District-level teams, sharing costs and responsibilities is important for the entire stakeholder group, thus making sustainability more likely.

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APPENDICES

**Appendix A:
House Bill 07-1057**

NOTE: This bill has been prepared for the signature of the appropriate legislative officers and the Governor. To determine whether the Governor has signed the bill or taken other action on it, please consult the legislative status sheet, the legislative history, or the Session Laws.



HOUSE BILL 07-1057

BY REPRESENTATIVE(S) Stafford, Jahn, Solano, Butcher, Carroll T., Casso, Gibbs, Green, Hicks, Labuda, Madden, Pommer, Rice, Todd, and Frangas;
also SENATOR(S) Windels, Kester, Takis, Bacon, Boyd, Groff, Keller, Sandoval, Shaffer, Tochtrop, and Williams.

CONCERNING DEMONSTRATION PROGRAMS FOR INTEGRATED SYSTEMS OF CARE FAMILY ADVOCACY PROGRAMS FOR MENTAL HEALTH JUVENILE JUSTICE POPULATIONS, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. Title 26, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW ARTICLE to read:

ARTICLE 22
Integrated System of Care
Family Advocacy Demonstration Programs for
Mental Health Juvenile Justice Populations

26-22-101. Legislative declaration. (1) THE GENERAL ASSEMBLY HEREBY FINDS AND DECLARES THAT:

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

(a) COLORADO FAMILIES AND YOUTH HAVE DIFFICULTIES NAVIGATING THE MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE, DEVELOPMENTAL DISABILITIES, EDUCATION, JUVENILE JUSTICE, CHILD WELFARE, AND OTHER STATE AND LOCAL SYSTEMS THAT ARE COMPOUNDED WHEN THE YOUTH HAS A MENTAL ILLNESS OR CO-OCCURRING DISORDER;

(b) PRELIMINARY RESEARCH DEMONSTRATES THAT FAMILY ADVOCATES INCREASE FAMILY AND YOUTH SATISFACTION, IMPROVE FAMILY PARTICIPATION, AND IMPROVE SERVICES TO HELP YOUTH AND FAMILIES SUCCEED AND ACHIEVE POSITIVE OUTCOMES. ONE PRELIMINARY STUDY IN COLORADO FOUND THAT THE WIDE ARRAY OF USEFUL CHARACTERISTICS AND VALUED ROLES PERFORMED BY FAMILY ADVOCATES, REGARDLESS OF WHERE THEY ARE LOCATED INSTITUTIONALLY, PROVIDED EVIDENCE FOR CONTINUING AND EXPANDING THE USE OF FAMILY ADVOCATES IN SYSTEMS OF CARE.

(c) INPUT FROM FAMILIES, YOUTH, AND STATE AND LOCAL COMMUNITY AGENCY REPRESENTATIVES IN COLORADO DEMONSTRATES THAT FAMILY ADVOCATES HELP FAMILIES GET THE SERVICES AND SUPPORT THEY NEED AND WANT, HELP FAMILIES TO BETTER NAVIGATE COMPLEX STATE AND LOCAL SYSTEMS, IMPROVE FAMILY AND YOUTH OUTCOMES, AND HELP DISENGAGED FAMILIES AND YOUTH TO BECOME ENGAGED FAMILIES AND YOUTH;

(d) STATE AND LOCAL AGENCIES AND SYSTEMS NEED TO DEVELOP MORE STRENGTHS-BASED, FAMILY-CENTERED, INDIVIDUALIZED, CULTURALLY COMPETENT, AND COLLABORATIVE APPROACHES THAT BETTER MEET THE NEEDS OF FAMILIES AND YOUTH;

(e) A FAMILY ADVOCATE HELPS STATE AND LOCAL AGENCIES AND SYSTEMS ADOPT MORE STRENGTHS-BASED-TARGETED PROGRAMS, POLICIES, AND SERVICES TO BETTER MEET THE NEEDS OF FAMILIES AND THEIR YOUTH WITH MENTAL ILLNESS OR CO-OCCURRING DISORDERS AND IMPROVE OUTCOMES FOR ALL, INCLUDING FAMILIES, YOUTH, AND THE AGENCIES THEY UTILIZE;

(f) THERE IS A NEED TO DEMONSTRATE THE SUCCESS OF FAMILY ADVOCATES IN HELPING AGENCIES AND SYSTEMS IN COLORADO TO BETTER MEET THE NEEDS OF FAMILIES AND YOUTH AND HELP STATE AND LOCAL

AGENCIES STRENGTHEN PROGRAMS.

(2) IT IS THEREFORE IN THE STATE'S BEST INTEREST TO ESTABLISH DEMONSTRATION PROGRAMS FOR SYSTEM OF CARE FAMILY ADVOCATES FOR MENTAL HEALTH JUVENILE JUSTICE POPULATIONS WHO NAVIGATE ACROSS MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE, DEVELOPMENTAL DISABILITIES, JUVENILE JUSTICE, EDUCATION, CHILD WELFARE, AND OTHER STATE AND LOCAL SYSTEMS TO ENSURE SUSTAINED AND THOUGHTFUL FAMILY PARTICIPATION IN THE PLANNING PROCESSES OF THE CARE FOR THEIR CHILDREN AND YOUTH.

26-22-102. Definitions. AS USED IN THIS ARTICLE UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "CO-OCCURRING DISORDERS" MEANS DISORDERS THAT COMMONLY COINCIDE WITH MENTAL ILLNESS AND MAY INCLUDE, BUT ARE NOT LIMITED TO, SUBSTANCE ABUSE, DEVELOPMENTAL DISABILITIES, FETAL ALCOHOL SYNDROME, AND TRAUMATIC BRAIN INJURY.

(2) "DEMONSTRATION PROGRAMS" MEANS PROGRAMS THAT ARE INTENDED TO EXEMPLIFY AND DEMONSTRATE EVIDENCE OF THE SUCCESSFUL USE OF FAMILY ADVOCATES IN ASSISTING FAMILIES AND YOUTH WITH MENTAL ILLNESS OR CO-OCCURRING DISORDERS.

(3) "DIVISION OF CRIMINAL JUSTICE" MEANS THE DIVISION OF CRIMINAL JUSTICE CREATED IN SECTION 24-33.5-502, C.R.S., IN THE DEPARTMENT OF PUBLIC SAFETY.

(4) "DIVISION OF MENTAL HEALTH" MEANS THE UNIT WITHIN THE DEPARTMENT OF HUMAN SERVICES THAT IS RESPONSIBLE FOR MENTAL HEALTH SERVICES.

(5) "FAMILY ADVOCACY COALITION" MEANS A COALITION OF FAMILY ADVOCATES OR FAMILY ADVOCACY ORGANIZATIONS WORKING TO HELP FAMILIES AND YOUTH WITH MENTAL HEALTH PROBLEMS, SUBSTANCE ABUSE, DEVELOPMENTAL DISABILITIES, AND OTHER CO-OCCURRING DISORDERS TO IMPROVE SERVICES AND OUTCOMES FOR YOUTH AND FAMILIES AND TO WORK WITH AND ENHANCE STATE AND LOCAL SYSTEMS.

(6) "FAMILY ADVOCATE" MEANS AN INDIVIDUAL WHO HAS BEEN

TRAINED TO ASSIST FAMILIES IN ACCESSING AND RECEIVING SERVICES AND SUPPORT. FAMILY ADVOCATES ARE USUALLY INDIVIDUALS WHO HAVE RAISED OR CARED FOR CHILDREN AND YOUTH WITH MENTAL HEALTH OR CO-OCCURRING DISORDERS AND HAVE WORKED WITH MULTIPLE AGENCIES AND PROVIDERS, INCLUDING MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE, JUVENILE JUSTICE, DEVELOPMENTAL DISABILITIES, AND OTHER STATE AND LOCAL SYSTEMS OF CARE.

(7) "LEGISLATIVE OVERSIGHT COMMITTEE" MEANS THE LEGISLATIVE OVERSIGHT COMMITTEE FOR THE CONTINUING EXAMINATION OF THE TREATMENT OF PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS, CREATED IN SECTION 18-1.9-103, C.R.S.

(8) "PARTNERSHIP" MEANS A RELATIONSHIP BETWEEN A FAMILY ADVOCACY ORGANIZATION AND ANOTHER ENTITY WHEREBY THE FAMILY ADVOCACY ORGANIZATION WORKS DIRECTLY WITH ANOTHER ENTITY FOR OVERSIGHT AND MANAGEMENT OF THE FAMILY ADVOCATE AND FAMILY ADVOCACY DEMONSTRATION PROGRAM, AND THE FAMILY ADVOCACY ORGANIZATION EMPLOYS, SUPERVISES, MENTORS, AND PROVIDES TRAINING TO THE FAMILY ADVOCATE.

(9) "SYSTEM OF CARE" MEANS AN INTEGRATED NETWORK OF COMMUNITY-BASED SERVICES AND SUPPORT THAT IS ORGANIZED TO MEET THE CHALLENGES OF YOUTH WITH COMPLEX NEEDS, INCLUDING BUT NOT LIMITED TO THE NEED FOR SUBSTANTIAL SERVICES TO ADDRESS AREAS OF DEVELOPMENTAL, PHYSICAL, AND MENTAL HEALTH, SUBSTANCE ABUSE, CHILD WELFARE, AND EDUCATION AND INVOLVEMENT IN OR BEING AT RISK OF INVOLVEMENT WITH THE JUVENILE JUSTICE SYSTEM. IN A SYSTEM OF CARE, FAMILIES AND YOUTH WORK IN PARTNERSHIP WITH PUBLIC AND PRIVATE ORGANIZATIONS TO BUILD ON THE STRENGTHS OF INDIVIDUALS AND TO ADDRESS EACH PERSON'S CULTURAL AND LINGUISTIC NEEDS SO SERVICES AND SUPPORT ARE EFFECTIVE.

(10) "TASK FORCE" MEANS THE TASK FORCE FOR THE CONTINUING EXAMINATION OF THE TREATMENT OF PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS IN COLORADO, CREATED IN SECTION 18-1.9-104, C.R.S.

26-22-103. Demonstration programs established. THERE ARE

HEREBY ESTABLISHED DEMONSTRATION PROGRAMS FOR SYSTEM OF CARE FAMILY ADVOCATES FOR MENTAL HEALTH JUVENILE JUSTICE POPULATIONS THAT SHALL BE IMPLEMENTED AND MONITORED BY THE DIVISION OF MENTAL HEALTH, WITH INPUT, COOPERATION, AND SUPPORT FROM THE DIVISION OF CRIMINAL JUSTICE, THE TASK FORCE, AND FAMILY ADVOCACY COALITIONS.

26-22-104. Program scope. (1) ON OR BEFORE SEPTEMBER 1, 2007, THE DIVISION OF MENTAL HEALTH, AFTER CONSULTATION WITH FAMILY ADVOCACY COALITIONS, THE TASK FORCE, AND THE DIVISION OF CRIMINAL JUSTICE, SHALL DEVELOP A REQUEST FOR PROPOSALS TO DESIGN DEMONSTRATION PROGRAMS FOR FAMILY ADVOCACY PROGRAMS THAT:

(a) FOCUS ON YOUTH WITH MENTAL ILLNESS OR CO-OCCURRING DISORDERS WHO ARE INVOLVED IN OR AT RISK OF INVOLVEMENT WITH THE JUVENILE JUSTICE SYSTEM AND THAT ARE BASED UPON THE FAMILIES' AND YOUTHS' STRENGTHS; AND

(b) PROVIDE NAVIGATION, CRISIS RESPONSE, INTEGRATED PLANNING, AND DIVERSION FROM THE JUVENILE JUSTICE SYSTEM FOR YOUTH WITH MENTAL ILLNESS OR CO-OCCURRING DISORDERS.

(2) THE DIVISION OF MENTAL HEALTH SHALL ACCEPT RESPONSES TO THE REQUEST FOR PROPOSALS FROM A PARTNERSHIP BETWEEN A FAMILY ADVOCACY ORGANIZATION AND ANY OF THE FOLLOWING ENTITIES OR INDIVIDUALS THAT OPERATE OR ARE DEVELOPING A FAMILY ADVOCACY PROGRAM:

(a) A NONPROFIT ENTITY;

(b) A GOVERNMENTAL ENTITY;

(c) A TRIBAL GOVERNMENT;

(d) AN INDIVIDUAL; OR

(e) A GROUP.

(3) THE RESPONSES TO THE REQUEST FOR PROPOSALS SHALL INCLUDE, BUT NEED NOT BE LIMITED TO, THE FOLLOWING INFORMATION:

(a) IDENTIFICATION OF THE KEY STAKEHOLDERS INVOLVED IN THE DEMONSTRATION PROGRAM TO ENSURE CONSISTENT DATA POINTS ACROSS ALL DEMONSTRATION PROGRAMS FOR CONSISTENT EVALUATION, WHICH SHALL INCLUDE, A FAMILY ADVOCACY ORGANIZATION AND AT A MINIMUM, REPRESENTATIVES OF THE JUVENILE COURT, THE PROBATION DEPARTMENT, THE DISTRICT ATTORNEY'S OFFICE, THE PUBLIC DEFENDER'S OFFICE, A SCHOOL DISTRICT, THE DIVISION OF YOUTH CORRECTIONS WITHIN THE DEPARTMENT OF HUMAN SERVICES, A COUNTY DEPARTMENT OF SOCIAL OR HUMAN SERVICES, A LOCAL COMMUNITY MENTAL HEALTH CENTER, AND A REGIONAL BEHAVIORAL HEALTH ORGANIZATION, AND MAY INCLUDE REPRESENTATIVES OF A LOCAL LAW ENFORCEMENT AGENCY, A COUNTY PUBLIC HEALTH DEPARTMENT, A SUBSTANCE ABUSE PROGRAM, A COMMUNITY CENTERED BOARD, A LOCAL JUVENILE SERVICES PLANNING COMMITTEE, AND OTHER COMMUNITY PARTNERS;

(b) PLANS FOR IDENTIFICATION OF THE TARGETED POPULATION, WHICH SHALL INCLUDE, AT A MINIMUM:

(I) A DESCRIPTION OF THE TARGETED POPULATION AND REGION TO BE SERVED, INCLUDING YOUTH WITH MENTAL ILLNESS OR CO-OCCURRING DISORDERS WHO ARE INVOLVED IN OR AT RISK OF INVOLVEMENT WITH THE JUVENILE JUSTICE SYSTEM AND OTHER STATE AND LOCAL SYSTEMS; AND

(II) A DESCRIPTION OF THE SPECIFIC POPULATION TO BE SERVED THAT IS FLEXIBLE AND DEFINED BY THE LOCAL COMMUNITY;

(c) A PLAN FOR FAMILY ADVOCATES THAT INCLUDES:

(I) EXPERIENCE AND HIRING REQUIREMENTS;

(II) THE PROVISION OF APPROPRIATE TRAINING; AND

(III) A DEFINITION OF ROLES AND RESPONSIBILITIES;

(d) A PLAN FOR FAMILY ADVOCATE PROGRAM SERVICES FOR TARGETED YOUTH AND THEIR FAMILIES, INCLUDING:

(I) STRENGTHS, NEEDS, AND CULTURAL ASSESSMENT;

(II) NAVIGATION AND SUPPORT SERVICES;

(III) EDUCATION PROGRAMS RELATED TO MENTAL ILLNESS, CO-OCCURRING DISORDERS, THE JUVENILE JUSTICE SYSTEM, AND OTHER RELEVANT SYSTEMS;

(IV) COOPERATIVE TRAINING PROGRAMS FOR FAMILY ADVOCATES AND FOR STAFF, WHERE APPLICABLE, OF MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE, DEVELOPMENTAL DISABILITIES, EDUCATION, CHILD WELFARE, JUVENILE JUSTICE, AND OTHER STATE AND LOCAL SYSTEMS RELATED TO THE ROLE AND PARTNERSHIP BETWEEN THE FAMILY ADVOCATES AND THE SYSTEMS THAT AFFECT YOUTH AND THEIR FAMILY;

(V) INTEGRATED CRISIS RESPONSE SERVICES AND CRISIS PLANNING;

(VI) ACCESS TO DIVERSION AND OTHER SERVICES TO IMPROVE OUTCOMES FOR YOUTH AND THEIR FAMILIES; AND

(VII) OTHER SERVICES AS DETERMINED BY THE LOCAL COMMUNITY;

(e) A PLAN FOR PROVIDING THE DATA REQUIRED BY SECTION 26-22-105 (3), PLANS FOR A COMPARISON GROUP, AND PLANS FOR SUSTAINABILITY; AND

(f) A COMMITMENT TO PARTICIPATE IN THE COST OF THE DEMONSTRATION PROGRAM BY ALLOCATING, AS A GROUP, ANY MONEYS AVAILABLE TO THE ENTITY, BY PROVIDING SERVICES TO THE PROGRAM, OR BY A COMBINATION OF MONEYS AND SERVICES IN AN AMOUNT EQUAL TO TWENTY PERCENT OF THE TOTAL COST NECESSARY TO OPERATE THE PROGRAM.

(4) ON OR BEFORE NOVEMBER 15, 2007, THE DIVISION OF MENTAL HEALTH, AFTER CONSULTATION WITH FAMILY ADVOCACY COALITIONS, THE TASK FORCE, AND THE DIVISION OF CRIMINAL JUSTICE, SHALL SELECT THREE DEMONSTRATION PROGRAMS TO DELIVER JUVENILE JUSTICE FAMILY ADVOCACY SERVICES. THE DIVISION OF MENTAL HEALTH SHALL BASE THE SELECTION ON:

(a) THE PROGRAM'S DEMONSTRATION OF COLLABORATIVE PARTNERSHIPS THAT INTEGRATE FAMILY ADVOCATES INTO THE SYSTEMS OF CARE;

(b) THE PROGRAM'S ABILITY TO SERVE A SUFFICIENT POPULATION THAT WILL DEMONSTRATE THE SUCCESS OF FAMILY ADVOCACY PROGRAMS; AND

(c) ANY OTHER CRITERIA SET BY THE DIVISION OF MENTAL HEALTH.

(5) TO ENSURE ADEQUATE GEOGRAPHIC DISTRIBUTION, ONE OF THE SELECTED DEMONSTRATION PROGRAMS SHALL OPERATE IN RURAL COMMUNITIES, ONE SHALL OPERATE IN URBAN COMMUNITIES, AND ONE SHALL OPERATE IN SUBURBAN COMMUNITIES.

(6) THE SELECTED PROGRAMS SHALL PARTICIPATE IN THE COST OF THE DEMONSTRATION PROGRAM BY ALLOCATING, AS A GROUP, ANY MONEYS AVAILABLE TO THE ENTITY, BY PROVIDING SERVICES TO THE PROGRAM, OR BY A COMBINATION OF MONEYS AND SERVICES IN AN AMOUNT EQUAL TO TWENTY PERCENT OF THE TOTAL COST NECESSARY TO OPERATE THE PROGRAM.

26-22-105. Evaluation and reporting. (1) ON OR BEFORE JANUARY 1, 2008, THE DIVISION OF MENTAL HEALTH SHALL PREPARE AN INITIAL DESCRIPTIVE REPORT OF THE SELECTED DEMONSTRATION PROGRAMS AND PROVIDE THE REPORT TO THE LEGISLATIVE OVERSIGHT COMMITTEE, THE TASK FORCE, THE FAMILY ADVOCACY COALITION, AND THE DEMONSTRATION PROGRAMS SELECTED PURSUANT TO SECTION 26-22-104 (4).

(2) THE INITIAL REPORT SHALL INCLUDE, BUT NEED NOT BE LIMITED TO, THE FOLLOWING FACTORS:

(a) A DESCRIPTION OF THE SELECTED DEMONSTRATION PROGRAMS AND THE ENTITIES WORKING WITH THE PROGRAMS; AND

(b) THE NUMBER OF FAMILIES EXPECTED TO BE SERVED.

(3) EACH SELECTED DEMONSTRATION PROGRAM SHALL REGULARLY FORWARD THE FOLLOWING DATA TO THE DIVISION OF CRIMINAL JUSTICE:

(a) SYSTEM UTILIZATION OUTCOMES, INCLUDING BUT NOT LIMITED TO AVAILABLE DATA ON SERVICES PROVIDED RELATED TO MENTAL HEALTH, PHYSICAL HEALTH, JUVENILE JUSTICE, DEVELOPMENTAL DISABILITIES, SUBSTANCE ABUSE, CHILD WELFARE, TRAUMATIC BRAIN INJURIES, SCHOOL

SERVICES, AND CO-OCCURRING DISORDERS;

(b) YOUTH AND FAMILY OUTCOMES, RELATED TO, BUT NOT LIMITED TO, MENTAL HEALTH, SUBSTANCE ABUSE, DEVELOPMENTAL DISABILITIES, JUVENILE JUSTICE, AND TRAUMATIC BRAIN INJURY ISSUES;

(c) FAMILY AND YOUTH SATISFACTION AND ASSESSMENT OF FAMILY ADVOCATES;

(d) PROCESS AND LEADERSHIP OUTCOMES, INCLUDING BUT NOT LIMITED TO MEASURES OF PARTNERSHIPS, SERVICE PROCESSES AND PRACTICES AMONG PARTNERING AGENCIES, LEADERSHIP INDICATORS, AND SHARED RESPONSES TO RESOURCES AND OUTCOMES; AND

(e) OTHER OUTCOMES, INCLUDING BUT NOT LIMITED TO IDENTIFICATION OF THE COST AVOIDANCE OR COST SAVINGS, IF ANY, ACHIEVED BY THE DEMONSTRATION PROGRAM, THE APPLICABLE OUTCOMES ACHIEVED, THE TRANSITION SERVICES PROVIDED, AND THE SERVICE UTILIZATION TIME FRAMES.

