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

Interim Report Pursuant to 26-22-105(4), C.R.S.

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EXECUTIVE SUMMARY

In 2007, the Colorado General Assembly passed House Bill (H.B.) 07-1057, establishing the creation of family advocacy demonstration programs for youth with mental health or co-occurring disorders who are in or at –risk of becoming involved with the juvenile justice system. H.B. 07-1057 included a mandate (26-22-105, C.R.S.) for the Division of Criminal Justice (DCJ) to evaluate the three family advocacy demonstration programs. When data become available, the evaluation will include analyzing system utilization outcomes, youth and family outcomes, family and youth 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, the transition services provided, and the service utilization time frames.

This first report describes the research design and provides some initial client data concerning demographics, referral and enrollment information, diagnostic criteria, services being received, and discharge data.

Participants

H.B. 07-1057 mandates that the Family Advocacy Demonstration Programs target youth who have a mental illness or co-occurring disorder and who are involved in or at risk of involvement in the juvenile justice system. One program must serve an urban population, another must serve a suburban population, and the third must serve a rural population. Staff from the Division of Criminal Justice and the Division of Behavioral Health (DBH) collaborated to develop the request for proposals for potential service agencies. DCJ and DBH staff then identified objective criteria for site selection and ultimately selected the following three sites:

- The Family Agency Collaboration (FAC) located in Denver (urban).
- The Federation of Families for Children's Mental Health-Colorado Chapter in Jefferson County (suburban).
- Pikes Peak Mental Health Center (PPMH) (Teller County-rural).

Study Design

DCJ will obtain information on program participants who were both admitted to and completed participation in the individual family advocacy demonstration programs between January 1, 2008 and March 31, 2010. Per H.B. 07-1057, this evaluation will also include comparison groups relevant to each site. The comparison groups will be comprised of juveniles and their families who did not receive family advocacy services during the same time period.

The study is based on the Solomon design, which is an extension of the traditional pre-post design evaluation method (Solomon, 1949). As new families enter the treatment and non-treatment service systems pre-measures will be administered, and services will be entered into the Tracking Systems of Care (TSOC; described below) Following service conclusion, post-measures will be acquired. Given the timing of the study

initiation, some families in both the treatment (worked with an advocate) and non treatment (did not work with a family advocate) groups have already completed services. Thus acquiring pre-treatment measures for these families is not possible. However, post-test only treatment measures of empowerment and service satisfaction can still be administered and serve a vital purpose in the Solomon design. The services the youth and family received will be recorded for all groups. Therefore, the four quasi-experimental groups will be as follows:

- **Family Advocacy-Active (Pre-Post with Treatment):** Participants are youth and families working with a family advocate who will fill out the Family Empowerment Scale (FES) within 30 days of being assigned a family advocate, receive family advocacy services and, upon completion of their involvement with the family advocate, complete the FES and be administered the youth and parent/caregiver versions of the DCJ Family Advocate Questionnaire (FAQ).

- **Comparison Group-Active (Pre-Post without Treatment**): Participants are youth and families involved in the Juvenile Justice System not working with a family advocate who can will fill out 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 youth and their parent/caregiver will each be administered the DCJ Family Services Questionnaire (FSQ) as part of their post-test.

- **Family Advocacy-Closed (Post-only with Treatment):** Participants are youth and families that were discharged from the family advocacy demonstration programs prior to the start of the current study. Parents/caregivers will be asked to complete the Family Empowerment Scale (FES) and the youth and their parent/caregiver will complete the DCJ Family Advocate Questionnaire.

- **Comparison Group-Closed (Post-only without Treatment):** Participants are youth and families that were discharged from their involvement in the Juvenile Justice System prior to the start of the current study who did not receive family advocacy services. Parents/caregivers will be asked to complete the Family Empowerment Scale (FES) and the youth and their parent/caregiver will complete the DCJ Family Services Questionnaire.