(4) ON OR BEFORE JANUARY 15, 2009, AND ON OR BEFORE JANUARY 15, 2010, THE DIVISION OF CRIMINAL JUSTICE SHALL SUBMIT A COMPILATION OF THE DATA PROVIDED PURSUANT TO SUBSECTION (3) OF THIS SECTION, WITH AN EXECUTIVE SUMMARY, TO THE LEGISLATIVE OVERSIGHT COMMITTEE, THE TASK FORCE, FAMILY ADVOCACY COALITIONS, AND THE SELECTED DEMONSTRATION PROGRAMS.

(5) ON OR BEFORE JUNE 1, 2010, THE DIVISION OF CRIMINAL JUSTICE SHALL COMPLETE A COMPREHENSIVE EVALUATION OF THE SELECTED DEMONSTRATION PROGRAMS BASED ON THE DATA PROVIDED PURSUANT TO SUBSECTION (3) OF THIS SECTION. PRIOR TO PREPARING THE EVALUATION, THE DIVISION OF CRIMINAL JUSTICE SHALL DEVELOP WITH THE SELECTED DEMONSTRATION PROGRAMS THE COMPARISON GROUPS FOR THE EVALUATION. THE EVALUATION SHALL INCLUDE ANALYSIS OF THE COMPARISON GROUPS. THE DIVISION OF CRIMINAL JUSTICE SHALL SUBMIT A FINAL REPORT, INCLUDING AN EXECUTIVE SUMMARY AND RECOMMENDATIONS, TO THE TASK FORCE, THE DEMONSTRATION PROGRAMS, AND FAMILY ADVOCACY COALITIONS FOR REVIEW. THE DIVISION OF CRIMINAL JUSTICE, THE DIVISION OF MENTAL HEALTH, FAMILY ADVOCACY COALITIONS, AND THE TASK FORCE SHALL REVIEW THE EVALUATION

FINDINGS AND JOINTLY DEVELOP RECOMMENDATIONS TO BE MADE TO THE LEGISLATIVE OVERSIGHT COMMITTEE.

(6) ON OR BEFORE JULY 1, 2010, THE LEGISLATIVE OVERSIGHT COMMITTEE, AFTER RECEIVING A RECOMMENDATION FROM THE TASK FORCE, SHALL MAKE RECOMMENDATIONS TO THE CHAIRS OF THE HEALTH AND HUMAN SERVICES COMMITTEES OF THE HOUSE OF REPRESENTATIVES AND THE SENATE, OR ANY SUCCESSOR COMMITTEES, AND THE CHAIRS OF THE JUDICIARY COMMITTEES OF THE HOUSE OF REPRESENTATIVES AND THE SENATE, OR ANY SUCCESSOR COMMITTEES, RELATED TO CONTINUATION OR EXPANSION THROUGHOUT THE STATE OF THE SELECTED DEMONSTRATION PROGRAMS.

(7) THE DIVISION OF CRIMINAL JUSTICE SHALL COMPLY WITH THE PROVISIONS OF THIS SECTION ONLY IF SUFFICIENT FUNDS ARE APPROPRIATED TO IMPLEMENT THIS SECTION.

26-22-106. Repeal of article. THIS ARTICLE IS REPEALED, EFFECTIVE JULY 1, 2011.

SECTION 2. 25-36-101, Colorado Revised Statutes, as enacted by Senate Bill 07-097, enacted at the First Regular Session of the Sixty-sixth General Assembly, is amended BY THE ADDITION OF A NEW SUBSECTION to read:

25-36-101. Short-term grants for innovative health programs - grant fund - creation. (3) (a) FOR THE 2007-08 FISCAL YEAR, OF THE MONEYS TRANSFERRED PURSUANT TO SECTIONS 24-22-115 (1) (b) AND 24-75-1104.5 (1.5) (a) (IX) AND (1.5) (b), C.R.S., THE LESSER OF ONE HUNDRED THIRTY-FOUR THOUSAND TWO HUNDRED TWELVE DOLLARS OR THIRTEEN POINT FOUR PERCENT OF THE TOTAL AMOUNT TRANSFERRED TO THE FUND SHALL BE APPROPRIATED TO THE DIVISION OF MENTAL HEALTH IN THE DEPARTMENT OF HUMAN SERVICES FOR IMPLEMENTATION OF ARTICLE 22 OF TITLE 26, C.R.S., AND THE LESSER OF THIRTY-EIGHT THOUSAND FIVE HUNDRED THREE DOLLARS OR THREE POINT NINE PERCENT OF THE TOTAL AMOUNT TRANSFERRED TO THE FUND SHALL BE APPROPRIATED TO THE DIVISION OF CRIMINAL JUSTICE IN THE DEPARTMENT OF PUBLIC SAFETY FOR IMPLEMENTATION OF ARTICLE 22 OF TITLE 26, C.R.S.

(b) FOR THE 2008-09 FISCAL YEAR, THE 2009-10 FISCAL YEAR, AND

THE 2010-11 FISCAL YEAR, OF THE MONEYS TRANSFERRED PURSUANT TO SECTIONS 24-22-115 (1) (b) AND 24-75-1104.5 (1.5) (a) (IX) AND (1.5) (b), C.R.S., THE LESSER OF ONE HUNDRED EIGHTY-FIVE THOUSAND SEVENTEEN DOLLARS OR EIGHT POINT EIGHT PERCENT OF THE TOTAL AMOUNT TRANSFERRED TO THE FUND SHALL BE ANNUALLY APPROPRIATED TO THE DIVISION OF MENTAL HEALTH IN THE DEPARTMENT OF HUMAN SERVICES FOR IMPLEMENTATION OF ARTICLE 22 OF TITLE 26, C.R.S., AND THE LESSER OF THIRTY-SIX THOUSAND SEVEN HUNDRED DOLLARS OR ONE POINT SEVEN PERCENT OF THE TOTAL AMOUNT TRANSFERRED TO THE FUND SHALL BE APPROPRIATED TO THE DIVISION OF CRIMINAL JUSTICE IN THE DEPARTMENT OF PUBLIC SAFETY FOR IMPLEMENTATION OF ARTICLE 22 OF TITLE 26, C.R.S.

SECTION 3. Appropriation. (1) In addition to any other appropriation, there is hereby appropriated, out of any moneys in the short-term innovative health program grant fund created in section 25-36-101 (2), Colorado Revised Statutes, enacted by Senate Bill 07-097 at the first regular session of the sixty-sixth general assembly, not otherwise appropriated, to the department of human services, mental health and alcohol and drug abuse services, administration, for the fiscal year beginning July 1, 2007, the sum of twenty-nine thousand five hundred ninety-seven dollars (\$29,597) and 0.5 FTE, or so much thereof as may be necessary, for implementation of this act.

(2) In addition to any other appropriation, there is hereby appropriated, to the department of human services, mental health and alcohol and drug abuse services, mental health community programs, for the fiscal year beginning July 1, 2007, the sum of one hundred thirty thousand seven hundred sixty-nine dollars (\$130,769), or so much thereof as may be necessary, for implementation of this act. Of said sum, one hundred four thousand six hundred fifteen dollars (\$104,615) shall be out of any moneys in the short-term innovative health program grant fund created in section 25-36-101 (2), Colorado Revised Statutes, enacted by Senate Bill 07-097 at the first regular session of the sixty-sixth general assembly, not otherwise appropriated, and twenty-six thousand one hundred fifty-four dollars (\$26,154) shall be cash funds exempt from local funds.

(3) In addition to any other appropriation, there is hereby appropriated, out of any moneys in the short-term innovative health program grant fund created in section 25-36-101 (2), Colorado Revised Statutes, enacted by Senate Bill 07-097 at the first regular session of the

sixty-sixth general assembly, not otherwise appropriated, to the department of public safety, division of criminal justice, for the fiscal year beginning July 1, 2007, the sum of thirty-eight thousand five hundred three dollars (\$38,503), or so much thereof as may be necessary, for implementation of this act.

SECTION 4. Section 14 (5) (c) of Senate Bill 07-097, enacted at the First Regular Session of the Sixty-sixth General Assembly, is amended to read:

Section 14. **Appropriation.** (5) (c) In addition to any other appropriation, there is hereby appropriated, out of any moneys in the short-term innovative health program grant fund created in section 25-36-101 (2), Colorado Revised Statutes, not otherwise appropriated, to the department of public health and environment, for the fiscal year beginning July 1, 2007, the sum of ~~one million four hundred thousand dollars (\$1,400,000)~~; ONE MILLION TWO HUNDRED TWENTY-SEVEN THOUSAND TWO HUNDRED EIGHTY-FIVE DOLLARS (\$1,227,285), cash funds exempt, and 1.0 FTE, or so much thereof as may be necessary, for the implementation of this act.

SECTION 5. Safety clause. The general assembly hereby finds,

determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Andrew Romanoff
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

Joan Fitz-Gerald
PRESIDENT OF
THE SENATE

Marilyn Eddins
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

Karen Goldman
SECRETARY OF
THE SENATE

APPROVED _____

Bill Ritter, Jr.
GOVERNOR OF THE STATE OF COLORADO

**Appendix B:
Senate Bill 10-014**

NOTE: This bill has been prepared for the signature of the appropriate legislative officers and the Governor. To determine whether the Governor has signed the bill or taken other action on it, please consult the legislative status sheet, the legislative history, or the Session Laws.



SENATE BILL 10-014

BY SENATOR(S) Tochtrop, Boyd, Carroll M., Gibbs, Newell, Williams;
also REPRESENTATIVE(S) Solano, Labuda, Apuan, Benefield, Gerou,
Hullinghorst, Primavera, Schafer S., Todd.

CONCERNING CHANGES TO THE DEMONSTRATION PROGRAMS FOR SYSTEM OF
CARE FAMILY ADVOCATES.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. 26-22-101 (1) (b), (1) (c), (1) (e), (1) (f), and (2),
Colorado Revised Statutes, are amended to read:

26-22-101. Legislative declaration. (1) The general assembly
hereby finds and declares that:

(b) Preliminary research demonstrates that family advocates AND
FAMILY SYSTEMS NAVIGATORS increase family and youth satisfaction,
improve family participation, and improve services to help youth and
families succeed and achieve positive outcomes. One preliminary study in
Colorado found that the wide array of useful characteristics and valued roles
performed by family advocates AND FAMILY SYSTEMS NAVIGATORS,
regardless of where they are located institutionally, provided evidence for
continuing and expanding the use of family advocates AND FAMILY SYSTEMS

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

NAVIGATORS in systems of care.

(c) Input from families, youth, and state and local community agency representatives in Colorado demonstrates that family advocates AND FAMILY SYSTEMS NAVIGATORS help families get the services and support they need and want, help families to better navigate complex state and local systems, improve family and youth outcomes, and help disengaged families and youth to become engaged families and youth;

(e) A family advocate OR A FAMILY SYSTEMS NAVIGATOR helps state and local agencies and systems adopt more strengths-based-targeted programs, policies, and services to better meet the needs of families and their youth with mental illness or co-occurring disorders and improve outcomes for all, including families, youth, and the agencies they utilize;

(f) There is a need to demonstrate the success of family advocates AND FAMILY SYSTEMS NAVIGATORS in helping agencies and systems in Colorado to better meet the needs of families and youth and help state and local agencies strengthen programs.

(2) It is therefore in the state's best interest to establish demonstration programs for system of care family advocates AND FAMILY SYSTEMS NAVIGATORS for mental health juvenile justice populations who navigate across mental health, physical health, substance abuse, developmental disabilities, juvenile justice, education, child welfare, and other state and local systems to ensure sustained and thoughtful family participation in the planning processes of the care for their children and youth.

SECTION 2. 26-22-102 (2), (4), (5), (6), and (8), Colorado Revised Statutes, are amended, and the said 26-22-102 is further amended BY THE ADDITION OF A NEW SUBSECTION, to read:

26-22-102. Definitions. As used in this article, unless the context otherwise requires:

(2) "Demonstration programs" means programs that are intended to exemplify and demonstrate evidence of the successful use of family advocates AND FAMILY SYSTEMS NAVIGATORS in assisting families and youth with mental illness or co-occurring disorders.

(4) "Division of ~~mental~~ BEHAVIORAL health" means the unit within the department of human services that is responsible for mental health services.

(5) "Family advocacy coalition" means a coalition of family advocates, FAMILY SYSTEMS NAVIGATORS, or family advocacy organizations working to help families and youth with mental health problems, substance abuse, developmental disabilities, and other co-occurring disorders to improve services and outcomes for youth and families and to work with and enhance state and local systems.

(6) "Family advocate" means ~~an individual who has been trained to assist families in accessing and receiving services and support. Family advocates are usually individuals who have raised or cared for children and youth with mental health or co-occurring disorders and have worked with multiple agencies and providers, including mental health, physical health, substance abuse, juvenile justice, developmental disabilities, and other state and local systems of care~~ A PARENT OR PRIMARY CARE GIVER WHO:

(a) HAS BEEN TRAINED IN A SYSTEM OF CARE APPROACH TO ASSIST FAMILIES IN ACCESSING AND RECEIVING SERVICES AND SUPPORTS;

(b) HAS RAISED OR CARED FOR A CHILD OR ADOLESCENT WITH A MENTAL HEALTH OR CO-OCCURRING DISORDER; AND

(c) HAS WORKED WITH MULTIPLE AGENCIES AND PROVIDERS, SUCH AS MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE, JUVENILE JUSTICE, DEVELOPMENTAL DISABILITIES, EDUCATION, AND OTHER STATE AND LOCAL SERVICE SYSTEMS.

(6.5) "FAMILY SYSTEMS NAVIGATOR" MEANS AN INDIVIDUAL WHO:

(a) HAS BEEN TRAINED IN A SYSTEM OF CARE APPROACH TO ASSIST FAMILIES IN ACCESSING AND RECEIVING SERVICES AND SUPPORTS;

(b) HAS THE SKILLS, EXPERIENCE, AND KNOWLEDGE TO WORK WITH CHILDREN AND YOUTH WITH MENTAL HEALTH OR CO-OCCURRING DISORDERS; AND

(c) HAS WORKED WITH MULTIPLE AGENCIES AND PROVIDERS,

INCLUDING MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE, JUVENILE JUSTICE, DEVELOPMENTAL DISABILITIES, EDUCATION, AND OTHER STATE AND LOCAL SERVICE SYSTEMS.

(8) "Partnership" means a relationship between a family advocacy organization and another entity whereby the family advocacy organization works directly with another entity for oversight and management of the family advocate OR FAMILY SYSTEMS NAVIGATOR and family advocacy demonstration program, and the family advocacy organization employs, supervises, mentors, and provides training to the family advocate OR FAMILY SYSTEMS NAVIGATOR.

SECTION 3. 26-22-103, Colorado Revised Statutes, is amended to read:

26-22-103. Demonstration programs established. There are hereby established demonstration programs for system of care family advocates AND FAMILY SYSTEMS NAVIGATORS for mental health juvenile justice populations that shall be implemented and monitored by the division of ~~mental~~ BEHAVIORAL health, with input, cooperation, and support from the division of criminal justice, the task force, and family advocacy coalitions.

SECTION 4. The introductory portion to 26-22-104 (1), 26-22-104 (1) (b), the introductory portions to 26-22-104 (2), (3) (c), and (3) (d), 26-22-104 (3) (d) (IV) and (3) (d) (V), the introductory portion to 26-22-104 (4), and 26-22-104 (4) (a) and (4) (c), Colorado Revised Statutes, are amended to read:

26-22-104. Program scope. (1) On or before September 1, 2007, the division of ~~mental~~ BEHAVIORAL health, after consultation with family advocacy coalitions, the task force, and the division of criminal justice, shall develop a request for proposals to design demonstration programs for family advocacy programs that:

(b) Provide navigation, crisis response, integrated planning, TRANSITION SERVICES, and diversion from the juvenile justice system for youth with mental illness or co-occurring disorders.

(2) The division of ~~mental~~ BEHAVIORAL health shall accept responses to the request for proposals from a partnership between a family

advocacy organization and any of the following entities or individuals that operate or are developing a family advocacy program:

(3) The responses to the request for proposals shall include, but need not be limited to, the following information:

(c) A plan for family advocates OR FAMILY SYSTEMS NAVIGATORS that includes:

(d) A plan for family advocate OR FAMILY SYSTEMS NAVIGATOR program services for targeted youth and their families, including:

(IV) Cooperative training programs for family advocates OR FAMILY SYSTEMS NAVIGATORS and for staff, where applicable, of mental health, physical health, substance abuse, developmental disabilities, education, child welfare, juvenile justice, and other state and local systems related to the role and partnership between the family advocates OR FAMILY SYSTEMS NAVIGATORS and the systems that affect youth and their family;

(V) Integrated crisis response services and crisis AND TRANSITION planning;

(4) On or before November 15, 2007, the division of ~~mental~~ BEHAVIORAL health, after consultation with family advocacy coalitions, the task force, and the division of criminal justice, shall select three demonstration programs to deliver juvenile justice family advocacy services. The division of ~~mental~~ BEHAVIORAL health shall base the selection on:

(a) The program's demonstration of collaborative partnerships that integrate family advocates OR FAMILY SYSTEMS NAVIGATORS into the systems of care;

(c) Any other criteria set by the division of ~~mental~~ BEHAVIORAL health.

SECTION 5. 26-22-105 (1), (3) (c), and (5), Colorado Revised Statutes, are amended to read:

26-22-105. Evaluation and reporting. (1) On or before January

1, 2008, the division of ~~mental~~ BEHAVIORAL health shall prepare an initial descriptive report of the selected demonstration programs and provide the report to the legislative oversight committee, the task force, the family advocacy coalition, and the demonstration programs selected pursuant to section 26-22-104 (4).

(3) Each selected demonstration program shall regularly forward the following data to the division of criminal justice:

(c) Family and youth satisfaction and assessment of family advocates OR FAMILY SYSTEMS NAVIGATORS;

(5) On or before June 1, 2010, the division of criminal justice shall complete a comprehensive evaluation of the selected demonstration programs based on the data provided pursuant to subsection (3) of this section. Prior to preparing the evaluation, the division of criminal justice shall develop with the selected demonstration programs the comparison groups for the evaluation. The evaluation shall include analysis of the comparison groups. The division of criminal justice shall submit a final report, including an executive summary and recommendations, to the task force, the demonstration programs, and family advocacy coalitions for review. The division of criminal justice, the division of ~~mental~~ BEHAVIORAL health, family advocacy coalitions, and the task force shall review the evaluation findings and jointly develop recommendations to be made to the legislative oversight committee.

SECTION 6. Safety clause. The general assembly hereby finds,

determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Brandon C. Shaffer
PRESIDENT OF
THE SENATE

Terrance D. Carroll
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

Karen Goldman
SECRETARY OF
THE SENATE

Marilyn Eddins
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

APPROVED _____

Bill Ritter, Jr.
GOVERNOR OF THE STATE OF COLORADO

Appendix C:
Findings: Rural Site-Pikes Peak Mental Health Center

FINDINGS: RURAL SITE-PIKES PEAK MENTAL HEALTH CENTER

Program Data

Appendix C provides a statistical snapshot of the client data that was provided by Pikes Peak Mental Health Center prior to the withdrawal from the grant program. This snapshot includes the number of clients served followed by client demographics, referral sources, client service needs, services provided between May and November 2008. On December 17, 2008, Pikes Peak Mental Health submitted a letter of intent to terminate their participation in the Family Advocacy Demonstration program. As of February 16, 2009, the rural site in Teller County concluded their family advocacy service and withdrew their family advocacy demonstration program from the study. Many of the evaluative activities (e.g. interviews, questionnaires, and surveys) were incomplete, but the data collected is presented below.

Program Information

This site began taking clients on May 7, 2008. As of November 31, 2008, they had enrolled 10 youth in the program. Unfortunately, these were the only youth who received family advocacy services because the program terminated their participation in the Family Advocacy Demonstration program on February 16, 2009.

Table 1. Teller: Number of clients enrolled

2008	
January	NA
February	NA
March	NA
April	NA
May	5
June	0
July	1
August	0
September	1
October	2
November	1
December	0
Total clients served	10

¹ The rural site (Teller) began taking clients on May 7, 2008. As of December 17, 2008 Pikes Peak Mental Health submitted a letter to the Division of Behavioral Health terminating participation in the Family Advocacy Demonstration Program effective February 16, 2009.

Source: Case file data collected through November 31, 2008.

Table 2. Teller: Status of clients

	n	Percent
Active	0	0.0%
Closed	10	100.0%
Total	10	100%

Source: Case file data collected through November 31, 2008.

Due to this program’s termination, the majority of cases were closed out. There were two cases that discharged prior to the termination. The reason for the unsuccessful completion was because the GAL from Teller County was not supportive of the Wraparound process. She felt that the wrap facilitator was an unnecessary extra person, and so she pushed the family into not using the wraparound or family advocacy services.

Table 3. Teller: Type of discharge

	n	Percent
Successful completion	1	10.0%
Unsuccessful completion	1	10.0%
Program terminated ¹	8	80.0%
Total	10	100%

¹ Program termination only applies to this site.

Source: Case file data collected through November 31, 2008.

Sixty percent of the referrals came from the Teller County Social Services. In addition to the referral requirements from a mental health or co-occurring disorder and involvement in the juvenile justice system other referral reasons included behavioral problem (at school and/or home), substance abuse, family dysfunction, and the request for additional support and resources.

Table 4. Teller: Referral agencies

	n	Percent
Department of Human Services	6	60.0%
Mental Health Center	1	10.0%
Pre-Trial Services	0	0.0%
Probation	0	0.0%
School	0	0.0%
Health Department	1	10.0%
Other ¹	2	20.0%
Total	10	100%

¹ Other included HB 1451 Wraparound facilitator and community agency.

Source: Case file data collected through November 31, 2008.

Client Information

This program only served male clients.

Table 5. Teller: Gender of clients enrolled in the Teller program

	n	Percent
Male	10	100.0%
Female	0	0.0%
Total	10	100%

Source: Case file data collected through November 31, 2008.

Teller's target population was children and youth between the ages of 10 and 21 years old. The average age of youth served at this program was 13.8 years old.

Table 6. Age of clients enrolled in the Teller program

	n	Percent
10 years old	0	0.0%
11 years old	2	20.0%
12 years old	2	20.0%
13 years old	1	10.0%
14 years old	1	10.0%
15 years old	1	10.0%
16 years old	1	10.0%
17 years old	2	20.0%
18 years old	0	0.0%
19 years old	0	0.0%
20 years old	0	0.0%
21 years old	0	0.0%
Total	10	100%
Average	13.8	

Source: Case file data collected through November 31, 2008.

The distribution of client ethnic origin appears to reflect the population typical of this program's location, fewer minority members in the rural (Teller) site.

Table 7. Ethnicity of clients enrolled in the Teller program

	n	Percent
Caucasian	6	60.0%
African American	0	0.0%
Latino	1	10.0%
Other	1	10.0%
Multi-Ethnic	2	20.0%
Total	10	100%

Note: Multi-ethnic means the client identified themselves with more than one racial/ethnic group.

Source: Case file data collected through November 31, 2008.

Seventy percent of the youth were living with relatives at the time of referral.

Table 8. Teller: Client residence

	n	Percent
Parents (Biological and step)	3	30.0%
Relatives	7	70.0%
Adoptive family	0	0.0%
Foster care	0	0.0%
Other	0	0.0%
Total	10	100%

Source: Case file data collected through November 31, 2008.

Table 9. Teller: Juvenile Justice System involvement at enrollment

	n	Percent
Arrest	2	20.0%
Summons	0	0.0%
Detention	0	0.0%
Pre-trial supervision	0	0.0%
Deferred Adjudication/Probation/JISP	0	0.0%
Truancy	0	0.0%
Unknown	8	80.0%
Total	10	100%

Source: Colorado Information Crime Center (CCIC) and CourtLink.

The mental health diagnosis reported for these rural clients are provided in Table 10. The categories are not mutually exclusive and so the clients may have more than one diagnosis. Many of the youth were diagnosed with ADD/ADHD and bi-polar disorder.

Table 10. Teller: Mental health diagnosis/disorders

	n
Depression	0
Bi-polar/Mania	2
Mood	0
PTSD/Anxiety	1
ADD/ADHD	4
Conduct	1
Oppositional defiant	2
Learning disability	0
Other ¹	2
Unknown	2

¹ Other included adjustment disorder and intermittent explosive disorder.

Categories are not mutually exclusive.

Source: Case file data collected through November 31, 2008.

Beyond the referral requirements for a mental health diagnosis and risk of or involvement in the juvenile justice system, many of the clients displayed additional risk factors. These risk factors are presented below in Table 11.

Table 11.Teller: Client behavioral health risk factors

	n
Family	
Violent environment	0
Out-of-home placement	8
Parent can't control youth	6
Family neglects basic needs	2
Inadequate supervision	5
Inadequate resources	6
Delinquent siblings	1
Family history of criminality	6
Poor family management	7
Family conflict	6
Homelessness	0
School	
Truancy	6
Suspension/expulsion	6
Dropping out	1
Early failure	1
Law/Juvenile Justice	
Runaway	1
Contact	7
Lecture/Release	0
Summons	0
Arrested	2
Charged	3
Detained	2
Detention/Jail	1
Committed/Imprisoned	0
Probation/Parole	1
Juv. justice services in last yr.	1
Substance Use/Abuse	
Alcohol	0
Marijuana	0
Cocaine/Crack	0
Other Drugs	0
Gets High/Intoxicated	1
Dependent/Addiction/Interfere	0

These risk factors were copied from the original Cornerstone Microsoft Access database, which was used for the Systems of Care project, a Division of Behavioral Health project. The Division of Behavioral Health was not able to provide us any further documentation about the how to score these risk factors, so the family advocates answered subjectively when identifying risk factors. The reason why this site does not have the additional risk factors (dangerousness and socialization) is because DCJ researchers decided to add them after this program terminated participation.

Categories are not mutually exclusive.

Source: Case file data collected through November 31, 2008.

The types of services the clients have received can be found in Table 12. The categories are not mutually exclusive and so the clients may have more received more than one service. The common services received are wraparound, education, individual counseling, and mentoring.

Table 12. Teller: Services clients received

	n
Case management	1
Family counseling	1
Individual counseling	5
Educational services	6
Medical services	0
Mentor	3
Support group	0
Substance abuse treatment	0
Wraparound	9
Medication	0
Vocational services	0
Residential treatment center	1
Anger management	0
Recreation/family activity	0
Employment	0
Housing/Shelter/Out of home placement	0
Food/food stamps	1

The above categories are not mutually exclusive: clients could be receiving more than one service during their enrollment in the family advocacy program.

Source: Case file data collected through November 31, 2008.

Appendix D: Consent and Assent Forms

PARTICIPANT INFORMATION AND CONSENT FORM
Parents/Guardians

TITLE: Evaluation of the Colorado Integrated System of Care Family Advocacy Demonstration Program

This research study is being done to evaluate the performance of your family advocate and the Family Advocacy Demonstration Program. You (the parent or guardian) and your child are being asked to volunteer to take part in this study because you are working or have worked with a family advocate.

Please ask your family advocate to explain any information on this form that is unclear.

What the study is about: Because the family advocate program is being funded by the state of Colorado (Colorado Revised Statute 26-22-105), a study is required to look at whether having a family advocate is helpful to youth and their families who are involved in the legal system and who may be dealing with behavior or emotion issues.

What you and your child will be asked to do: As a study participant, you would allow two researchers access to your child's file to record information about the services the family advocate has helped you and your child receive. The names and contact information of the researchers are included below. You would also complete a Family Empowerment Scale and a questionnaire about your experience with your family advocate. These questionnaires, which may be completed twice, should take no longer than 90 total minutes of your time. Also, you would agree to allow your child to fill out a questionnaire about their experiences with the family advocate. The youth questionnaire should take no more than 30 minutes to complete.

Your information will be kept confidential: The information accessed and questionnaire responses will be kept strictly confidential. Only your advocate and the two researchers will have access to this information. The names and contact information of the researchers are included below. No research participants will be personally identified in any document or presentation of study results. The data from all participating families will be combined and presented as group averages or summaries. The data will be stored in a secure location.

Benefits / Risks of participation: By participating in this evaluation, you can help improve the family advocate service and ultimately help other families. Other than the time to complete the questionnaires, there are no other anticipated disadvantages or risks for participation in this study.

Payment for participation: Your family will receive a small monetary gift to thank you for your time and participation.

Alternatives: You do not have to participate in this study to receive family advocacy services. You can still receive these services and not participate in the evaluation.

Taking part is voluntary: Your and your child's participation in this study is totally voluntary. Either you or your child or both of you can drop out of the study at any time without penalty or loss of benefits. If you are currently working with a family advocate, leaving the study has no impact on your continued interactions with the family advocate or with the juvenile justice system.

If you decide to withdraw from the study, please notify your family advocate. The researchers will remove your data from the study and gather no new data about you or your child after your withdrawal date.

If you have questions or want a copy or summary of the study results: The two researchers assigned to the project are Kerry Cataldo (303-239-4663) and Kevin Ford (303-239-4446). Please call Kerry (the primary contact), if you have questions, concerns or complaints or if you want a copy or summary of the study results. Additional contact information can be found on the last page of the consent form. Funding for this research study is provided from the Colorado Short-term Innovative Health Programs Grant Fund through Colorado State Senate Bill 07-097 (Section 25-36-101 [2], C.R.S.).

This research project was reviewed and approved by an outside group (Western Institutional Review Board[®]) to determine whether your rights as a research participant are being protected. Although WIRB will not be able to answer some study-specific questions, please feel free to contact WIRB, if you have any questions about your rights or your child's rights as a research participant or you have any questions, concerns or complaints about the research. The WIRB may be reached at:

Western Institutional Review Board[®] (WIRB[®])
3535 Seventh Avenue, SW
Olympia, Washington 98502
Telephone: 1-800-562-4789 or 360-252-2500
E-mail: Help@wirb.com

Any questions? Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions. You will be given a copy of this consent form to keep for your records.

Statement of Consent: I have read the above information (or had it read to me). I have had all of my questions about the study and my part in it answered. I voluntarily agree for my child and myself to take part in the study of Family Advocacy Demonstration Programs. By signing this consent form, I have not given up any of my or my child's legal rights.

Consent and Assent Instructions:

Consent: For participants under 18 and some over 18, consent is provided by the parent or guardian.

Assent: Is required for participants 17 and under and where parental consent is required for participants 18 and over.

Printed Name of Youth Participant

Printed Name of Parent/Guardian

Parent's/Guardian's Signature

Date

Person Conducting Informed Consent Discussion

Date

ASSENT SECTION:

Statement of person conducting assent discussion:

1. I have explained all aspects of the research to the participant to the best of his or her ability to understand.
2. I have answered all the questions of the participant relating to this research.
3. The participant agrees to be in the research.
4. I believe the participant's decision to enroll is voluntary.
5. The study staff agree to respect the participant's wish to withdraw as expressed through any physical or emotional discomfort displayed at any time during this research if the discomfort pertains to the activities related to this research.

Signature of Person Conducting
Assent Discussion

Date

Statement of Parent or Guardian:

My child appears to understand the research to the best of his or her ability and has agreed to participate.

Signature of Parent or Guardian

Date

Signature of Youth Participant

Date

----- Use the following only if applicable -----

If this consent form is read to the parent or guardian because they are unable to read the form, an impartial witness not affiliated with the research or investigator must be present for the consent and sign the following statement:

I confirm that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the parent or guardian. They freely consented to be in the research study.

Signature of Impartial Witness

Date

CONTACT INFORMATION

TITLE: Evaluation of the Colorado Integrated System of Care Family Advocacy Demonstration Program

PROTOCOL NO.: WIRB® Protocol #20081972

STUDY RESEARCHERS: Primary contact:
Kerry Cataldo
303-239-4663
Kerry.Cataldo@cdps.state.co.us

Secondary contact:
Kevin Ford, Ph.D.
303-239-4446
Kevin.Ford@cdps.state.co.us

LOCATION OF RESEARCHERS: Office of Research and Statistics
Division of Criminal Justice
Colorado Department of Public Safety
Suite 3000
700 Kipling Street
Denver, Colorado 80215
United States

SUPERVISOR OF RESEARCHERS: (PRIMARY INVESTIGATOR) Kim English, MA
Office of Research and Statistics
Division of Criminal Justice
Colorado Department of Public Safety
Suite 3000
700 Kipling Street
Denver, Colorado 80215
United States

PARTICIPANT INFORMATION AND CONSENT FORM
Youth 18 years and older

TITLE: Evaluation of the Colorado Integrated System of Care Family Advocacy Demonstration Program

This research study is being done to evaluate the performance of your family advocate and the Family Advocacy Demonstration Program. You are being asked to volunteer to take part in this study because you and your family are working with a family advocate.

Please ask your family advocate to explain any information on this form that is unclear.

What the study is about: Because the family advocate program is being funded by the State of Colorado (Colorado Revised Statute 26-22-105), a study is required to look at whether having a family advocate is helpful to youth and their families who are involved in the legal system and who may be dealing with behavior or emotion issues.

What you will be asked to do: As a participant, you would fill out a questionnaire about your experiences with your family advocate. This questionnaire will take about 30 minutes to complete. Your agreement to participate would also allow us to access your file to record the services you received in order to determine how the advocate has helped you.

Your information will be kept confidential: The information accessed and questionnaire responses will be kept strictly confidential. Only your advocate and the two researchers will have access to this information. The names and contact information of the researchers are included below. Neither your name nor your file information will appear in any document or presentation of study results. The data from all participating youths and families will be combined and presented as group averages or summaries. The data will be stored in a secure location.

Benefits / Risks of participation: By participating in this evaluation, you can help improve the family advocate service and ultimately help other youth and families. Other than the time to complete the questionnaires, there are no other anticipated disadvantages or risks for participation in this study.

Payment for participation: You and your family will receive a small monetary gift to thank you for your time and participation.

Alternatives: You do not have to participate in this study to receive family advocacy services. You can still receive these services and not participate in the evaluation.

WIRB

Taking part is voluntary: Your participation in this study is voluntary. You may decide not to participate or you may leave the study at any time without penalty or loss of benefits. If you are currently working with a family advocate, leaving the study has no impact on your continued interactions with the family advocate or with the juvenile justice system.

If you decide to withdraw from the study, please let your family advocate know. No new information about you will be gathered after your withdrawal date.

If you have questions or want a copy or summary of the study results: The two researchers assigned to the project are Kerry Cataldo (303-239-4663) and Kevin Ford (303-239-4446). Please call Kerry (the primary contact), if you have questions, concerns or complaints or if you want a copy or summary of the study results. Additional contact information can be found on the last page of the consent form. Funding for this research study is provided from the Colorado Short-term Innovative Health Programs Grant Fund through Colorado State Senate Bill 07-097 (Section 25-36-101 [2], C.R.S.).

This research project was reviewed and approved by an outside group (Western Institutional Review Board[®]) to determine whether your rights as a research participant are being protected. Although WIRB will not be able to answer some study-specific questions, please feel free to contact WIRB, if you have any questions about your rights as a research participant or you have any questions, concerns or complaints about the research. The WIRB may be reached at:

Western Institutional Review Board[®] (WIRB[®])
3535 Seventh Avenue, SW
Olympia, Washington 98502
Telephone: 1-800-562-4789 or 360-252-2500
E-mail: Help@wirb.com

Any questions? Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions. You will be given a copy of this consent form to keep for your records.

Statement of Consent: I have read the above information (or had it read to me). I have had all of my questions about the study and my part in it answered. I voluntarily agree to take part in the study of Family Advocacy Demonstration Programs. By signing this consent form, I have not given up any of my legal rights.

Consent Instructions:

Consent: Participants 18 years and older must sign on the participant line below, if able.

Participant Name (printed)

Signature of Participant (18 years and older)

Date

Person Conducting Informed Consent Discussion

Date

----- Use the following only if applicable -----

If this consent form is read to the subject because the subject is unable to read the form, an impartial witness not affiliated with the research or investigator must be present for the consent and sign the following statement:

I confirm that the information in the consent form and any other written information was accurately explained to, and apparently understood by the subject. The subject freely consented to be in the research study.

Signature of Impartial Witness

Date

CONTACT INFORMATION

TITLE: Evaluation of the Colorado Integrated System of Care Family Advocacy Demonstration Program

PROTOCOL NO.: WIRB® Protocol #20081972

STUDY

RESEARCHERS: Primary contact:
Kerry Cataldo
303-239-4663
Kerry.Cataldo@cdps.state.co.us

Secondary contact:
Kevin Ford, Ph.D.
303-239-4446
Kevin.Ford@cdps.state.co.us

**LOCATION OF
RESEARCHERS:**

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**SUPERVISOR OF
RESEARCHERS:
(PRIMARY
INVESTIGATOR)**

Kim English, MA
Office of Research and Statistics
Division of Criminal Justice
Colorado Department of Public Safety
Suite 3000
700 Kipling Street
Denver, Colorado 80215
United States

PARTICIPANT INFORMATION AND CONSENT FORM
Parents/Guardians
COMPARISON GROUP

TITLE: Evaluation of the Colorado Integrated System of Care Family Advocacy Demonstration Program

This research study is being done to evaluate the Family Advocacy Demonstration Program. You and your child are being asked to take part in the comparison group in this study because your child has been involved in the juvenile justice system, but has not been included in the Family Advocacy Demonstration Programs.

Please ask your pre-trial services officer to explain any information on this form that is unclear.

What the study is about: Because the family advocate program is being funded by the State of Colorado (Colorado Revised Statute 26-22-105), a study is required to look at whether having a family advocate is helpful to youth and their families who are involved in the legal system and who may be dealing with behavior or emotion issues.

What you and your child will be asked to do: By participating in this research study, you would complete the Family Empowerment Scale and a questionnaire about your experience with the juvenile justice system. These questionnaires, which may be completed twice, should take no longer than 90 total minutes of your time. Also, you would agree to allow your child to fill out a questionnaire about their experiences with the juvenile justice system. The youth questionnaire should take about 30 minutes to complete.

Your information will be kept confidential: The questionnaire responses will be kept strictly confidential. Only the two researchers will have access to this information. The names and contact information of the researchers are included below. No research participants will be personally identified in any document or presentation of study results. The data from all participating families will be combined and presented as group averages or summaries. The data will be stored in a secure location.

Benefits / Risks of participation: By participating in this evaluation, you can help improve the family advocate service and ultimately help other families. Other than the time to complete the questionnaires, there are no other anticipated disadvantages or risks for participation in this study.

Payment for participation: Your family will receive a small monetary gift to thank you for your time and participation.

Alternatives: You do not have to participate in this study. You will still receive any and all pre-trial services or supervision that you are due whether or not you decide to participate in the study.

Taking part is voluntary: Your and your child's participation in this study is totally voluntary. Either you or your child or both of you can drop out of the study at any time without penalty or loss of benefits. If you decide not to participate or decide later to withdraw, there will be no impact at all on you or your child's interactions with the juvenile justice system.

If you decide to withdraw from the study, please notify your pre-trial services officer. The researcher will remove your data from the study and gather no new data about you or your child after your withdrawal date.

If you have questions or want a copy or summary of the study results: The two researchers assigned to the project are Kerry Cataldo (303-239-4663) and Kevin Ford (303-239-4446). Please call Kerry (the primary contact), if you have questions, concerns or complaints or if you want a copy or summary of the study results. Additional contact information can be found on the last page of the consent form. Funding for this research study is provided from the Colorado Short-term Innovative Health Programs Grant Fund through Colorado State Senate Bill 07-097 (Section 25-36-101 [2], C.R.S.).

This research project was reviewed and approved by an outside group (Western Institutional Review Board[®]) to determine whether your rights as a research participant are being protected. Although WIRB will not be able to answer some study-specific questions, please feel free to contact WIRB, if you have any questions about your rights or your child's rights as a research participant or you have any questions, concerns, or complaints about the research. The WIRB may be reached at:

Western Institutional Review Board[®] (WIRB[®])
3535 Seventh Avenue, SW
Olympia, Washington 98502
Telephone: 1-800-562-4789 or 360-252-2500
E-mail: Help@wirb.com

Any questions? Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions. You will be given a copy of this consent form to keep for your records.

Statement of Consent: I have read the above information (or had it read to me). I have had all of my questions about the study and my part in it answered. I voluntarily agree for my child and myself to take part in the study of Family Advocacy Demonstration Program. By signing this consent form, I have not given up any of my or my child's legal rights.

Consent and Assent Instructions:

Consent: For participants under 18, consent is provided by the parent or guardian.

Assent: Is required for participants 17 or under and where parental consent is required for some participants 18 or over.

Printed Name of Youth Participant

Printed Name of Parent/Guardian

Parent's/Guardian's Signature

Date

Person Conducting Informed Consent Discussion

Date

ASSENT SECTION:

Statement of person conducting assent discussion:

1. I have explained all aspects of the research to the participant to the best of his or her ability to understand.
2. I have answered all the questions of the participant relating to this research.
3. The participant agrees to be in the research.
4. I believe the participant's decision to enroll is voluntary.
5. The study staff agree to respect the participant's wish to withdraw as expressed through any physical or emotional discomfort displayed at any time during this research if the discomfort pertains to the activities related to this research.

Signature of Person Conducting
Assent Discussion

Date

Statement of Parent or Guardian:

My child appears to understand the research to the best of his or her ability and has agreed to participate.

Signature of Parent or Guardian

Date

Signature of Youth Participant

Date

----- Use the following only if applicable -----

If this consent form is read to the parent or guardian because they are unable to read the form, an impartial witness not affiliated with the research or investigator must be present for the consent and sign the following statement:

I confirm that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the parent or guardian. They freely consented to be in the research study.

Signature of Impartial Witness

Date

CONTACT INFORMATION

TITLE: Evaluation of the Colorado Integrated System of Care Family Advocacy Demonstration Programs

PROTOCOL NO.: WIRB® Protocol #20081972

STUDY

RESEARCHERS: Primary contact:
Kerry Cataldo
303-239-4663
Kerry.Cataldo@cdps.state.co.us

Secondary contact:
Kevin Ford, Ph.D.
303-239-4446
Kevin.Ford@cdps.state.co.us

**LOCATION OF
RESEARCHERS:**

Office of Research and Statistics
Division of Criminal Justice
Colorado Department of Public Safety
Suite 3000
700 Kipling Street
Denver, Colorado 80215
United States

**SUPERVISOR OF
RESEARCHERS:
(PRIMARY
INVESTIGATOR)**

Kim English, MA
Office of Research and Statistics
Division of Criminal Justice
Colorado Department of Public Safety
Suite 3000
700 Kipling Street
Denver, Colorado 80215
United States

PARTICIPANT INFORMATION AND CONSENT FORM
Youth 18 years and older
COMPARISON GROUP

TITLE: Evaluation of the Colorado Integrated System of Care Family Advocacy Demonstration Program

This research study is being done to evaluate the Family Advocacy Demonstration Program. You are being asked to take part in the comparison group in this study because you have been involved in the juvenile justice system, but have not been included in one of the Family Advocacy Demonstration Programs.

Please ask your pre-trial services officer to explain any information on this form that is unclear.

What the study is about: Because the family advocate program is being funded by the state of Colorado (Colorado Revised Statute 26-22-105), a study is required to look at whether having a family advocate is helpful to youth and their families who are involved in the legal system and who may be dealing with behavior or emotion issues.

What you will be asked to do: As a participant, you would fill out a questionnaire about your experiences with the legal system. This questionnaire will take about 30 minutes to complete.