Data Sources

Data from a variety of sources will be collected and analyzed. Site level information collected from case files (see Appendix A for examples of variables) will be entered by the staff at the individual sites using an on-line data management system called TSOC.

Interviews will be conducted with the family advocates, individuals from referral agencies, professionals involved in the wrap-around team, and members of the pertinent interagency groups as well as other community stakeholders to obtain

information about their roles in the family advocacy programs and their perspectives of the effectiveness of and barriers to the Family Advocacy program. Questionnaires will be used to gather additional data. The Family Empowerment Scale will be distributed to parents/caregivers to assess their perceptions about their roles and responsibilities within the local service system. This questionnaire also taps their perception of their ability to advocate on behalf of their child. Two custom-designed questionnaires, the Family Advocate Questionnaire (FAQ) and the Family Services Questionnaire (FSQ) have been developed. The FAQ will be used to assess families' degree of satisfaction with aspects of the family advocate performance and the services received. The FSQ contains questions regarding the services received by the families who were not assigned a family advocate.

Program Data

Program Information

Program participants. As of mid-December 2008, 49 youths have been enrolled in the family advocacy demonstration programs (Urban=20; Suburban=19; Rural=10). This report only includes nine of the twenty urban/Denver cases. The data from the balance of cases, representing the eleven clients who were revoked from the urban advocacy program, will be forthcoming in future reports.

Eighteen youths are still participating in their family advocacy program (Urban=7; Suburban=3; Rural=8). Additionally, there are another four youths that have met with a family advocate but had not yet enrolled in the program.

Seventy-one percent of the youth have already discharged from their family advocacy program. Fifteen of the 27 discharges were unsuccessful completions: 11 youth in Denver were revoked due to a probation condition or out-of-home placement.

Referral sources. Referrals to the three advocacy programs are received from a variety of locations. The most common referral sites in the urban and rural settings are Probation and the Department of Human Services. However, based on an intentional referral protocol, the suburban program receives referrals only from Jefferson County Pre-Trial Services.

As of February 16, 2009, the rural site in Teller County will conclude their family advocacy service and withdraw their family advocacy demonstration program from the study. The client data collected from this site is incomplete and the primary evaluative activities (for example, interviews, questionnaires and surveys) are most likely irreparably impeded. The evaluation team awaits instruction from the Division of Behavioral Health regarding the resolution of the loss of the rural study site.

Client Information

Demographics. Most of the youths in these programs are male. The suburban site is the only program that has served both genders (males=12 and female=7).

The youths being served in these program range in age between 11 and 17 years old. Male clients in the rural setting are, on average, slightly younger than male clients at

the other two sites and the female clients, served only at the suburban site, are slightly older than each group of male clients.

The distribution of client ethnic origin appears to reflect the populations typical of the program locations with a more balanced distribution of client race/ethnicity from the urban setting and fewer minority members in the suburban and rural sites.

Eighty-seven percent of the population was living with their parents or other relatives at the time of referral to the family advocacy demonstration program.

Along with involvement or risk for involvement in the juvenile justice system, the other requirement for participation in the Family Advocacy Demonstration Program is that youths must have a mental illness or co-occurring disorder. We found that many of the youth have been diagnosed with ADHD/ADD, bi-polar disorder, and depression. Fifteen of the youth had more than one diagnosis.

Over two thirds of the youth were identified as having six or more behavioral health risk factors in the areas of family, school, law/juvenile justice, and substance use/abuse. The youths were assessed to need the following types of services: child welfare, developmental disability, education, juvenile justice, mental health, mentoring, and substance abuse.

Based on these assessments of risks and needs, the most common services provided, beyond the family advocacy service included case management, education, mental health counseling, and substance abuse treatment. The youths in Denver appear to have received the most services with an average of five services per client. Differences in service provision may be a function of responsivity, service availability, or simply length of time in the program; this will be analyzed later in the evaluation process.