Your information will be kept confidential: Your questionnaire responses will be kept strictly confidential. Only the two researchers will have access to this information. The names and contact information of the researchers are included below. Your name will not appear in any document or presentation of study results. The data from all participating youths and families will be combined and presented as group averages or summaries. The data will be stored in a secure location.

Benefits / Risks of participation: By participating in this evaluation, you can help improve the family advocate service and ultimately help other youth and families. Other than the time to complete the questionnaires, there are no other anticipated disadvantages or risks for participation in this study.

Payment for participation: You and your family will receive a small monetary gift to thank you for your time and participation.

Alternatives: You do not have to participate in this study. You will still receive any and all pre-trial services or supervision that you are due whether or not you decide to participate in the study.

WIRB

Taking part is voluntary: Your participation in this study is voluntary. You may decide not to participate or you may leave the study at any time without penalty or loss of benefits. If you decide not to participate or decide later to withdraw, there will be no impact at all on your interactions with the juvenile justice system.

If you decide to withdraw from the study, please let your pre-trial services officer know. No new information about you will be gathered after your withdrawal date.

If you have questions or want a copy or summary of the study results: The two researchers assigned to the project are Kerry Cataldo (303-239-4663) and Kevin Ford (303-239-4446). Please call Kerry (the primary contact), if you have questions, concerns or complaints or if you want a copy or summary of the study results. Additional contact information can be found on the last page of the consent form. Funding for this research study is provided from the Colorado Short-term Innovative Health Programs Grant Fund through Colorado State Senate Bill 07-097 (Section 25-36-101 [2], C.R.S.).

This research project was reviewed and approved by an outside group (Western Institutional Review Board[®]) to determine whether your rights as a research participant are being protected. Although WIRB will not be able to answer some study-specific questions, please feel free to contact WIRB, if you have any questions about your rights as a research participant or you have any questions, concerns, or complaints about the research. The WIRB may be reached at:

Western Institutional Review Board[®] (WIRB[®])
3535 Seventh Avenue, SW
Olympia, Washington 98502
Telephone: 1-800-562-4789 or 360-252-2500
E-mail: Help@wirb.com

Any questions? Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions. You will be given a copy of this consent form to keep for your records.

Statement of Consent: I have read the above information (or had it read to me). I have had all of my questions about the study and my part in it answered. I voluntarily agree to take part in the study of Family Advocacy Demonstration Programs. By signing this consent form, I have not given up any of my legal rights.

Consent Instructions:

Consent: Participants 18 years and older must sign on the participant line below, if able.

Name of Participant (printed)

Signature of Participant (18 years and older)

Date

Person Conducting Informed Consent Discussion

Date

----- Use the following only if applicable -----

If this consent form is read to the subject because the subject is unable to read the form, an impartial witness not affiliated with the research or investigator must be present for the consent and sign the following statement:

I confirm that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the subject. The subject freely consented to be in the research study.

Signature of Impartial Witness

Date

CONTACT INFORMATION

TITLE: Evaluation of the Colorado Integrated System of Care Family Advocacy Demonstration Program

PROTOCOL NO.: WIRB® Protocol #20081972

STUDY RESEARCHERS: Primary contact:
Kerry Cataldo
303-239-4663
Kerry.Cataldo@cdps.state.co.us

Secondary contact:
Kevin Ford, Ph.D.
303-239-4446
Kevin.Ford@cdps.state.co.us

LOCATION OF RESEARCHERS: Office of Research and Statistics
Division of Criminal Justice
Colorado Department of Public Safety
Suite 3000
700 Kipling Street
Denver, Colorado 80215
United States

SUPERVISOR OF RESEARCHERS: (PRIMARY INVESTIGATOR) Kim English, MA
Office of Research and Statistics
Division of Criminal Justice
Colorado Department of Public Safety
Suite 3000
700 Kipling Street
Denver, Colorado 80215
United States

RESEARCH SUBJECT INFORMATION SHEET
Professionals

TITLE: Protocol for the Evaluation of the Colorado Integrated System of Care Family Advocacy Demonstration Programs for Mental Health Juvenile Justice Populations

PROTOCOL NO.: None
WIRB® Protocol #20081972

SPONSOR: Office of Research and Statistics Division of Criminal Justice
Colorado Department of Public Safety
Denver, Colorado
United States

INVESTIGATOR: Kim English, MA
Suite 3000
700 Kipling Street
Denver, Colorado 80215
United States

SITE(S): Colorado Department of Public Safety,
Division of Criminal Justice
Office of Research and Statistics
Suite 3000
700 Kipling Street
Denver, Colorado 80215
United States

STUDY-RELATED

PHONE NUMBER(S): Kerry Cataldo
303-239-4442
Kerry.cataldo@cdps.state.co.us

You are being asked to take part in a research study of the Family Advocacy Demonstration Programs.

What the study is about: This evaluation is required by state statute (26-22-105, C.R.S.) to look at whether having a family advocate works to help youth with mental health problems and legal issues.

What you will be asked to do: If you agree to be in this research study, you will participate in an interview about the effectiveness of the Family Advocacy process and your professional role in the family advocacy program. The interview should take no longer than 60 minutes.

Risks: There are no anticipated risks to you by participating in this study.

Benefits: You are not expected to receive any benefit from being in this study. By participating in this evaluation, you may help families, in the future, deal with a complex system of services to help their child.

Payment for participation: You will not be paid for taking part in this study.

Alternatives: Your alternative is to not be in this study.

Source of Funding: Funding for this research study will be provided by Office of Research and Statistics, Division of Criminal Justice, Colorado Department of Public Safety.

Taking part is voluntary: Your participation in this study is voluntary. You may decide not to participate or you may leave the study at any time. Your decision will not result in any penalty or loss of benefits to which you are entitled.

Your information will be confidential: The information collected will be kept confidential. It will not be shared with other persons other than the researcher and research team. No individual's name will be attached to comments offered when presenting the study results. The interview data will be stored in a secure location.

If you have questions or want a copy or summary of the study results: Contact Kerry Cataldo at 303-239-4442 if you have questions, concerns or complaints or if you want a copy or summary of the study results.

If you have any questions about your rights as a research subject or you have any questions, concerns or complaints about the research, contact:

Western Institutional Review Board® (WIRB®)
3535 Seventh Avenue, SW
Olympia, Washington 98502
Telephone: 1-800-562-4789 or 360-252-2500
E-mail: Help@wirb.com

WIRB is a group of people who perform independent review of research.

WIRB will not be able to answer some study-specific questions, such as questions about appointment times. However, you may contact WIRB if the research staff cannot be reached or if you wish to talk to someone other than the research staff.

**Appendix E:
Case File Tracking Instrument**

1. FAMILY ADVOCACY AGENCY YOUTH AND FAMILY PARTICIPATING IN:

- 1. Urban-Family Agency Collaboration/Mental Health Center of Denver
- 2. Suburban-Federation of Families for Children’s Mental Health
- 3. Rural-Pikes Peak Mental Health Center
- 4. Rural-Montrose County School District

2. ENROLLMENT DATE: Enter the date the youth was actually enrolled in the family advocacy program and/or assigned a family advocate. **(MM/DD/YYYY)**

3. FAMILY ADVOCATE’S NAME:

- a. First Name:**
- b. Last Name:**

YOUTH DEMOGRAPHIC INFORMATION:

4. FIRST NAME:

5. LAST NAME:

6. GENDER:

- 1. Male
- 2. Female
- 3. Transgender

7. DATE OF BIRTH: **(MM/DD/YYYY)**

8. REFERRAL RESIDENCE: Identify where the youth is living at the time of the referral into the family advocacy program.

- | | |
|---|--|
| <input type="checkbox"/> 1. Adoptive Family | <input type="checkbox"/> 5. Residential Treatment In State |
| <input type="checkbox"/> 2. Foster Care | <input type="checkbox"/> 6. Residential Treatment Out of State |
| <input type="checkbox"/> 3. Other Relatives | <input type="checkbox"/> 7. Other <i>(Please Specify)</i> |
| <input type="checkbox"/> 4. Parents | <input type="checkbox"/> 99. Unknown |

9. ETHNICITY: Identify the youth’s ethnic background. **(Check all that apply)**

- | | |
|---|---|
| <input type="checkbox"/> 1. American Indian or Alaskan Native | <input type="checkbox"/> 5. Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> 2. Asian | <input type="checkbox"/> 6. White-Non Hispanic |
| <input type="checkbox"/> 3. Black or African American | <input type="checkbox"/> 7. Other <i>(Please Specify)</i> |
| <input type="checkbox"/> 4. Hispanic/Latino | |

10. FAMILY MEMBERS: Identify if any other children within their family (i.e. sibling, cousins, etc) are enrolled in the Family Advocacy Demonstration Program.

- A.**
- 0. No
 - 1. Yes
 - 99. Unknown

B. If yes, what is their name(s)?

REFERRAL

11. REFERRAL DATE: Enter the date on which the referral was received by the family advocacy program. **(MM/DD/YYYY)**

12. REFERRAL AGENCY: Select the agency and type of agency that made the referral.

A. Name:

B. Type:

- | | |
|---|--|
| <input type="checkbox"/> 1. Court System | <input type="checkbox"/> 7. Pre-Trial Services |
| <input type="checkbox"/> 2. Department of Human Services | <input type="checkbox"/> 8. Probation |
| <input type="checkbox"/> 3. Diversion | <input type="checkbox"/> 9. School District |
| <input type="checkbox"/> 4. Division of Youth Corrections | <input type="checkbox"/> 10. Other (<i>Please Specify</i>) |
| <input type="checkbox"/> 5. Health Department | <input type="checkbox"/> 99. Unknown |
| <input type="checkbox"/> 6. Mental Health Center | |

13. REFERRAL REASON(S): List the reason(s) the youth was referred to your family advocacy program.

14. NEEDS ASSESSMENT: Identify the **youth's** needs based on the initial, as well as any subsequent, assessments. Where possible, please specify a service/intervention name to accompany the identified need(s). Enter as many service names that fit the needs category. Include the date of the assessment(s) for each. (**Check all that apply**)

Needs	Specific Service /Intervention Name	Assessment Date (MM/DD/YYYY)
<input type="checkbox"/> 1. Child Welfare		
<input type="checkbox"/> 2. Developmental Disabilities		
<input type="checkbox"/> 3. Education		
<input type="checkbox"/> 4. Juvenile Justice		
<input type="checkbox"/> 5. Mental Health		
<input type="checkbox"/> 6. Mentoring		
<input type="checkbox"/> 7. Physical Health		
<input type="checkbox"/> 8. Substance Abuse		
<input type="checkbox"/> 9. Traumatic Brain Injury		
<input type="checkbox"/> 10. Other (<i>Please Specify</i>)		

15. SYSTEM INVOLVEMENT: Identify the youth's current involvement in the system at point of referral as well as any involvement in the system over the past one year. The past year is from the date the youth was referred in the family advocacy program back one year. (**Check all that apply**)

	<i>Past Year</i>	<i>Point of Referral</i>		<i>Past Year</i>	<i>Point of Referral</i>
1. Child Welfare	<input type="checkbox"/>	<input type="checkbox"/>	8. Pre-Trial Services	<input type="checkbox"/>	<input type="checkbox"/>
2. Court	<input type="checkbox"/>	<input type="checkbox"/>	9. Probation	<input type="checkbox"/>	<input type="checkbox"/>
3. Developmental Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	10. School/Education	<input type="checkbox"/>	<input type="checkbox"/>
4. Diversion	<input type="checkbox"/>	<input type="checkbox"/>	11. Senate Bill 94	<input type="checkbox"/>	<input type="checkbox"/>
5. Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	12. Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
6. Medical	<input type="checkbox"/>	<input type="checkbox"/>	13. Youth Corrections	<input type="checkbox"/>	<input type="checkbox"/>
7. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	14. Other (<i>Please Specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>

16. HISTORY OF VICTIMIZATION: Does the youth have any prior victimization(s) in the following areas (**Check all that apply**)

1. History of sexual abuse
2. History of physical abuse
3. History of emotional/verbal abuse

17. RISK FACTORS: Identify the youth's risk factors. **(Check all that apply)**

Family

- Violent Environment
- Out-of home placement
- Parent Can't Control Youth
- Family Neglects Basic Needs
- Inadequate Supervision
- Inadequate Resources
- Delinquent Siblings
- Family History Criminality
- Poor Family Management
- Family Conflict
- Homeless

Substance Use/Abuse

- Alcohol
- Marijuana
- Cocaine/Crack
- Other Drugs
- Gets High/Intoxicated
- Depend/Addict/Interferes

School

- School Truancy
- School Suspension/Expulsion
- School Drop Out
- School Early Failure
- School Behavioral Problems

Dangerousness

- Aggressive
- Threatening
- Violent
- Animal Cruelty
- Destroys Property
- Sets fires
- Homicidal Threat
- Danger to Others

Law/Juvenile Justice Involvement

- Contact
- Lecture/Release
- Summons
- Runaway
- Arrested
- Charged
- Detained
- Committed/Prison
- Probation/Parole
- Detention/Jail
- Juvenile Justice Services within 1 year*

Socialization

- Disrespect
- Disregards Authority
- Disregards Rules
- Denies Responsibility
- Gang Member
- Delinquent Peers
- Runaway
- Risk Taking/Impulsivity

* One year is from the date the youth was referred in the family advocacy program back one year.

DIAGNOSTIC CRITERIA

18. DOES THE YOUTH HAVE A MENTAL HEALTH DIAGNOSIS:

- 0. No
- 1. Yes
- 99. Unknown

19. DATE OF MOST RECENT MULTIAXIAL DIAGNOSTIC EVALUATION: (MM/DD/YYYY)

20. WHO PROVIDED THE MENTAL HEALTH DIAGNOSIS: (Check all that apply)

- 1. Child Psychologist
- 2. General Psychiatrist
- 4. General Psychologist
- 5. Licensed Clinical Social Worker
- 6. Licensed Professional Counselor
- 7. Primary Care Physician
- 8. Other (*Please Specify*)
- 9. Unknown

21. DSM-IV DIAGNOSIS(S): Identify the mental health diagnosis.

	Diagnosis
A	
B	
C	
D	
E	

22. SERVICE(S) REFERRED: Record the service(s) to which the youth and/or family have been referred. This includes family advocate referrals and any other services referred to by others. Do not record staffing (TDM, IEP, etc) here. Record staffing at the end of the form (Q.32).

Service Name: Enter the agency name of the referred service.
 Service Type: Select the type of referred service.
1=Case Management; 2=Family Counseling; 3=Group Counseling; 4=Individual Counseling; 5=Education Services; 6=Medical Services; 7=Mentor; 8=Support Group; 9=Substance Abuse Treatment; 10=Other (specify); 11=Wraparound 99=Unknown

Who is the referred service for: Enter whether the youth, family, or youth and family were referred to this service.
1=Youth; 2=Family; 3=Youth and Family; 9=Unknown

Who referred them to this service: Enter who referred them to this service (service may have begun prior to advocacy enrollment).
1=Advocate referred; 2=Non-advocate referral/came in already receiving service; 3=Group/treatment decision which included advocate; 9=Unknown

Date of referral: Enter the date (MM/DD/YYYY) they were referred to this service.

	Service Name	Service Type	Date of referral (MM/DD/YYYY)	Who is the referred service for?	Who referred them to this service?
1.		Select... Specify		Select...	Select...
2.		Select... Specify		Select...	Select...
3.		Select... Specify		Select...	Select...
4.		Select... Specify		Select...	Select...
5.		Select... Specify		Select...	Select...
6.		Select... Specify		Select...	Select...
7.		Select... Specify		Select...	Select...
8.		Select... Specify		Select...	Select...
9.		Select... Specify		Select...	Select...
10.		Select... Specify		Select...	Select...
11.		Select... Specify		Select...	Select...
12.		Select... Specify		Select...	Select...
13.		Select... Specify		Select...	Select...
14.		Select... Specify		Select...	Select...
15.		Select... Specify		Select...	Select...
16.		Select... Specify		Select...	Select...
17.		Select... Specify		Select...	Select...
18.		Select... Specify		Select...	Select...
19.		Select... Specify		Select...	Select...
20.		Select... Specify		Select...	Select...

23. YOUTH SERVICES: Enter the service that is provided to the YOUTH while enrolled in the family advocacy program. Each line represents an individual session. Do not record staffing (TDM, IEP, etc) here. Record staffing at the end of the form (Q.32).

Service Name: Enter the name of the specific agency that is providing the service.

Service Type: Select the type of service the agency is providing.

**1=Case Management; 2=Family Counseling; 3=Group Counseling;
4=Individual Counseling; 5=Education Services; 6=Medical Services;
7=Mentor; 8=Support Group; 9=Substance Abuse Treatment;
10=Other (specify); 11=Wraparound; 99=Unknown**

Date: Enter the date (MM/DD/YYYY) for each service session.

Cost: Enter the amount each session costs (i.e. \$100)

Notes: Enter notes on the identified youth. The notes should include reason for completion and any notable (positive or negative) events

	Service Name	Service Type	Date (MM/DD/YYYY)	Cost	Notes
1.		Select... Specify			
2.		Select... Specify			
3.		Select... Specify			
4.		Select... Specify			
5.		Select... Specify			
6.		Select... Specify			
7.		Select... Specify			
8.		Select... Specify			
9.		Select... Specify			
10.		Select... Specify			
11.		Select... Specify			
12.		Select... Specify			
13.		Select... Specify			
14.		Select... Specify			
15.		Select... Specify			
16.		Select... Specify			
17.		Select... Specify			
18.		Select... Specify			
19.		Select... Specify			
20.		Select... Specify			
21.		Select... Specify			

	Service Name	Service Type	Date (MM/DD/YYYY)	Cost	Notes
22.		Select... <i>Specify</i>			
23.		Select... <i>Specify</i>			
24.		Select... <i>Specify</i>			
25.		Select... <i>Specify</i>			
26.		Select... <i>Specify</i>			
27.		Select... <i>Specify</i>			
28.		Select... <i>Specify</i>			
29.		Select... <i>Specify</i>			
30.		Select... <i>Specify</i>			
31.		Select... <i>Specify</i>			
32.		Select... <i>Specify</i>			
33.		Select... <i>Specify</i>			
34.		Select... <i>Specify</i>			
35.		Select... <i>Specify</i>			
36.		Select... <i>Specify</i>			
37.		Select... <i>Specify</i>			
38.		Select... <i>Specify</i>			
39.		Select... <i>Specify</i>			
40.		Select... <i>Specify</i>			
41.		Select... <i>Specify</i>			
42.		Select... <i>Specify</i>			
43.		Select... <i>Specify</i>			
44.		Select... <i>Specify</i>			
45.		Select... <i>Specify</i>			
46.		Select... <i>Specify</i>			
47.		Select... <i>Specify</i>			
48.		Select... <i>Specify</i>			
49.		Select... <i>Specify</i>			
50.		Select... <i>Specify</i>			

24. FAMILY SERVICES: Enter the service that is provided to the FAMILY MEMBER(S) of the youth while the youth is enrolled in the family advocacy program. Each line represents a different service. Do not record staffing (TDM, IEP, etc) here. Record staffing at the end of the form (Q.32).

Family Member: Select which family member(s) were participating in a service. Check "None" if family members are not receiving any services.
 Service Agency Name: Enter the name of the specific agency that is providing the service.
 Service Type: Select the type of service it is.
1=Case Management; 2=Family Counseling; 3=Group Counseling; 4=Individual Counseling; 5=Education Services; 6=Medical Services; 7=Mentor; 8=Support Group; 9=Substance Abuse Treatment; 10=Other (specify); 11=Wraparound; 99=Unknown
 Start Date: Enter the start date (MM/DD/YYYY) for when the service began.
 End Date: Enter the end date (MM/DD/YYYY) for the service the family member(s) is no longer receiving/participating in.
 # of Sessions: Enter the number of times the family member(s) have attended this service.
 Notes: Enter notes on the identified youth. The notes should include reason for completion and any notable (positive or negative) events.

	Family Members					Service Agency Name	Service Type	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	# of Sessions	Notes
	None	Parent	Sibling	Grand parent	Other Relative						
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				

INVOLVEMENT IN THE YOUTH'S CASE

25. WHO IS INVOLVED IN THE YOUTH'S CASE? Identify who (professionals, natural supports, family members, etc) is involved in this youth's case. *(Check all that apply)*

	Full Name(s)	Agency Name or Relationship to Youth	Address (street/city/zip)	Phone Number
<input type="checkbox"/> a. Parent/Caregiver				
<input type="checkbox"/> b. Other Family Member				
<input type="checkbox"/> c. Natural Support				
<input type="checkbox"/> d. Case Manager				
<input type="checkbox"/> e. Therapist				
<input type="checkbox"/> f. Other Mental Health Staff				
<input type="checkbox"/> g. Substance Abuse Counselor				
<input type="checkbox"/> h. Education Staff				
<input type="checkbox"/> i. Child Welfare Staff				
<input type="checkbox"/> j. Court Staff				
<input type="checkbox"/> k. Probation Officer				
<input type="checkbox"/> l. Diversion Officer				
<input type="checkbox"/> m. Pre-Trial Officer				
<input type="checkbox"/> n. Medical Staff				
<input type="checkbox"/> o. Family Advocate				
<input type="checkbox"/> p. Mentor				
<input type="checkbox"/> q. Development Disabilities Provider				
<input type="checkbox"/> r. Other <i>(Specify)</i>				

DISCHARGE (Fill out this section ONLY when the youth has discharged the family advocacy program)

26. DISCHARGE DATE: Enter the date on which the youth discharged the family advocacy program. **(MM/DD/YYYY)**

- 27. DISCHARGE STATUS:** Record the discharge status.
- 1. Currently participating in the family advocacy program
 - 2. Successful Completion
 - 3. Unsuccessful Completion
 - 4. Program Terminated (Teller only)
 - 5. Inactive status

28. REASON(S) FOR THE UNSUCCESSFUL COMPLETION OF THE FAMILY ADVOCACY PROGRAM: Identify the reason(s) for unsuccessful completion of the family advocacy program. *If the youth successfully completed the family advocacy program enter NA.*

29. WAS THE YOUTH REFERRED FOR ADDITIONAL/ONGOING SERVICE(S) ONCE THEY DISCHARGED THE FAMILY ADVOCACY PROGRAM?

A1. Additional Service(s)

- 0. No
- 1. Yes
- 99. Unknown

A2. If yes, what service(s)?

B1. Continuous/Ongoing Service(s)

- 0. No
- 1. Yes
- 99. Unknown

B2. If yes, what type of service(s)?

30. DISCHARGE RESIDENCE: Identify where the youth is living at the time of the discharge from the family advocacy program.

- 1. Adoptive Family
- 2. Foster Care
- 3. Other Relatives
- 4. Parents

- 5. Residential Treatment In State
- 6. Residential Treatment Out of State
- 7. Other (*Please Specify*)
- 99. Unknown

ADVOCATE

31. ADVOCATE'S ROLE: Identify what the family advocate did to provide assistance to the youth and family.

- | | |
|--|--|
| <input type="checkbox"/> 1. Conducted intake with youth and family | <input type="checkbox"/> 18. School visits |
| <input type="checkbox"/> 2. Met/spoke with school counselor | <input type="checkbox"/> 19. Work visits |
| <input type="checkbox"/> 3. Met/spoke with social worker | <input type="checkbox"/> 20. Home visits |
| <input type="checkbox"/> 4. Met/spoke with teacher(s) | <input type="checkbox"/> 21. Provided clothing |
| <input type="checkbox"/> 5. Met/spoke with Probation Officer | <input type="checkbox"/> 22. Provided food |
| <input type="checkbox"/> 6. Met/spoke with Diversion Officer | <input type="checkbox"/> 23. Provided school supplies |
| <input type="checkbox"/> 7. Met/spoke with Pre-trial Officer | <input type="checkbox"/> 24. Provided misc supplies (<i>specify</i>) |
| <input type="checkbox"/> 8. Met/spoke with treatment provider(s) | <input type="checkbox"/> 25. Found housing/shelter |
| <input type="checkbox"/> 9. Phone conversations with youth | <input type="checkbox"/> 26. Provided transportation (i.e. bus passes) |
| <input type="checkbox"/> 10. Phone conversations with family | <input type="checkbox"/> 27. Other (<i>specify</i>) |
| <input type="checkbox"/> 11. Voicemails left at youth's home | <input type="checkbox"/> 28. Other (<i>specify</i>) |
| <input type="checkbox"/> 12. Attended court hearings | <input type="checkbox"/> 29. Other (<i>specify</i>) |
| <input type="checkbox"/> 13a. Referred youth for an IEP | <input type="checkbox"/> 30. Other (<i>specify</i>) |
| <input type="checkbox"/> 13b. Attended IEP meetings | <input type="checkbox"/> 31. Other (<i>specify</i>) |
| <input type="checkbox"/> 14. Attended Wraparound meetings | <input type="checkbox"/> 32. Other (<i>specify</i>) |
| <input type="checkbox"/> 15. Attended TDM meetings | <input type="checkbox"/> 33. Other (<i>specify</i>) |
| <input type="checkbox"/> 16. Attended other staffings (<i>specify</i>) | <input type="checkbox"/> 34. Other (<i>specify</i>) |
| <input type="checkbox"/> 17. Visited youth while detained/committed | |

STAFFINGS

32. STAFFINGS: Record all staffings (i.e. TDM, IEP, etc) that took place during the youth's participation in the family advocacy program (*even if the youth/family/family advocate did not attend*). Do not record wraparound here. Continue recording wraparound under Q.22, Q.23, and Q.24. Record the name/type of staffing, date, and who was present at the staffing.

	Name of Staffing	Staffing Date (MM/DD/YYYY)	Present at the Staffing		
			Youth	Family	Family Advocate
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Appendix F:
House Bill 04-1451**

NOTE: This bill has been prepared for the signature of the appropriate legislative officers and the Governor. To determine whether the Governor has signed the bill or taken other action on it, please consult the legislative status sheet, the legislative history, or the Session Laws.



HOUSE BILL 04-1451

BY REPRESENTATIVE(S) Clapp, Berry, Boyd, Butcher, Coleman, Frangas, Hefley, Jahn, Johnson R., Merrifield, Paccione, Stafford, Tochtrop, Williams S., and Harvey;
also SENATOR(S) Reeves, Keller, Sandoval, Taylor, and Windels.

CONCERNING THE COLLABORATIVE MANAGEMENT OF MULTI-AGENCY SERVICES PROVIDED TO CHILDREN.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. Title 24, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW ARTICLE to read:

ARTICLE 1.9
Collaborative Management of Multi-agency Services
Provided to Children and Families

24-1.9-101. Legislative declaration. (1) THE GENERAL ASSEMBLY HEREBY FINDS THAT CHILDREN AND FAMILIES WHO RECEIVE CHILD WELFARE SERVICES OFTEN BENEFIT FROM TREATMENT AND SERVICES THAT INVOLVE MULTIPLE AGENCIES, DIVISIONS, UNITS, AND SECTIONS OF DEPARTMENTS AT

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

THE STATE AND COUNTY LEVEL.

(2) THE GENERAL ASSEMBLY FURTHER FINDS THAT THE DEVELOPMENT OF A UNIFORM SYSTEM OF COLLABORATIVE MANAGEMENT IS NECESSARY FOR AGENCIES AT THE STATE AND COUNTY LEVELS TO EFFECTIVELY AND EFFICIENTLY COLLABORATE TO SHARE RESOURCES OR TO MANAGE AND INTEGRATE THE TREATMENT AND SERVICES PROVIDED TO CHILDREN AND FAMILIES WHO BENEFIT FROM MULTI-AGENCY SERVICES.

(3) (a) THE DEVELOPMENT OF A MORE UNIFORM SYSTEM OF COLLABORATIVE MANAGEMENT THAT INCLUDES THE INPUT, EXPERTISE, AND ACTIVE PARTICIPATION OF PARENT ADVOCACY OR FAMILY ADVOCACY ORGANIZATIONS MAY REDUCE DUPLICATION AND ELIMINATE FRAGMENTATION OF SERVICES; INCREASE THE QUALITY, APPROPRIATENESS, AND EFFECTIVENESS OF SERVICES PROVIDED; ENCOURAGE COST-SHARING AMONG SERVICE PROVIDERS; AND ULTIMATELY LEAD TO BETTER OUTCOMES AND COST-REDUCTION FOR THE SERVICES PROVIDED TO CHILDREN AND FAMILIES IN THE CHILD WELFARE SYSTEM, INCLUDING THE FOSTER CARE SYSTEM, IN THE STATE OF COLORADO.

(b) IN ADDITION, THE GENERAL FUND MONEYS SAVED THROUGH UTILIZING A COLLABORATIVE APPROACH AND CONSOLIDATING VARIOUS SOURCES OF AGENCY FUNDING WILL ALLOW FOR REINVESTMENT OF THESE MONEYS BY THE AGENCIES PARTICIPATING IN THE SYSTEMS OF COLLABORATIVE MANAGEMENT TO PROVIDE APPROPRIATE SUPPORT TO CHILDREN AND FAMILIES WHO WOULD BENEFIT FROM COLLABORATIVE MANAGEMENT OF TREATMENT AND SERVICES.

(4) THE GENERAL ASSEMBLY THEREFORE FINDS THAT BECAUSE A COLLABORATIVE APPROACH MAY LEAD TO THE PROVISION OF MORE APPROPRIATE AND EFFECTIVE DELIVERY OF SERVICES TO CHILDREN AND FAMILIES AND MAY ULTIMATELY ALLOW THE AGENCIES PROVIDING TREATMENT AND SERVICES TO PROVIDE APPROPRIATE SERVICES TO CHILDREN AND FAMILIES WITHIN EXISTING CONSOLIDATED RESOURCES, IT IS IN THE BEST INTERESTS OF THE STATE OF COLORADO TO ESTABLISH SYSTEMS OF COLLABORATIVE MANAGEMENT OF MULTI-AGENCY SERVICES PROVIDED TO CHILDREN AND FAMILIES.

24-1.9-102. Memorandum of understanding - local-level interagency oversight groups - individualized service and support teams - coordination of services for children and families - requirements -

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waiver. (1) (a) LOCAL REPRESENTATIVES OF EACH OF THE AGENCIES SPECIFIED IN THIS PARAGRAPH (a) AND COUNTY DEPARTMENTS OF SOCIAL SERVICES MAY ENTER INTO MEMORANDUMS OF UNDERSTANDING THAT ARE DESIGNED TO PROMOTE A COLLABORATIVE SYSTEM OF LOCAL-LEVEL INTERAGENCY OVERSIGHT GROUPS AND INDIVIDUALIZED SERVICE AND SUPPORT TEAMS TO COORDINATE AND MANAGE THE PROVISION OF SERVICES TO CHILDREN AND FAMILIES WHO WOULD BENEFIT FROM INTEGRATED MULTI-AGENCY SERVICES. THE MEMORANDUMS OF UNDERSTANDING ENTERED INTO PURSUANT TO THIS SUBSECTION (1) SHALL BE BETWEEN INTERESTED COUNTY DEPARTMENTS OF SOCIAL SERVICES AND LOCAL REPRESENTATIVES OF EACH OF THE FOLLOWING AGENCIES:

(I) THE LOCAL JUDICIAL DISTRICTS, INCLUDING PROBATION SERVICES;

(II) THE HEALTH DEPARTMENT, WHETHER A COUNTY, DISTRICT, OR REGIONAL HEALTH DEPARTMENT;

(III) THE LOCAL SCHOOL DISTRICT OR SCHOOL DISTRICTS;

(IV) EACH COMMUNITY MENTAL HEALTH CENTER; AND

(V) EACH MENTAL HEALTH ASSESSMENT AND SERVICE AGENCY.

(b) THE GENERAL ASSEMBLY STRONGLY ENCOURAGES THE AGENCIES SPECIFIED IN PARAGRAPH (a) OF THIS SUBSECTION (1) TO ENTER INTO MEMORANDUMS OF UNDERSTANDING THAT ARE REGIONAL.

(c) NOTWITHSTANDING THE PROVISIONS OF PARAGRAPH (b) OF THIS SUBSECTION (1), THE AGENCIES SPECIFIED IN PARAGRAPH (a) OF THIS SUBSECTION (1) MAY ENTER INTO MEMORANDUMS OF UNDERSTANDING INVOLVING ONLY ONE OR MORE COUNTY DEPARTMENTS OF SOCIAL SERVICES, NOT NECESSARILY BY REGION, AS MAY BE APPROPRIATE TO ENSURE THE EFFECTIVENESS OF LOCAL-LEVEL INTERAGENCY OVERSIGHT GROUPS AND INDIVIDUALIZED SERVICE AND SUPPORT TEAMS IN THE COUNTY OR COUNTIES.

(d) IN DEVELOPING THE MEMORANDUMS OF UNDERSTANDING, THE GENERAL ASSEMBLY STRONGLY ENCOURAGES THE PARTIES TO THE MEMORANDUMS OF UNDERSTANDING SPECIFIED IN PARAGRAPH (a) OF THIS SUBSECTION (1) TO SEEK INPUT, SUPPORT, AND COLLABORATION FROM KEY STAKEHOLDERS IN THE PRIVATE AND NON-PROFIT SECTOR, AS WELL AS PARENT ADVOCACY OR FAMILY ADVOCACY ORGANIZATIONS THAT REPRESENT

FAMILY MEMBERS OR CAREGIVERS OF CHILDREN WHO WOULD BENEFIT FROM MULTI-AGENCY SERVICES.

(e) NOTHING SHALL PRECLUDE THE AGENCIES SPECIFIED IN PARAGRAPH (a) OF THIS SUBSECTION (1) FROM INCLUDING PARTIES IN ADDITION TO THE AGENCIES SPECIFIED IN PARAGRAPH (a) OF THIS SUBSECTION (1) IN THE MEMORANDUMS OF UNDERSTANDING DEVELOPED FOR PURPOSES OF THIS SECTION.

(2) (a) EACH MEMORANDUM OF UNDERSTANDING ENTERED INTO SHALL INCLUDE, BUT IS NOT LIMITED TO, THE REQUIREMENTS SPECIFIED IN PARAGRAPHS (b) TO (j) OF THIS SUBSECTION (2). ON OR BEFORE OCTOBER 1, 2004, UTILIZING MONEYS IN THE PERFORMANCE INCENTIVE CASH FUND CREATED IN SECTION 26-5-105.5 (3.2) (a), C.R.S., THE STATE DEPARTMENT OF HUMAN SERVICES, IN CONJUNCTION WITH THE JUDICIAL DEPARTMENT, SHALL DEVELOP AND MAKE AVAILABLE TO THE PARTIES SPECIFIED IN PARAGRAPH (a) OF SUBSECTION (1) OF THIS SECTION, A MODEL MEMORANDUM OF UNDERSTANDING BASED ON THE REQUIREMENTS SPECIFIED IN PARAGRAPHS (b) TO (j) OF THIS SUBSECTION (2).

(b) **Identification of services and funding sources.** THE MEMORANDUM OF UNDERSTANDING SHALL SPECIFY THE LEGAL RESPONSIBILITIES AND FUNDING SOURCES OF EACH PARTY TO THE MEMORANDUM OF UNDERSTANDING SPECIFIED IN PARAGRAPH (a) OF SUBSECTION (1) OF THIS SECTION AS THOSE RESPONSIBILITIES AND FUNDING SOURCES RELATE TO CHILDREN AND FAMILIES WHO WOULD BENEFIT FROM INTEGRATED MULTI-AGENCY SERVICES, INCLUDING THE IDENTIFICATION OF THE SPECIFIC SERVICES THAT MAY BE PROVIDED. SPECIFIC SERVICES THAT MAY BE PROVIDED MAY INCLUDE, BUT ARE NOT LIMITED TO: PREVENTION, INTERVENTION, AND TREATMENT SERVICES; FAMILY PRESERVATION SERVICES; FAMILY STABILIZATION SERVICES; OUT-OF-HOME PLACEMENT SERVICES; SERVICES FOR CHILDREN AT IMMINENT RISK OF OUT-OF-HOME PLACEMENT; PROBATION SERVICES; SERVICES FOR CHILDREN WITH MENTAL ILLNESS; PUBLIC ASSISTANCE SERVICES; MEDICAL ASSISTANCE SERVICES; CHILD WELFARE SERVICES; AND ANY ADDITIONAL SERVICES WHICH THE PARTIES DEEM NECESSARY TO IDENTIFY.

(c) **Definition of the population to be served.** THE MEMORANDUM OF UNDERSTANDING SHALL INCLUDE A FUNCTIONAL DEFINITION OF "CHILDREN AND FAMILIES WHO WOULD BENEFIT FROM INTEGRATED MULTI-AGENCY SERVICES".

(d) **Creation of an oversight group.** THE MEMORANDUM OF UNDERSTANDING SHALL CREATE A LOCAL-LEVEL INTERAGENCY OVERSIGHT GROUP AND IDENTIFY THE OVERSIGHT GROUP'S MEMBERSHIP REQUIREMENTS, PROCEDURES FOR SELECTION OF OFFICERS, PROCEDURES FOR RESOLVING DISPUTES BY A MAJORITY VOTE OF THOSE MEMBERS AUTHORIZED TO VOTE, AND PROCEDURES FOR ESTABLISHING ANY NECESSARY SUBCOMMITTEES OF THE INTERAGENCY OVERSIGHT GROUP. EACH INTERAGENCY OVERSIGHT GROUP SHALL INCLUDE A LOCAL REPRESENTATIVE OF EACH PARTY TO THE MEMORANDUM OF UNDERSTANDING SPECIFIED IN PARAGRAPH (a) OF SUBSECTION (1) OF THIS SECTION, EACH OF WHOM SHALL BE A VOTING MEMBER OF THE INTERAGENCY OVERSIGHT GROUP. IN ADDITION, THE INTERAGENCY OVERSIGHT GROUP MAY INCLUDE, BUT IS NOT LIMITED TO, THE FOLLOWING ADVISORY NONVOTING MEMBERS:

(I) REPRESENTATIVES OF INTERESTED LOCAL PRIVATE SECTOR ENTITIES; AND

(II) FAMILY MEMBERS OR CAREGIVERS OF CHILDREN WHO WOULD BENEFIT FROM INTEGRATED MULTI-AGENCY SERVICES OR CURRENT OR PREVIOUS CONSUMERS OF INTEGRATED MULTI-AGENCY SERVICES.

(e) **Establishment of collaborative management processes.** THE MEMORANDUM OF UNDERSTANDING SHALL REQUIRE THE INTERAGENCY OVERSIGHT GROUP TO ESTABLISH COLLABORATIVE MANAGEMENT PROCESSES TO BE UTILIZED BY INDIVIDUALIZED SERVICE AND SUPPORT TEAMS AUTHORIZED PURSUANT TO PARAGRAPH (f) OF THIS SUBSECTION (2) WHEN PROVIDING SERVICES TO CHILDREN AND FAMILIES SERVED BY THE PARTIES TO THE MEMORANDUM OF UNDERSTANDING. THE COLLABORATIVE MANAGEMENT PROCESSES REQUIRED TO BE ESTABLISHED BY THE INTERAGENCY OVERSIGHT GROUP SHALL ADDRESS RISK-SHARING, RESOURCE-POOLING, PERFORMANCE EXPECTATIONS, OUTCOME-MONITORING, AND STAFF-TRAINING, AND SHALL BE DESIGNED TO DO THE FOLLOWING:

(I) REDUCE DUPLICATION AND ELIMINATE FRAGMENTATION OF SERVICES PROVIDED TO CHILDREN OR FAMILIES WHO WOULD BENEFIT FROM INTEGRATED MULTI-AGENCY SERVICES;

(II) INCREASE THE QUALITY, APPROPRIATENESS, AND EFFECTIVENESS OF SERVICES DELIVERED TO CHILDREN OR FAMILIES WHO WOULD BENEFIT FROM INTEGRATED MULTI-AGENCY SERVICES TO ACHIEVE BETTER OUTCOMES FOR THESE CHILDREN AND FAMILIES; AND

(III) ENCOURAGE COST-SHARING AMONG SERVICE PROVIDERS.

(f) **Authorization to create individualized service and support teams.** THE MEMORANDUM OF UNDERSTANDING SHALL INCLUDE AUTHORIZATION FOR THE INTERAGENCY OVERSIGHT GROUP TO ESTABLISH INDIVIDUALIZED SERVICE AND SUPPORT TEAMS TO DEVELOP A SERVICE AND SUPPORT PLAN AND TO PROVIDE SERVICES TO CHILDREN AND FAMILIES WHO WOULD BENEFIT FROM INTEGRATED MULTI-AGENCY SERVICES.

(g) **Authorization to contribute resources and funding.** THE MEMORANDUM OF UNDERSTANDING SHALL SPECIFY THAT EACH PARTY TO THE MEMORANDUM OF UNDERSTANDING SPECIFIED IN PARAGRAPH (a) OF SUBSECTION (1) OF THIS SECTION HAS THE AUTHORITY TO CONTRIBUTE TIME, RESOURCES, AND FUNDING TO SOLVE PROBLEMS IDENTIFIED BY THE LOCAL-LEVEL INTERAGENCY OVERSIGHT GROUP IN ORDER TO CREATE A SEAMLESS, COLLABORATIVE SYSTEM OF DELIVERING MULTI-AGENCY SERVICES TO CHILDREN AND FAMILIES, UPON APPROVAL BY THE HEAD OR DIRECTOR OF EACH AGENCY OR DEPARTMENT SPECIFIED IN PARAGRAPH (a) OF SUBSECTION (1) OF THIS SECTION.

(h) **Reinvestment of moneys saved to serve additional children and families.** (1) THE MEMORANDUM OF UNDERSTANDING SHALL REQUIRE THE INTERAGENCY OVERSIGHT GROUP TO CREATE A PROCEDURE, SUBJECT TO APPROVAL BY THE HEAD OR DIRECTOR OF EACH AGENCY OR DEPARTMENT SPECIFIED IN PARAGRAPH (a) OF SUBSECTION (1) OF THIS SECTION, TO ALLOW ANY MONEYS RESULTING FROM WAIVERS GRANTED BY THE FEDERAL GOVERNMENT AND ANY STATE GENERAL FUND SAVINGS REALIZED AS A RESULT OF THE IMPLEMENTATION OF THE COLLABORATIVE SYSTEM OF MANAGEMENT OF MULTI-AGENCY SERVICES PROVIDED TO CHILDREN AND FAMILIES RELATED TO THE FUNDING SOURCES SPECIFIED BY THE PARTIES TO THE MEMORANDUM OF UNDERSTANDING PURSUANT TO PARAGRAPH (b) OF THIS SUBSECTION (2) TO BE REINVESTED BY THE PARTIES TO THE MEMORANDUM OF UNDERSTANDING TO PROVIDE APPROPRIATE SERVICES TO CHILDREN AND FAMILIES WHO WOULD BENEFIT FROM INTEGRATED MULTI-AGENCY SERVICES, AS SUCH POPULATION IS DEFINED BY THE MEMORANDUM OF UNDERSTANDING PURSUANT TO PARAGRAPH (c) OF THIS SUBSECTION (2).

(II) A COUNTY THAT HAS IMPLEMENTED A COLLABORATIVE MANAGEMENT PROCESS FOR SERVICES TO CHILDREN AND FAMILIES, WHICH

SERVICES ARE NOT INCLUDED AS SERVICES TO BE PROVIDED TO CHILDREN AND FAMILIES WHO WOULD BENEFIT FROM INTEGRATED MULTI-AGENCY SERVICES IN THE MEMORANDUM OF UNDERSTANDING PURSUANT TO PARAGRAPH (b) OF THIS SUBSECTION (2), AND THAT UNDERSPENDS THE GENERAL FUND PORTION OF ITS CAPPED OR TARGETED ALLOCATION MAY USE THE GENERAL FUND PORTION OF ITS CAPPED OR TARGETED ALLOCATION FOR PROVISION OF EXISTING SERVICES FOR SUCH CHILDREN AND FAMILIES IN THE COUNTY.

(i) **Performance-based measures.** THE MEMORANDUM OF UNDERSTANDING SHALL INCLUDE A PROVISION STATING WHETHER THE PARTIES TO THE MEMORANDUM OF UNDERSTANDING WILL ATTEMPT TO MEET PERFORMANCE MEASURES SPECIFIED BY THE DEPARTMENT OF HUMAN SERVICES AND ELEMENTS OF COLLABORATIVE MANAGEMENT, AS DEFINED BY RULE OF THE STATE BOARD OF HUMAN SERVICES. IF THE PARTIES TO THE MEMORANDUM OF UNDERSTANDING AGREE TO ATTEMPT TO MEET THE PERFORMANCE MEASURES AND ELEMENTS OF COLLABORATIVE MANAGEMENT, THE MEMORANDUM OF UNDERSTANDING SHALL REQUIRE THE INTERAGENCY OVERSIGHT GROUP TO CREATE A PROCEDURE, SUBJECT TO THE APPROVAL OF THE HEAD OR DIRECTOR OF EACH AGENCY OR DEPARTMENT SPECIFIED IN PARAGRAPH (a) OF SUBSECTION (1) OF THIS SECTION, TO ALLOW ANY INCENTIVE MONEYS RECEIVED BY THE DEPARTMENT OF HUMAN SERVICES AND ALLOCATED PURSUANT TO SECTION 24-1.9-104, TO BE REINVESTED BY THE PARTIES TO THE MEMORANDUM OF UNDERSTANDING TO PROVIDE APPROPRIATE SERVICES TO CHILDREN AND FAMILIES WHO WOULD BENEFIT FROM INTEGRATED MULTI-AGENCY SERVICES, AS SUCH POPULATION IS DEFINED BY THE MEMORANDUM OF UNDERSTANDING PURSUANT TO PARAGRAPH (c) OF THIS SUBSECTION (2).

(j) **Confidentiality compliance.** THE MEMORANDUM OF UNDERSTANDING SHALL INCLUDE A PROVISION SPECIFYING THAT STATE AND FEDERAL LAW CONCERNING CONFIDENTIALITY SHALL BE FOLLOWED AND THAT RECORDS USED OR DEVELOPED BY THE INTERAGENCY OVERSIGHT GROUP OR ITS MEMBERS OR THE INDIVIDUALIZED SERVICE AND SUPPORT TEAMS THAT RELATE TO A PARTICULAR PERSON ARE TO BE KEPT CONFIDENTIAL AND MAY NOT BE RELEASED TO ANY OTHER PERSON OR AGENCY EXCEPT AS PROVIDED BY LAW.

(3) EACH DEPARTMENT OR DIVISION, SECTION, UNIT, OR AGENCY WITHIN A DEPARTMENT THAT IS A PARTY TO THE MEMORANDUM OF UNDERSTANDING SHALL ENTER INTO THE MEMORANDUM OF UNDERSTANDING

AND ALL REVISIONS TO THE MEMORANDUM. REVISIONS TO THE MEMORANDUM SHALL BE DEVELOPED AS NECESSARY TO REFLECT DEPARTMENT REORGANIZATIONS OR STATUTORY CHANGES AFFECTING THE DEPARTMENTS THAT ARE PARTIES TO THE MEMORANDUM.

(4) THE DEPARTMENTS AND AGENCIES THAT PROVIDE OVERSIGHT TO THE PARTIES TO THE MEMORANDUM OF UNDERSTANDING SPECIFIED IN PARAGRAPH (a) OF SUBSECTION (1) OF THIS SECTION ARE AUTHORIZED TO ISSUE WAIVERS OF ANY RULES TO WHICH THE DEPARTMENTS AND AGENCIES ARE SUBJECT AND THAT WOULD PREVENT THE DEPARTMENTS FROM EFFECTIVE IMPLEMENTATION OF THE MEMORANDUMS OF UNDERSTANDING, HOWEVER, THE DEPARTMENTS AND AGENCIES ARE PROHIBITED FROM WAIVING A RULE IN VIOLATION OF FEDERAL LAW OR THAT WOULD COMPROMISE THE SAFETY OF A CHILD.

24-1.9-103. Reports - executive director review.

(1) COMMENCING JANUARY 1, 2007, AND ON OR BEFORE EACH JANUARY 1 THEREAFTER, EACH INTERAGENCY OVERSIGHT GROUP SHALL PROVIDE A REPORT TO THE EXECUTIVE DIRECTOR OF EACH DEPARTMENT AND AGENCY THAT IS A PARTY TO ANY MEMORANDUM OF UNDERSTANDING ENTERED INTO THAT INCLUDES:

(a) THE NUMBER OF CHILDREN AND FAMILIES SERVED THROUGH THE LOCAL-LEVEL INDIVIDUALIZED SERVICE AND SUPPORT TEAMS AND THE OUTCOMES OF THE SERVICES PROVIDED, INCLUDING A DESCRIPTION OF ANY REDUCTION IN DUPLICATION OR FRAGMENTATION OF SERVICES PROVIDED AND A DESCRIPTION OF ANY SIGNIFICANT IMPROVEMENT IN OUTCOMES FOR CHILDREN AND FAMILIES;

(b) A DESCRIPTION OF ESTIMATED COSTS OF IMPLEMENTING THE COLLABORATIVE MANAGEMENT APPROACH AND ANY ESTIMATED COST-SHIFTING OR COST-SAVINGS THAT MAY HAVE OCCURRED BY COLLABORATIVELY MANAGING THE MULTI-AGENCY SERVICES PROVIDED THROUGH THE INDIVIDUALIZED SERVICE AND SUPPORT TEAMS;

(c) AN ACCOUNTING OF MONEYS THAT WERE REINVESTED IN ADDITIONAL SERVICES PROVIDED TO CHILDREN OR FAMILIES WHO WOULD BENEFIT FROM INTEGRATED MULTI-AGENCY SERVICES DUE TO COST-SAVINGS THAT MAY HAVE RESULTED OR DUE TO MEETING OR EXCEEDING PERFORMANCE MEASURES SPECIFIED BY THE DEPARTMENT OF HUMAN SERVICES AND ELEMENTS OF COLLABORATIVE MANAGEMENT ESTABLISHED

BY RULE OF THE STATE BOARD;

(d) A DESCRIPTION OF ANY IDENTIFIED BARRIERS TO THE ABILITY OF THE STATE AND COUNTY TO PROVIDE EFFECTIVE SERVICES TO PERSONS WHO RECEIVED MULTI-AGENCY SERVICES; AND

(e) ANY OTHER INFORMATION RELEVANT TO IMPROVING THE DELIVERY OF SERVICES TO PERSONS WHO WOULD BENEFIT FROM MULTI-AGENCY SERVICES.

(2) (a) UTILIZING THE REPORTS CREATED PURSUANT TO SUBSECTION (1) OF THIS SECTION, THE PERSONS SPECIFIED IN PARAGRAPH (b) OF THIS SUBSECTION (2) SHALL MEET AT LEAST ANNUALLY WITH THE GOVERNOR, OR HIS OR HER DESIGNEE, TO REVIEW THE ACTIVITIES AND PROGRESS OF COUNTIES AND AGENCIES ENGAGED IN COLLABORATIVE MANAGEMENT OF MULTI-AGENCY SERVICES PROVIDED TO CHILDREN AND FAMILIES. THE PURPOSE OF THE MEETING SHALL BE TO IDENTIFY BARRIERS ENCOUNTERED IN COLLABORATIVE MANAGEMENT DEVELOPMENT OR IMPLEMENTATION OR REINVESTMENT OF MONEYS AND TO DISCUSS AND EFFECTUATE SOLUTIONS TO THESE BARRIERS TO ACHIEVE GREATER EFFICIENCIES AND BETTER OUTCOMES FOR THE STATE, FOR LOCAL COMMUNITIES, AND FOR PERSONS WHO WOULD BENEFIT FROM MULTI-AGENCY SERVICES.

(b) THE FOLLOWING PERSONS OR THEIR DESIGNEES SHALL ATTEND THE ANNUAL MEETING REQUIRED PURSUANT TO PARAGRAPH (a) OF THIS SUBSECTION (2):

(I) THE COMMISSIONER OF EDUCATION;

(II) A SUPERINTENDENT OF A SCHOOL DISTRICT THAT HAS ENTERED INTO A MEMORANDUM OF UNDERSTANDING AND HAS MET OR EXCEEDED THE PERFORMANCE MEASURES SPECIFIED BY THE DEPARTMENT OF HUMAN SERVICES AND THE ELEMENTS OF COLLABORATIVE MANAGEMENT ESTABLISHED BY RULE OF THE STATE BOARD, AS SUCH SUPERINTENDENT IS SELECTED BY THE COMMISSIONER OF EDUCATION;

(III) A DIRECTOR OF A COUNTY DEPARTMENT OF SOCIAL SERVICES THAT HAS ENTERED INTO A MEMORANDUM OF UNDERSTANDING AND HAS MET OR EXCEEDED THE PERFORMANCE MEASURES SPECIFIED BY THE DEPARTMENT OF HUMAN SERVICES AND THE ELEMENTS OF COLLABORATIVE MANAGEMENT ESTABLISHED BY RULE OF THE STATE BOARD, AS SUCH DIRECTOR IS SELECTED

BY THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES;

(IV) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING;

(V) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES;

(VI) A DIRECTOR OF A LOCAL MENTAL HEALTH CENTER THAT HAS ENTERED INTO A MEMORANDUM OF UNDERSTANDING AND HAS MET OR EXCEEDED THE PERFORMANCE MEASURES SPECIFIED BY THE DEPARTMENT OF HUMAN SERVICES AND THE ELEMENTS OF COLLABORATIVE MANAGEMENT ESTABLISHED BY RULE OF THE STATE BOARD, AS SUCH DIRECTOR IS SELECTED BY THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES;

(VII) A REPRESENTATIVE FROM A STATEWIDE PARENT ADVOCACY OR FAMILY ADVOCACY ORGANIZATION WHO PARTICIPATED IN THE DEVELOPMENT OF A MEMORANDUM OF UNDERSTANDING, AS SUCH REPRESENTATIVE IS SELECTED BY A DIRECTOR OF A COUNTY DEPARTMENT OF SOCIAL SERVICES CHOSEN BY THE STATE DEPARTMENT OF HUMAN SERVICES.

(VIII) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT; AND

(IX) THE CHIEF JUSTICE OF THE COLORADO SUPREME COURT.

24-1.9-104. Cash fund - creation - grants, gifts, and donations.

(1) ON JULY 1, 2005, THERE SHALL BE CREATED IN THE STATE TREASURY THE PERFORMANCE-BASED COLLABORATIVE MANAGEMENT INCENTIVE CASH FUND, WHICH SHALL BE REFERRED TO IN THIS SECTION AS THE "FUND". THE MONEYS IN THE FUND SHALL BE SUBJECT TO ANNUAL APPROPRIATION BY THE GENERAL ASSEMBLY TO THE DEPARTMENT OF HUMAN SERVICES FOR STATE FISCAL YEAR 2005-06 AND EACH FISCAL YEAR THEREAFTER. ON JULY 1, 2006 THE STATE TREASURER SHALL TRANSFER THE MONEYS IN THE PERFORMANCE INCENTIVE CASH FUND CREATED PURSUANT TO SECTION 26-5-105.5 (3.2) (a), C.R.S., TO THE FUND. IN ADDITION, ON JULY 1, 2006, THE STATE TREASURER SHALL TRANSFER THE MONEYS REMAINING IN THE FAMILY STABILIZATION SERVICES FUND CREATED PURSUANT TO SECTION 19-1-125, C.R.S., TO THE FUND. THE FUND SHALL ALSO CONSIST OF MONEYS RECEIVED FROM DOCKET FEES IN CIVIL ACTIONS AS SPECIFIED IN SECTION 13-32-101 (1) (a), C.R.S.

(2) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES IS AUTHORIZED TO ACCEPT AND EXPEND ON BEHALF OF THE STATE ANY GRANTS, GIFTS, OR DONATIONS FROM ANY PRIVATE OR PUBLIC SOURCE FOR THE PURPOSES OF THIS SECTION. ALL PRIVATE AND PUBLIC FUNDS RECEIVED THROUGH GRANTS, GIFTS, OR DONATIONS SHALL BE TRANSMITTED TO THE STATE TREASURER, WHO SHALL CREDIT THE SAME TO THE FUND IN ADDITION TO MONEYS CREDITED PURSUANT TO SUBSECTION (1) OF THIS SECTION AND ANY MONEYS THAT MAY BE APPROPRIATED TO THE FUND DIRECTLY BY THE GENERAL ASSEMBLY. ALL INVESTMENT EARNINGS DERIVED FROM THE DEPOSIT AND INVESTMENT OF MONEYS IN THE FUND SHALL REMAIN IN THE FUND AND SHALL NOT BE TRANSFERRED OR REVERT TO THE GENERAL FUND OF THE STATE OR ANY OTHER FUND AT THE END OF ANY FISCAL YEAR.

(3) (a) ON AND AFTER JULY 1, 2005, THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES SHALL ALLOCATE THE MONEYS IN THE FUND TO PROVIDE INCENTIVES TO PARTIES TO A MEMORANDUM OF UNDERSTANDING WHO HAVE AGREED TO PERFORMANCE-BASED COLLABORATIVE MANAGEMENT PURSUANT TO SECTION 24-1.9-102 (2) (i) AND WHO HAVE SUCCESSFULLY IMPLEMENTED THE ELEMENTS OF COLLABORATIVE MANAGEMENT SPECIFIED BY RULE OF THE STATE BOARD AND ALSO MET OR EXCEEDED THE PERFORMANCE MEASURES SPECIFIED BY THE DEPARTMENT OF HUMAN SERVICES. THE INCENTIVES SHALL BE USED TO PROVIDE SERVICES TO CHILDREN AND FAMILIES WHO WOULD BENEFIT FROM INTEGRATED MULTI-AGENCY SERVICES, AS SUCH POPULATION IS DEFINED BY THE MEMORANDUM OF UNDERSTANDING PURSUANT TO SECTION 24-1.9-102 (2) (c).

(b) FOR PURPOSES OF ALLOCATING INCENTIVE MONEYS IN THE FUND PURSUANT TO THIS SUBSECTION (3), THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES SHALL SUBMIT AN ACCOUNTING OF MONEYS IN THE FUND AVAILABLE FOR INCENTIVES AND A PROPOSAL FOR THE ALLOCATION OF INCENTIVE MONEYS TO THE STATE BOARD OF HUMAN SERVICES FOR REVIEW AND APPROVAL PRIOR TO THE ALLOCATION OF THE MONEYS. THE STATE BOARD OF HUMAN SERVICES SHALL APPROVE THE PROPOSAL NOT LATER THAN THIRTY DAYS AFTER RECEIPT OF THE PROPOSAL FROM THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES.

SECTION 2. 26-5-105.5 (3.2), Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW PARAGRAPH to read:

26-5-105.5. State department integrated care management program - county performance agreements - authorized - performance incentive cash fund created - repeal. (3.2) (c) THIS SUBSECTION (3.2) IS REPEALED, EFFECTIVE JULY 1, 2006, AND ON JULY 1, 2006, THE STATE TREASURER SHALL TRANSFER THE MONEYS IN THE PERFORMANCE INCENTIVE CASH FUND TO THE PERFORMANCE-BASED COLLABORATIVE MANAGEMENT INCENTIVE CASH FUND CREATED PURSUANT TO SECTION 24-1.9-104, C.R.S.

SECTION 3. 19-1-125 (2), Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW PARAGRAPH to read:

19-1-125. Family stabilization services - repeal. (2) (d) (I) THIS SUBSECTION (2) IS REPEALED, EFFECTIVE JULY 1, 2006.

(II) ON JULY 1, 2006, THE STATE TREASURER SHALL TRANSFER ALL OF THE MONEYS IN THE FAMILY STABILIZATION SERVICES FUND TO THE PERFORMANCE-BASED COLLABORATIVE MANAGEMENT INCENTIVE CASH FUND CREATED PURSUANT TO SECTION 24-1.9-104, C.R.S.

(III) ON JULY 1, 2005, THE MONEYS CREDITED BY THE STATE TREASURER TO THE FAMILY STABILIZATION SERVICES FUND PURSUANT TO PARAGRAPH (a) OF THIS SUBSECTION (2) WHICH ARE NOT TRANSMITTED TO THE PERFORMANCE INCENTIVE CASH FUND PURSUANT TO PARAGRAPH (b) OF THIS SUBSECTION (2) SHALL BE TRANSMITTED TO THE STATE TREASURER FOR DEPOSIT IN THE PERFORMANCE-BASED COLLABORATIVE MANAGEMENT INCENTIVE CASH FUND CREATED IN SECTION 24-1.9-104, C.R.S.

SECTION 4. 13-32-101 (1) (a), Colorado Revised Statutes, is amended to read:

13-32-101. Docket fees in civil actions - judicial stabilization cash fund - support registry fund created. (1) At the time of first appearance in all civil actions and special proceedings in all courts of record, except in the supreme court and the court of appeals, and except in the probate proceedings in the district court or probate court of the city and county of Denver, and except as provided in subsection (2) of this section and in sections 13-32-103 and 13-32-104, there shall be paid in advance the total docket fees, as follows:

(a) By the petitioner in a proceeding for dissolution of marriage,

legal separation, or declaration of invalidity of marriage and by the petitioner in an action for a declaratory judgment concerning the status of marriage, prior to July 1, 2003, a fee of ninety dollars, and, on or after July 1, 2003, a fee of one hundred thirty dollars; fifteen dollars of such fee shall be transmitted to the state treasurer for deposit in the Colorado children's trust fund, created in section 19-3.5-106, C.R.S., and, for fiscal years 2002-03 and 2003-04, the remainder shall be transmitted to the state general fund. On and after July 1, 2004, BUT PRIOR TO JULY 1, 2006, the remaining one hundred fifteen dollars of the fee shall be transmitted to the state treasurer for deposit in the family stabilization services fund, created in section 19-1-125, C.R.S.; AND, ON AND AFTER JULY 1, 2006, THE REMAINING ONE HUNDRED FIFTEEN DOLLARS OF THE FEE SHALL BE TRANSMITTED TO THE STATE TREASURER FOR DEPOSIT IN THE PERFORMANCE-BASED COLLABORATIVE MANAGEMENT INCENTIVE CASH FUND CREATED IN SECTION 24-1.9-104, C.R.S.; and, on and after March 18, 2003, the docket fee shall be increased by forty-five dollars, and the additional revenue generated by such increase shall be transmitted to the state treasurer for deposit in the judicial stabilization cash fund created in subsection (1.5) of this section.

SECTION 5. Safety clause. The general assembly hereby finds,

determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Lola Spradley
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

John Andrews
PRESIDENT OF
THE SENATE

Judith Rodrigue
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

Mona Heustis
SECRETARY OF
THE SENATE

APPROVED _____

Bill Owens
GOVERNOR OF THE STATE OF COLORADO

Appendix G: Sample Interview Questions

Questions for Family Advocacy Programs, etc

1. What is your role with the family advocacy demonstration program? Or how long have you been working as a family advocate/in the family advocacy organization?
2. What is your background?
 - a. What made you want to work with this population (mental health juvenile justice population)?
3. What kind of training have you received as a family advocate?
4. What is your role and involvement with the youth and families?
 - a. Caseload
 - b. Number of hours working with families
 - c. What does a typical day look like?
5. What are the current program components?
6. What kind of things are purchased or spent on with the client flex funds?
7. What does communication look like between you and the youth? Family?
8. What does the communication look like between you and the partnering agencies?
 - a. Supervising officers
 - b. Case workers
 - c. Treatment providers
 - d. Education system
 - e. Others (mentor, GAL, etc)
9. What challenges have you faced in with working with the population?
10. How do you advertise/promote your program in order to get referrals?
11. Please describe the referral process.
12. Why should agencies refer youth to your program?
13. Is the referral process working? Are there any gaps?
14. What makes your program successful? What makes a youth successful in your program?
15. Do you think a mentally ill juvenile delinquent should be given a family advocate? Why?
16. What are the biggest barriers to the program's success?
17. Any suggestions for improvement to the program?
18. What qualities/characteristics make for a good family advocate? Good family advocate program?
19. If HB 1057 was to continue or be expanded, what types of things would you like to see changed in the legislation?

**Appendix H:
Interagency Oversight Group (IOG) Survey
and
Referral Agency Survey**

**Referral Agency Survey
for the Family Advocacy Demonstration Programs**

1. Name: _____

2. Agency: _____

3. What do you understand is the role of the family advocate?

4. A. How did you learn about the family advocacy program?

B. Why did you choose to refer youth to this family advocacy program?

5. Please describe the referral process.

6. How did you select youths to refer to the family advocacy program?

7. Did you receive any follow-up information from the family advocate about the referred youth?

_____ Yes _____ No, but I didn't want any _____ No, but I would have liked feedback

A. If no, what type of feedback would you have liked?

8. Would you refer again to this family advocacy program? _____ Yes _____ No

A. Why or why not?

9. Any suggestions for improvement to the family advocacy program?

10. Anything else you would like to tell us?

**Interagency Oversight Committee Survey
for the Family Advocacy Demonstration Programs**

1. Name: _____

2. Agency: _____

3. How was the family advocacy demonstration program first presented to the IOG?

A. What information were you given?

B. How was it received by the IOG?

4. What is the role of the IOG?

5. What is your current role with the family advocacy program?

6. What is your involvement with the youth and/or families? Advocate?

7. What do you see as the primary purpose(s) of the family advocacy program?

8. What do you see as the barriers to the program's success?

9. What is the best thing(s) about the family advocacy program? Advocate?

10. Any suggestions for how the family advocacy program can be improved?

11. Any suggestions for how the working relation between the IOG and family advocacy program can be improved?

12. If you are familiar with House Bill 07-1057, do you see any necessary changes to the legislation if the demonstration programs were continued or expanded?

_____ Yes _____ No, I am not familiar with HB 1057 _____ No, I did not see any necessary changes to HB 1057

A. If yes, what type of changes would you like to see?

13. Anything else you would like to tell us?

**Appendix I:
Family Empowerment Scale (FES)**

FAMILY EMPOWERMENT SCALE SCORING SHEET

(Rev. 8/19/03)

Child ID: _____ Date Assessed: ___/___/___ Service Start Date: ___/___/___
 Case Number: _____ Medicaid #: _____ DOB: ___/___/___ Gender: ___M___F
 Child's Residence County: _____ BDS Region ___I___II___III
 Rater Name: _____ Agency/Program Name: _____
 Rater ID#: _____

(Check appropriate items in the following categories)

FES Administration	Services Program	School-Age	Birth-5
___ Baseline ___ Entry into Service	MH Case Mgmt	___	___
___ Annual ___ Exit ___ Other	MR Case Mgmt.	___	___
	Habilitation Svcs. (Sec.24)	___	
	Beh. Health Svcs. (Sec.65H)	___	

Disability Group ___MH___MR___MH/MR___Autism
 ___MR/Developmental Disabilities___Developmental Delays

Relationship of Person Completing FES ___Parent___Guardian___Foster Parent___Other

Instructions: Below are 34 statements that describe how a parent or caregiver of a child with an emotional, behavioral and/or developmental challenges may feel about his or her situation. For each statement, please circle the response that best described how the statement applies to you.

FES Statements	Not True at all	Mostly not True	Somewhat True	Mostly True	Very True
1. I feel that I have a right to approve all services my child receives	1	2	3	4	5
2. When problems arise with my child, I handle them pretty well.	1	2	3	4	5
3. I feel I can have a part in improving services for children in my community.	1	2	3	4	5
4. I feel confident in my ability to help my child grow and develop.	1	2	3	4	5
5. I know the steps to take when I am concerned my child is receiving poor services.	1	2	3	4	5
6. I make sure that professionals understand my opinions about what services my child needs.	1	2	3	4	5
7. I know what to do when problems arise with my child.	1	2	3	4	5
8. I get in touch with my legislators when important bills or issues concerning children are pending.	1	2	3	4	5
9. I feel my family life is under control	1	2	3	4	5
10. I understand how the service system for children is organized.	1	2	3	4	5
11. I am able to make good decisions about what services my child needs.	1	2	3	4	5
12. I am able to work with agencies and professionals to decide what services my child needs.	1	2	3	4	5
13. I make sure I stay in regular contact with professionals who are providing services to my child.	1	2	3	4	5
14. I have ideas about the ideal service system for children.	1	2	3	4	5
15. I help other families get the services they need.	1	2	3	4	5
16. I am able to get information to help me better understand my child.	1	2	3	4	5

Mail to: Dept. of Behavioral and Developmental Services
 Attention: Children's Quality Improvement Assessment Data
 40 SHS, Marquardt Bldg.
 Augusta, ME 04333

FAMILY EMPOWERMENT SCALE SCORING SHEET

(Rev. 8/19/03)

FES Statements	Not True at all	Mostly not True	Somewhat True	Mostly True	Very True
17. I believe that other parents and I can have an influence on services for children.	1	2	3	4	5
18. My opinion is just as important as professionals' opinions in deciding what services my child needs.	1	2	3	4	5
19. I tell professionals what I think about services being provided to my child.	1	2	3	4	5
20. I tell people in agencies and government how services for children can be improved.	1	2	3	4	5
21. I believe I can solve problems with my child when they happen.	1	2	3	4	5
22. I know how to get agency administrators or legislators to listen to me.	1	2	3	4	5
23. I know what services my child needs.	1	2	3	4	5
24. I know what the rights of parent and children are under the special education laws.	1	2	3	4	5
25. I feel that my knowledge and experience as a parent can be used to improve services for children and families.	1	2	3	4	5
26. When I need help with problems in my family, I am able to ask for help from others.	1	2	3	4	5
27. I make efforts to learn new ways to help my child grow and develop.	1	2	3	4	5
28. When necessary, I take the initiative in looking for services for my child and family.	1	2	3	4	5
29. When dealing with my child, I focus on the good things as well as the problems.	1	2	3	4	5
30. I have a good understanding of the services system that my child is involved in.	1	2	3	4	5
31. When faced with a problem involving my child, I decide what to do and then do it.	1	2	3	4	5
32. Professionals should ask me what services I want for my child.	1	2	3	4	5
33. I have a good understanding of my child's disorders.	1	2	3	4	5
34. I feel I am a good parent.	1	2	3	4	5

Comments:

Jan, 2002 – BDS, Children's Quality Improvement

The current scoring procedures for the FES is based on a simple, unweighted summation of the items within three construct areas: Family, Service System and Community/Political. These areas are described in the original article (Koren, Dechillo, and Friesen, 1992).

The items within each area are as follows: Family: 2,4,7,9,16,21,26,27,29,31,33,34; Service System: 1,5,6,11,12,13,18,19,23,28,30,32; Community/Political: 3,8,10,14,15,17,20,22,24,25

To obtain a score for each area, sum the item responses where NOT AT ALL is scoring as 1, MOSTLY NOT TRUE is scored as 2, SOMEWHAT TRUE is scored as 3, MOSTLY TRUE is scored as 4, and VERY TRUE is scored as 5. The items are scored in the same direction, i.e., no item scores are reversed, and a higher score indicates relatively more empowerment in each respective area.

Mail to: Dept. of Behavioral and Developmental Services
 Attention: Children's Quality Improvement Assessment Data
 40 SHS, Marquardt Bldg.
 Augusta, ME 04333

Appendix J:
The DCJ Family Advocate Questionnaire (FAQ)

DCJ Family Advocate Questionnaire-Family

Demonstration Site:	Family Advocate:	Family Name:	Date:
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		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	I/we knew what to expect prior to the first contact with the family advocate.	1	2	3	4	5
2	I/we believe the family advocate fully explained their role to me/us.	1	2	3	4	5
3	I/we was treated with respect and courtesy.	1	2	3	4	5
4	The family advocate heard what I/we had to say and I/we was able to participate in my family's plan.	1	2	3	4	5
5	When it came to scheduling, the family advocate worked around times and locations that were convenient for me/us.	1	2	3	4	5
6	I/we believe the family advocate is family focused/family driven/youth centered.	1	2	3	4	5
7	I/we believe the family advocate was committed to finding solutions that were in the best interest for my youth and family.	1	2	3	4	5
8	Options were shared that I/we had not previously thought about or considered.	1	2	3	4	5
9	The family advocate made me/us aware and encouraged me/us to attend the appropriate groups and classes.	1	2	3	4	5
10	The options, resources and recommendations are all in the best interest of my youth and family.	1	2	3	4	5
11	Resources to meet my family's needs were available in my community.	1	2	3	4	5
12	Did you experience any obstacles in gaining access to needed resources?	Y	N	<i>(Specify)</i>		
13	The advocate was able to link my family to those resources.	1	2	3	4	5
14	I feel that the availability of these resources were an integral part of the service plan/family plan for my youth and family.	1	2	3	4	5
15	I would recommend a family advocate to others.	1	2	3	4	5
16	Additional comments?	<i>(Specify)</i>				

DCJ Family Advocate Questionnaire-Youth

Demonstration Site:	Family Advocate:	Youth's Name:	Date:
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		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	I had an idea of what to expect before the first contact with my family advocate.	1	2	3	4	5
2	The family advocate treated me with respect and courtesy.	1	2	3	4	5
3	The family advocate heard what I had to say and I participated in making my plan.	1	2	3	4	5
4	I believe the family advocate was committed to getting my family and I the help that was in our best interest.	1	2	3	4	5
5	The family advocate made me aware and encouraged me to attend the appropriate groups and classes.	1	2	3	4	5
6a	The family advocate was helpful to me.	1	2	3	4	5
6b	<i>Why/How?</i>	<i>(Specify)</i>				
7	Any ideas on how this family advocate could have been more helpful?	<i>(Specify)</i>				
8	I would recommend a family advocate to others.	1	2	3	4	5
9	Additional comments?	<i>Specify</i>				

**Appendix K:
The DCJ Family Services Questionnaire (FSQ)**

DCJ Family Services Questionnaire-Family

Demonstration Site:	Supervising Officer:	Family Name:	Date:
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Services Received: <i>Identify the services your child and family have received.</i>	
<input type="checkbox"/> Case Management: _____ <input type="checkbox"/> Family Counseling: _____ <input type="checkbox"/> Group Counseling: _____ <input type="checkbox"/> Individual Counseling: _____ <input type="checkbox"/> Education Services: _____	<input type="checkbox"/> Medical Services: _____ <input type="checkbox"/> Mentor: _____ <input type="checkbox"/> Support Group: _____ <input type="checkbox"/> Substance Abuse: _____ <input type="checkbox"/> Other: _____

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	I/we knew what to expect upon entering the systems I/we worked with.	1	2	3	4	5
2	I/we was treated with respect and courtesy by these systems.	1	2	3	4	5
3	I/we was able to participate in my family's plan.	1	2	3	4	5
4	Scheduled appointments worked around times and locations that were convenient for me/us.	1	2	3	4	5
5	I/we believe my systems experiences were family focused/family driven/youth centered.	1	2	3	4	5
6	I/we believe the systems I/we worked with were committed to finding solutions that were in the best interest for my youth and family.	1	2	3	4	5
7	Options were shared that I/we had not previously thought about or considered.	1	2	3	4	5
8	We were aware and encouraged to attend the appropriate groups and classes.	1	2	3	4	5
9	The options, resources and recommendations have all been in the best interest of my youth and family.	1	2	3	4	5
10	Resources to meet my family's needs were available in my community.	1	2	3	4	5
11	Did you experience any obstacles in gaining access to needed resources?	Y	N	<i>(Specify)</i>		
12a	Was there a point person linking me/my family to those resources.	Y	N	<i>(Specify)</i>		
12b	<i>If no, would it have been helpful to have one?</i>	Y	N	<i>(Specify)</i>		
13	I feel that the availability of these resources were an integral part of the service plan/family plan for my youth and family.	1	2	3	4	5
14	Additional comments?	<i>(Specify)</i>				

DCJ Family Services Questionnaire-Youth

Demonstration Site:	Supervising Officer:	Youth's Name:	Date:
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Services Received: <i>Identify the services your child and family have received.</i>	
<input type="checkbox"/> Case Management: _____ <input type="checkbox"/> Family Counseling: _____ <input type="checkbox"/> Group Counseling: _____ <input type="checkbox"/> Individual Counseling: _____ <input type="checkbox"/> Education Services: _____	<input type="checkbox"/> Medical Services: _____ <input type="checkbox"/> Mentor: _____ <input type="checkbox"/> Support Group: _____ <input type="checkbox"/> Substance Abuse: _____ <input type="checkbox"/> Other: _____

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	I had an idea of what to expect when I entered the systems I/we worked with.	1	2	3	4	5
2	I/we was treated with respect and courtesy by these systems.	1	2	3	4	5
3	People listened to me and I participated in making my plan.	1	2	3	4	5
4	I believe the systems I worked with were committed to getting my family and I the help that was in our best interest.	1	2	3	4	5
5	The people providing services to me were helpful.	1	2	3	4	5
6	Any ideas on how this process could have been more helpful to you?	<i>(Specify)</i>				
7	Additional comments?	<i>(Specify)</i>				

Appendix L:
Specific charge information for arrests, filings, and convictions

URBAN (DENVER) SITE

During enrollment

Denver: Arrested during enrollment (N=40)

	N	Percent	N Charges: Range
No	22	55.0%	
Yes	18	45.0%	1-10
Total	40	100%	

Sources: Colorado Criminal Information System, maintained by the Colorado Bureau of Investigation; Colorado Integrated Online Network (ICON) maintained by the Colorado Judicial Department.

Denver: Arrest charges during enrollment (N=40)

	Number of Charges
2ND DEG ASSAULT	2
2ND DEG BURGLARY	6
3RD DEG ASSAULT	3
CONTEMPT OF COURT	2
CRIMINAL MISCHIEF	3
DAMAGE PROPERTY	1
DEFACING PROPERTY	2
FAIL TO OBEY LAWFUL ORDER	1
FAILURE TO APPEAR	16
FARE EVASION	1
FLIGHT-ESCAPE	1
FRAUD - ILLEG USE CREDIT CARDS	1
HARASSMENT	2
IDENTITY THEFT	3
INTERFERENCE/STAFF EDUCATIONAL INST	1
LIQUOR - POSSESSION	1
MARIHUANA POSSESSION	1
MENACING	1
OBSTRUCTING POLICE	4
POSS HANDGUN BY JUV	2
POSS. WEAPON ON SCHOOL GROUNDS	2
POSSESSION OF MARIJUANA	1
POSSESSION OF WEAPON	1
PUBLIC PEACE INTERFERENCE	1
ROBBERY	2
SHOPLIFTING	1
THEFT	3
Total charges	65
Total youth with arrest charges	18
Total youth without arrests charges	22

Source: Colorado Criminal Information System, maintained by the Colorado Bureau of Investigation; Colorado Integrated Online Network (ICON) maintained by the Colorado Judicial Department.

Denver: Filing charges during enrollment (N=40)

Filing charges	Number of Charges
ASSAULT 2	1
ASSAULT 3	5
BURGLARY 2	2
CRIMINAL MISCHIEF	4
DEFACING PROPERTY OF ANOTHER	1
ESCAPE FROM PENDING FELONY	1
FARE EVASION	1
FINANCIAL TRAN DEV/UNAUTH USE	2
HARASSMENT	1
ID THEFT	2
PROTECTION ORDER VIOLATION-CRIMINAL	1
ROBBERY	2
THEFT	4
TRESPASS 1-AUTO-W/INTENT TO COMMIT CRIME	1
WEAPON-POSSESSION ON SCHOOL GROUNDS	2
Total charges	30
Total cases	17
Total youth with filing charges	10
Total youth without filing charges	30

Traffic offenses and juvenile (JV) district court data were not included. Juvenile delinquency (JD) district court cases are included with the exception of Denver County. Data concerning filings, convictions, and revocations originating from Denver County were not available. Source: Data were extracted from the Judicial Department's Integrated Colorado Online Network (ICON) information management system via the Colorado Justice Analytics Support System (CJASS) and analyzed by DCJ's Office of Research and Statistics.

Denver: Conviction charges during enrollment (N=40)

Conviction charges	Number of Charges
ASSAULT 2	1
ASSAULT 3	3
BURGLARY 2	2
CRIMINAL MISCHIEF	3
DEFACING PROPERTY OF ANOTHER	1
FARE EVASION	1
FINANCIAL TRAN DEV/UNAUTH USE	2
ID THEFT	2
PROTECTION ORDER VIOLATION-CRIMINAL	1
ATTEMPTED ROBBERY	1
THEFT	3
TRESPASS 1-AUTO-W/INTENT TO COMMIT CRIME	1
WEAPON-POSSESSION ON SCHOOL GROUNDS	1
Total charges	22
Total cases	10
Total youth with convictions	6
Total youth without convictions	34

Traffic offenses and juvenile (JV) district court data were not included. Juvenile delinquency (JD) district court cases are included with the exception of Denver County. Data concerning filings, convictions, and revocations originating from Denver County were not available. Source: Data were extracted from the Judicial Department's Integrated Colorado Online Network (ICON) information management system via the Colorado Justice Analytics Support System (CJASS) and analyzed by DCJ's Office of Research and Statistics.

After Discharge

Denver: Arrested after discharge (N=26)

				Average days at risk post-discharge	
	N	Percent	N Charges: Range	Mean	Range
No	22	84.6%		305.7	1-586
Yes	4	15.4%	1-10		
Total	26	100%			

Sources: Colorado Criminal Information System, maintained by the Colorado Bureau of Investigation; Colorado Integrated Online Network (ICON) maintained by the Colorado Judicial Department.

Denver: Arrest charges after discharge (N=26)

Offense	Number of Charges
3RD DEG ASSAULT	2
DAMAGE PROPERTY	4
DANGEROUS DRUGS DIST,MANUF,DISP	3
FAILURE TO APPEAR	3
FUGITIVE OTHER JURISDICTION	2
LARCENY	3
LIQUOR - POSSESSION	1
MAKING FALSE REPORT	1
MARIHUANA POSSESSION	1
OBSTRUCTING POLICE	3
PROBATION VIOLATION	2
REFUSING TO AID OFFICER	1
SHOPLIFTING	2
TRESPASSING	1
Total charges	29
Total youth with arrest charges	4
Total youth without arrests charges	22

Source: Colorado Criminal Information System, maintained by the Colorado Bureau of Investigation; Colorado Integrated Online Network (ICON) maintained by the Colorado Judicial Department.

Denver: Filing charges after discharge (N=26)

Filing charges	Number of Charges
ASSAULT 1-SBI W/ DEADLY WEAPON	1
ASSAULT 2- SERIOUS BODILY INJURY	1
BIAS-MOTIVATED CRIME-BODILY INJURY-W/AID	5
POSSESSION CONTROLLED SUBSTANCE < 1GRAM	1
DRIVING UNDER RESTRAINT	1
MARIHUANA-POSSESSION UNDER 1 OZ.	1
ROBBERY	3
THEFT	1
INTIMIDATING WITNESS/VICTIM	1
Total charges	15
Total cases	5
Total youth with filing charges	1
Total youth without filing charges	25

Traffic offenses and juvenile (JV) district court data were not included. Juvenile delinquency (JD) district court cases are included with the exception of Denver County. Data concerning filings, convictions, and revocations originating from Denver County were not available.

Source: Data were extracted from the Judicial Department's Integrated Colorado Online Network (ICON) information management system via the Colorado Justice Analytics Support System (CJASS) and analyzed by DCJ's Office of Research and Statistics.

Denver: Conviction charges after discharge (N=26)

Conviction charges	Number of Charges
POSSESSION CONTROLLED SUBSTANCE < 1GRAM	1
Total charges	1
Total cases	1
Total youth with convictions	1
Total youth without convictions	25

Traffic offenses and juvenile (JV) district court data were not included. Juvenile delinquency (JD) district court cases are included with the exception of Denver County. Data concerning filings, convictions, and revocations originating from Denver County were not available.

Source: Data were extracted from the Judicial Department's Integrated Colorado Online Network (ICON) information management system via the Colorado Justice Analytics Support System (CJASS) and analyzed by DCJ's Office of Research and Statistics.

SUBURBAN (JEFFERSON) SITE

During enrollment

Jefferson: Arrested during enrollment (N=30)

	N	Percent	N Charges: Range
No	24	80.0%	
Yes	6	20.0%	1-3
Total	30	100%	

Sources: Colorado Criminal Information System, maintained by the Colorado Bureau of Investigation; Colorado Integrated Online Network (ICON) maintained by the Colorado Judicial Department.

Jefferson: Arrest charges during enrollment (N=30)

Offense	Number of Charges
2ND DEG BURGLARY	1
FAILURE TO APPEAR	2
FALSE IDENTIFICATION	2
FUGITIVE OTHER JURISDICTION	1
LARCENY	1
MARIHUANA POSSESSION	3
ALCOHOL-UNDERAGE POSSESSION/CONSUMPTION	2
CURFEW VIOLATION	2
Total charges	14
Total youth with arrest charges	6
Total youth without arrests charges	24

Source: Colorado Criminal Information System, maintained by the Colorado Bureau of Investigation; Colorado Integrated Online Network (ICON) maintained by the Colorado Judicial Department.

Jefferson: Filing charges during enrollment (N=30)

Filing charges	Number of Charges
ALCOHOL-UNDERAGE POSSESSION	3
CURFEW VIOLATION	3
Total charges	6
Total cases	5
Total youth with filing charges	4
Total youth without filing charges	26

Traffic offenses and juvenile (JV) district court data were not included. Juvenile delinquency (JD) district court cases are included with the exception of Denver County. Data concerning filings, convictions, and revocations originating from Denver County were not available.

Source: Data were extracted from the Judicial Department's Integrated Colorado Online Network (ICON) information management system via the Colorado Justice Analytics Support System (CJASS) and analyzed by DCJ's Office of Research and Statistics.

Jefferson: Conviction charges during enrollment (N=30)

Conviction charges	Number of Charges
ALCOHOL-UNDERAGE POSSESSION	1
CURFEW VIOLATION	3
Total charges	4
Total cases	3
Total youth with convictions	3
Total youth without convictions	27

Traffic offenses and juvenile (JV) district court data were not included. Juvenile delinquency (JD) district court cases are included with the exception of Denver County. Data concerning filings, convictions, and revocations originating from Denver County were not available. Source: Data were extracted from the Judicial Department’s Integrated Colorado Online Network (ICON) information management system via the Colorado Justice Analytics Support System (CJASS) and analyzed by DCJ’s Office of Research and Statistics.

After discharge

Jefferson: Arrested after discharge (N=28)

				Average days at risk post-discharge	
	N	Percent	N Charges: Range	Mean	Range
No	28	100.0%		410.1	109-699
Yes	10	35.7%	1-6		
Total	28	100%			

Sources: Colorado Criminal Information System, maintained by the Colorado Bureau of Investigation; Colorado Integrated Online Network (ICON) maintained by the Colorado Judicial Department.

Jefferson: Arrest charges after enrollment (N=28)

Offense	Number of Charges
2ND DEG BURGLARY	1
3RD DEG ASSAULT	2
AGG. MOTOR VEHICLE THEFT	1
ALCOHOL-UNDERAGE POSSESSION/CONSUMPTION	1
ASSAULT 1-EXTREME INDIFFERENCE	1
ASSAULT/ MENACING DEADLY WEAPON	1
CONTEMPT OF COURT	2
DAMAGE PROPERTY	4
DISORDERLY CONDUCT	2
FAILURE TO APPEAR	2
FIGHTING	1
FUGITIVE OTHER JURISDICTION	5
GRAFFITI/VANDALISM	1
LARCENY	1
MENACING	1
OBSTRUCTING POLICE	2
PROBATION VIOLATION	4
THEFT	1
TRESPASSING	1
Total charges	34
Total youth with arrest charges	10
Total youth without arrests charges	18

Source: Colorado Criminal Information System, maintained by the Colorado Bureau of Investigation; Colorado Integrated Online Network (ICON) maintained by the Colorado Judicial Department.

Jefferson: Filing charges after discharge (N=28)

Filing charges	Number of Charges
ALCOHOL-UNDERAGE POSSESSION	1
ASSAULT 1-EXTREME INDIFFERENCE	1
ASSAULT 3	1
DISORDERLY CONDUCT	1
FELONY MENACING	2
WEAPON-PROHIBITED USE	1
Total charges	7
Total cases	4
Total youth with filing charges	4
Total youth without filing charges	24

Traffic offenses and juvenile (JV) district court data were not included. Juvenile delinquency (JD) district court cases are included with the exception of Denver County. Data concerning filings, convictions, and revocations originating from Denver County were not available. Source: Data were extracted from the Judicial Department's Integrated Colorado Online Network (ICON) information management system via the Colorado Justice Analytics Support System (CJASS) and analyzed by DCJ's Office of Research and Statistics.

Jefferson: Conviction charges after discharge (N=28)

Conviction charges	Number of Charges
ALCOHOL-UNDERAGE POSSESSION	1
Total charges	1
Total cases	1
Total youth with convictions	1
Total youth without convictions	27

Traffic offenses and juvenile (JV) district court data were not included. Juvenile delinquency (JD) district court cases are included with the exception of Denver County. Data concerning filings, convictions, and revocations originating from Denver County were not available. Source: Data were extracted from the Judicial Department's Integrated Colorado Online Network (ICON) information management system via the Colorado Justice Analytics Support System (CJASS) and analyzed by DCJ's Office of Research and Statistics.

RURAL (MONTROSE) SITE

During enrollment

Montrose: Arrested during enrollment (N=20)

	N	Percent	N Charges: Range
No	19	95.0%	
Yes	1	5.0%	1-1
Total	20	100.0%	

Sources: Colorado Criminal Information System, maintained by the Colorado Bureau of Investigation; Colorado Integrated Online Network (ICON) maintained by the Colorado Judicial Department.

Montrose: Arrest charges during enrollment (N=20)

Offense	Number of Charges
ALCOHOL-UNDERAGE POSSESSION/CONSUMPTION	1
Total charges	1
Total youth with arrest charges	1
Total youth without arrests charges	19

Source: Colorado Criminal Information System, maintained by the Colorado Bureau of Investigation; Colorado Integrated Online Network (ICON) maintained by the Colorado Judicial Department.

Montrose: Filing charges during enrollment (N=20)

Filing charges	Number of Charges
ALCOHOL-UNDERAGE POSSESSION	1
Total charges	1
Total cases	1
Total youth with filing charges	1
Total youth without filing charges	19

Traffic offenses and juvenile (JV) district court data were not included. Juvenile delinquency (JD) district court cases are included with the exception of Denver County. Data concerning filings, convictions, and revocations originating from Denver County were not available.

Source: Data were extracted from the Judicial Department's Integrated Colorado Online Network (ICON) information management system via the Colorado Justice Analytics Support System (CJASS) and analyzed by DCJ's Office of Research and Statistics.

Montrose: Conviction charges during enrollment (N=20)

Conviction charges	Number of Charges
None	0
Total charges	0
Total cases	0
Total youth with conviction	0
Total youth without convictions	20

Traffic offenses and juvenile (JV) district court data were not included. Juvenile delinquency (JD) district court cases are included with the exception of Denver County. Data concerning filings, convictions, and revocations originating from Denver County were not available.

Source: Data were extracted from the Judicial Department's Integrated Colorado Online Network (ICON) information management system via the Colorado Justice Analytics Support System (CJASS) and analyzed by DCJ's Office of Research and Statistics.

After discharge

Table x. Montrose: Arrested after discharge (N=5)

				Average days at risk post-discharge	
	N	Percent	N Charges: Range	Mean	Range
No	5	100.0%		53.4	1-159
Yes	0	0.0%	n/a		
Total	5	100%			

Sources: Colorado Criminal Information System, maintained by the Colorado Bureau of Investigation; Colorado Integrated Online Network (ICON) maintained by the Colorado Judicial Department.

Montrose: Arrest charges after discharge (N=5)

Offense	Number of Charges
NONE	N/A
Total charges	0
Total youth with arrest charges	0
Total youth without arrests charges	5

Source: Colorado Criminal Information System, maintained by the Colorado Bureau of Investigation; Colorado Integrated Online Network (ICON) maintained by the Colorado Judicial Department.

Montrose: Filing charges after discharge (N=5)

Filing charges	Number of Charges
None	0
Total charges	0
Total cases	0
Total youth with filing charges	0
Total youth without filing charges	5

Traffic offenses and juvenile (JV) district court data were not included. Juvenile delinquency (JD) district court cases are included with the exception of Denver County. Data concerning filings, convictions, and revocations originating from Denver County were not available. Source: Data were extracted from the Judicial Department's Integrated Colorado Online Network (ICON) information management system via the Colorado Justice Analytics Support System (CJASS) and analyzed by DCJ's Office of Research and Statistics.

Montrose: Conviction charges after discharge (N=5)

Conviction charges	Number of Charges
None	0
Total charges	0
Total cases	0
Total youth with convictions	0
Total youth without convictions	5

Traffic offenses and juvenile (JV) district court data were not included. Juvenile delinquency (JD) district court cases are included with the exception of Denver County. Data concerning filings, convictions, and revocations originating from Denver County were not available. Source: Data were extracted from the Judicial Department's Integrated Colorado Online Network (ICON) information management system via the Colorado Justice Analytics Support System (CJASS) and analyzed by DCJ's Office of Research and Statistics.

Appendix M: Testimonials

Urban (Denver)

My family advocate has helped me in so many ways. They helped me learn what I was doing was wrong. They have helped my family in so many ways that other people couldn't do I would strongly recommend that if your having problems with a family member that you take them to MHCD. To me it was the best thing thst ever happened to me they fight for you if you don't think something is right your you don't agree to a situation they will be the one to fight for you no matter what. When you and your parents get into it always give them a call they can direct you in the right path to where you don't mess up or end up in jail. I have used my family advocate in so many ways when I was in need of help I always called my family advocate he was always a great person I could go to for help that's why I think that MHCD will be the greatest program for me it saved me from getting committed into jail I thank them every day for saving me from getting in to deeper trouble. I want to continue staying in MHCD why because when everyone else didn't believe in me the Family Agency Collaboration did and they are the reason why I am not in jail today so therefore I think they are doing a great job and should continue doing a great job I recommend them to anybody that needs help they will be the best agency for you.

Youth

Family Agency Collaboration and the Family Advocate helped my family by going to court with me and my family. By working with people in the juvenile justice system get me on track with court and legal difficulties. They also helped with finding me a job to keep me out of trouble on the streets. I fell behind in school and I needed to get my credits up so they also help me find summer school options. Once I found a school to go to I they help make sure I was doing good in school and checked to see if my grades was on track. I also learned the rights that I have as a citizen which help me because I now know what I can and can't do and know if I will get in trouble for the certain things I do. I am also interested in black history and I received help and assistance with books and information that was very useful to know my history and culture. This program has helped me become a better and more mature person and I will always use the skills I learned in life so that I can be successful.

Youth

My experience with Family Advocate was a life changing experience for me and my family. We learned how to communicate with each other without getting irritated with one another. We learned how to solve our differences in a fashionable manner. My son enjoyed going to the groups and so did my husband. The most impressive of all of our family advocate was very helpful in and out of the court rooms. Our son shared a lot with John and most of all he trusted John. I believe we need this kind of program for our children after all they are our future. Thank you for allowing us to share our life changing experience.

Youth

The collaboration has helped our family in many ways. The biggest thing they've done for us is taught me to advocate for my family. I can now go into various meeting with the confidence I can assert myself to get what my kids need. They have also educated me in laws and policies and basic mental health. With this knowledge I can be involved with all aspects of Mental Health from community affairs, getting the treatment they need all the way to the state and federal level. I've also learned where to find and how to access the community resources my family needs.

Parent

Our family has worked with John Tucker and Erin Flanigan. From day one my child was open and trusting with John. John was the first person to come and see my child in the juvenile detention center and they seemed to immediately bond. My child still view John as the only person throughout this process to whom he can openly converse and trust. He says that John does not pull any games and is open and up front with him. My child is very intelligent and while this is a great strength for him it is also a detriment, he has little to no tolerance for being "talked down to" and appreciates the honesty and forthrightness that John has shown from the beginning.

I met with John initially shortly after my child did. He struck me as very intelligent and dedicated. I greatly appreciated the way he dealt with my child and myself. This entire journey has been very difficult and the guidance John has been able to give us is without a doubt one of the most valuable tools we have been given.

Shortly after my child was put into a treatment center Erin came into our lives as well. Her insight into the workings of the psychological impact of our journey has been very valuable. She is a definite bonus to our team.

Throughout this process we have from having MHCD, Department of Human Services, MST/Savio House, Probation, lawyers, and many others in our lives. As we have worked through the process my child has learned many things. We have all learned the values in our family and how to work better together. John and Erin have helped in many ways I have no words for. The tension of the holiday season was greatly reduced by the knowledge we all had that they were both available via phone and were a willing ear. At all of our court dates and meetings of varying types, John and Erin have been there. Today we are only working with MHCD and probation. The journey has been long.

Knowing the team of John Tucker and Erin Flanigan have been and continue to be on the side of our family and most of all the side of my child is an assess that I cannot put a word value on.

Parent

Rural (Montrose)

Single mother, dad passed away, boys fight constantly. One youth taking on the role of dad, the other youth grieving and resistant to counseling. Family Advocate referred both youth to Anger Management classes. The Anger Management facilitator decided that family treatment was needed for the boys and both boys and mom are attending therapy together. The boys are learning tips on how to deal with their anger, they fight less, and they are also dealing with the loss of their father. The therapist is going to continue to work with the family for free because she has seen such progress and they are in such need. Letter submitted by mother in regards to the program (below)

When I was contacted by Elizabeth Clausen with Hilltop in regards to my child, I wasn't sure what to expect. My children and I were having a hard time because their dad had just passed away. Our whole family fell apart and I gave up. The kids were sick a lot-part of the grieving process. My child had gone from perfect attendance to one who didn't care if he went to school or not. We were given lots of resources and lots of help. The kids are in counseling (individual) and we are in family counseling. We have plans in place to help keep the boys in school. Elizabeth was a great help. She listened. She made suggestions, and she cared. Her help made a difference in our lives.

Parent

Family with 2 teenagers, not attending school. Mom and dad not taking youth to school, youth not wanting to attend school. Family evicted from house. Mom and dad are not U.S. citizens and are not working. The family advocate helped the family move to a new community with a better home environment. One of the teens is now playing basketball for the school, received a physical, has improved grades, improved attendance, and has the goal of receiving her high school diploma.

Family advocacy program

Youth was showing up in the morning, not staying at home at night, scaring his sister, not attending school, and having bizarre behaviors. Since the family advocate has been involved with the family, the youth's behavior has improved, school attendance has improved, he goes home at night, has been placed on Diversion, has started to attend VISTA (alternative school), is seeing a therapist, and feels the support from all service providers.

Family advocacy program

**Appendix N:
Disproportionate Minority Contact**

1st Judicial District¹ Disproportionate Minority Contact, FY 2009²

	White	Black or African-American	Hispanic or Latino	Asian / Native Hawaiian or other Pacific Islanders	American Indian or Alaska Native	Other/ Mixed	All Minorities
A. Population at risk (age 10 through 17)	80%	2%	15%	3%	1%	0%	20%
B. Juvenile Arrests	64%	4%	30%	1%	0%	0%	36%
C1. Secure Initial Detention	58%	7%	31%	1%	2%	0%	42%
C3 Misdemeanor Juvenile Filings	93%	1%	3%	0%	0%	0%	5%
D3a. Misd Filing – Deferred	86%	0%	0%	0%	0%	0%	0%
D3b. Misd Filing – Dismissed	95%	1%	1%	0%	0%	1%	2%
D3c. Misd Filing –Adjudicated	93%	1%	5%	1%	0%	0%	7%
C4. Felony Juvenile Filings	78%	7%	10%	1%	1%	1%	20%
D4a. Felony Filing – Deferred	85%	5%	9%	0%	0%	0%	15%
D4b. Felony Filing – Dismissed	84%	6%	2%	2%	1%	0%	11%
D4c. Felony Filing – Adjudicated	74%	7%	13%	2%	2%	1%	25%
E Total Adjudications	82%	5%	9%	1%	1%	1%	17%
F1. Probation Supervision	75%	6%	14%	1%	2%	1%	24%
G1. Probation - Sentence Detention	67%	7%	18%	4%	4%	0%	33%
F2. Commitment to NYC	66%	10%	23%	0%	1%	0%	34%
G3. NYC - Secure Confinement	66%	10%	23%	0%	1%	0%	34%
C5. Direct File to Adult Court	56%	33%	0%	0%	0%	11%	44%
D5. Direct File Dismissed	0%	0%	0%	0%	0%	0%	0%
D6. Direct File Convicted	57%	43%	0%	0%	0%	0%	43%
E6a. Direct File Convicted - Y.O.S.	80%	20%	0%	0%	0%	0%	20%
E6b. Direct File Convicted - D.O.C.	83%	17%	0%	0%	0%	0%	17%
E6c. Direct File Convicted – Probation	100%	0%	0%	0%	0%	0%	0%

1 The 1st Judicial District is made up of Gilpin and Jefferson County.

2 Data are provided for state fiscal year 2009 except when indicated otherwise.

Item A: CY 2008 population estimates provided by Colorado DOLA, Demography Section. Figures are the most recent currently available.

Item B: CY 2008 NIBRS arrest data provided by the Colorado Bureau of Investigation. White/Hispanic distribution was estimated based on NYC preadjudication detention screens.

Item C1: Data extracted from TRAILS and provided by CDHS Division of Youth Corrections.

Item C3-G1, C5-E6: Data extracted from ICON via the Colorado Justice Analytics Support System (CJASS). Note these figures represent cases, not individual youth.

Item C3-D3: Includes all filings in county courts.

Item C4-D4: Includes all filings in district courts.

Item F2, G3: Data extracted from TRAILS and provided by NYC. All new commitments are assessed for treatment and security needs in a secure facility.

Item C5: All filings in criminal court on individuals under 18 at time of filing or sentenced to the Youthful Offender System.

Item D5-D6: Findings in FY 2009 for all filings in criminal court of individuals under 18 at time of filing or sentenced to the Youthful Offender System.

Item E6a-E6c: Sentences imposed in FY 2009 for all criminal court filings of individuals under 18 at time of filing OR sentenced to the Youthful Offender System.

2nd Judicial District¹ Disproportionate Minority Contact, FY 2009²

	White	Black or African-American	Hispanic or Latino	Asian / Native Hawaiian or other Pacific Islanders	American Indian or Alaska Native	Other/ Mixed	All Minorities
A. Population at risk (age 10 through 17)	28%	17%	51%	3%	1%	0%	72%
B. Juvenile Arrests	14%	31%	51%	1%	1%	0%	84%
C1. Secure Initial Detention	12%	38%	47%	1%	2%	0%	87%
C3 Misdemeanor Juvenile Filings							
D3a. Misd Filing - Deferred							
D3b. Misd Filing - Dismissed							
D3c. Misd Filing -Adjudicated							
C4. Felony Juvenile Filings	21%	24%	35%	1%	1%	0%	62%
D4a. Felony Filing - Deferred	27%	27%	43%	1%	2%	0%	73%
D4b. Felony Filing - Dismissed	14%	19%	31%	1%	0%	0%	52%
D4c. Felony Filing - Adjudicated	27%	29%	40%	1%	1%	1%	73%
E Total Adjudications	27%	29%	40%	1%	1%	1%	73%
F1. Probation Supervision	27%	27%	43%	1%	2%	1%	73%
G1. Probation - Sentence Detention	39%	32%	29%	0%	0%	0%	61%
F2. Commitment to NYC	4%	48%	44%	2%	2%	0%	96%
G3. NYC - Secure Confinement	4%	48%	44%	2%	2%	0%	96%
C5. Direct File to Adult Court	19%	62%	19%	0%	0%	0%	81%
D5. Direct File Dismissed	33%	67%	0%	0%	0%	0%	67%
D6. Direct File Convicted	9%	64%	27%	0%	0%	0%	91%
E6a. Direct File Convicted - Y.O.S.	29%	18%	53%	0%	0%	0%	71%
E6b. Direct File Convicted - D.O.C.	0%	80%	20%	0%	0%	0%	100%
E6c. Direct File Convicted - Probation	0%	0%	100%	0%	0%	0%	100%

1 The 2nd Judicial District is made up of Denver County.

2 Data are provided for state fiscal year 2009 except when indicated otherwise.

Item A: CY 2008 population estimates provided by Colorado DOLA, Demography Section. Figures are the most recent currently available.

Item B: CY 2008 NIBRS arrest data provided by the Colorado Bureau of Investigation. White/Hispanic distribution was estimated based on NYC preadjudication detention screens.

Item C1: Data extracted from TRAILS and provided by CDHS Division of Youth Corrections.

Item C3-G1, C5-E6: Data extracted from ICON via the Colorado Justice Analytics Support System (CJASS). Note these figures represent cases, not individual youth.

Item C3-D3: Includes all filings in county courts. Denver county court is excluded.

Item C4-D4: Includes all filings in district courts.

Item E: Adjudications in Denver County Court are excluded

Items F1, G1: Sentences from Denver county court are excluded.

Item F2, G3: Data extracted from TRAILS and provided by NYC. All new commitments are assessed for treatment and security needs in a secure facility.

Item C5: All filings in criminal court on individuals under 18 at time of filing or sentenced to the Youthful Offender System.

Item D5-D6: Findings in FY 2009 for all filings in criminal court of individuals under 18 at time of filing or sentenced to the Youthful Offender System.

Item E6a-E6c: Sentences imposed in FY 2009 for all criminal court filings of individuals under 18 at time of filing OR sentenced to the Youthful Offender System.

7th Judicial District¹ Disproportionate Minority Contact, FY 2009²

	White	Black or African-American	Hispanic or Latino	Asian / Native Hawaiian or other Pacific Islanders	American Indian or Alaska Native	Other/ Mixed	All Minorities
A. Population at risk (age 10 through 17)	81%	0%	17%	1%	1%	0%	19%
B. Juvenile Arrests	51%	2%	46%	0%	0%	0%	49%
C1. Secure Initial Detention	45%	2%	44%	0%	8%	0%	55%
C3 Misdemeanor Juvenile Filings	84%	1%	15%	1%	0%	0%	16%
D3a. Misd Filing – Deferred	100%	0%	0%	0%	0%	0%	0%
D3b. Misd Filing – Dismissed	85%	0%	13%	1%	0%	0%	15%
D3c. Misd Filing –Adjudicated	82%	2%	16%	0%	0%	0%	18%
C4. Felony Juvenile Filings	73%	3%	14%	0%	1%	5%	23%
D4a. Felony Filing – Deferred	88%	0%	13%	0%	0%	0%	13%
D4b. Felony Filing – Dismissed	72%	6%	6%	0%	2%	6%	19%
D4c. Felony Filing – Adjudicated	70%	2%	21%	0%	1%	6%	30%
E Total Adjudications	106%	3%	28%	0%	1%	6%	38%
F1. Probation Supervision	77%	1%	16%	0%	0%	5%	22%
G1. Probation - Sentence Detention	50%	0%	50%	0%	0%	0%	50%
F2. Commitment to NYC	54%	0%	38%	0%	8%	0%	46%
G3. NYC - Secure Confinement	54%	0%	38%	0%	8%	0%	46%
C5. Direct File to Adult Court	100%	0%	0%	0%	0%	0%	0%
D5. Direct File Dismissed	100%	0%	0%	0%	0%	0%	0%
D6. Direct File Convicted	0%	0%	0%	0%	0%	0%	0%
E6a. Direct File Convicted - Y.O.S.	100%	0%	0%	0%	0%	0%	0%
E6b. Direct File Convicted - D.O.C.	100%	0%	0%	0%	0%	0%	0%
E6c. Direct File Convicted – Probation	0%	0%	0%	0%	0%	0%	0%

1 The 7th Judicial District is made up of Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel County.

2 Data are provided for state fiscal year 2009 except when indicated otherwise.

Item A: CY 2008 population estimates provided by Colorado DOLA, Demography Section. Figures are the most recent currently available.

Item B: CY 2008 NIBRS arrest data provided by the Colorado Bureau of Investigation. White/Hispanic distribution was estimated based on NYC preadjudication detention screens.

Item C1: Data extracted from TRAILS and provided by CDHS Division of Youth Corrections.

Item C3-G1, C5-E6: Data extracted from ICON via the Colorado Justice Analytics Support System (CJASS). Note these figures represent cases, not individual youth.

Item C3-D3: Includes all filings in county courts.

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Item E6a-E6c: Sentences imposed in FY 2009 for all criminal court filings of individuals under 18 at time of filing OR sentenced to the Youthful Offender System.