Future Evaluation Plan

In the first year of the Family Advocacy Demonstration Program, there were several obstacles encountered by DCJ and the program sites related to data collection and program administration difficulties. However, in the subsequent year when these issues are resolved, the evaluation can proceed more effectively. The central questions in the legislation regarding the value of family advocates will be addressed in the subsequent and final report after additional elements of the evaluative design are implemented.

SECTION 1: BACKGROUND

In 2007, the Colorado General Assembly passed House Bill (H.B.) 07-1057, establishing the family advocacy demonstration programs focused on youth with mental health or co-occurring disorders who are currently involved in, or at –risk of becoming involved in, the juvenile justice system. The primary goal of the legislation is to ensure that youth and families access necessary services and supports that take into account their needs and strengths. Furthermore, the programs are intended to integrate family advocacy[1] 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 be a partnership between a family advocacy organization and a community entity (e.g., 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 must 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 community, and collect and report data on youth, family, and community partners.

H.B. 07-1057 included a mandate to evaluate the program (26-22-105, Colorado Revised Statute). Thus, the Division of Criminal Justice (DCJ) is working with the Colorado Division of Behavioral Health (DBH), formerly the Division of Mental Health (DMH), to evaluate the three youth focused family advocacy demonstration programs. The DBH is charged with monitoring the three demonstration programs whereas the DCJ is qualitatively and quantitatively evaluating these three programs.

Specifically, these programs exist in communities that are significantly different from one another in that they vary in size and scope. Thus, this evaluation will include analyzing system utilization outcomes, youth and family outcomes, family and youth 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, the transition services provided, and the service utilization time frames.

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[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.

SECTION 2: METHOD

Study Design

The evaluation of the family advocacy demonstration programs is focused on the program activities and clients admitted to and completing participation between January 1, 2008 and March 31, 2010. During the same period, additional data will be collected from the comparison groups, the juveniles and their families who did not receive family advocacy services will comprise the comparison groups.

Per the legislative mandate, DCJ must assess service access and youth/family satisfaction among those who worked with an advocate. As new families enter the treatment and non-treatment service systems, the pre-program measures will be administered, services received will be entered into the TSOC system (described below) and, following service conclusion, the post-program measures will be acquired.

Given the timing of the study initiation, some families in both the treatment (worked with an advocate) and non treatment (did not work with an advocate) groups have already completed services. Thus acquiring pre-treatment measures is not possible. However, post treatment measures of empowerment and service satisfaction can still be obtained.

The services the youth and family received will be recorded for all groups. Although random assignment to the treatment was not possible, the four groups lend themselves to a quasi Solomon Four-Group study design (Solomon, 1949).

The Solomon design is an extension of the traditional pre-post design. Including the two traditional pre-post with and without treatment groups, the Solomon includes two additional groups receiving only post-test measures, one receiving treatment, and one not receiving treatment. This study could not be conducted as a true experiment due to our inability to randomly assign families to treatment groups. Again, “treatment” in this study refers to the reception of family and youth services with an advocate, whereas “without treatment” refers to the reception of family and youth services without an advocate. Therefore, the four quasi-experimental groups are as follows:

1. **Family Advocacy-Active (Pre-Post with Treatment**): Participants are youth and families working with a family advocate for whom pre-measures can be administered. Parents/caregivers will fill out the Family Empowerment Scale (FES) within 30 days of being assigned a family advocate, receive family advocacy services, and, upon completion of their involvement with the family advocate, complete the FES and be administered the youth and parent/caregiver versions of the DCJ Family Advocate Questionnaire (FAQ).

2. **Comparison Group-Active (Pre-Post without Treatment):** Participants are youth and families involved in the Juvenile Justice System not working with a family advocate who can be administered the pre-measures. Parents/caregivers will fill out 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 youth and their parent/caregiver will each be administered the DCJ Family Services Questionnaire (FSQ) as part of their post-test.

3. **Family Advocacy-Closed (Post-only with Treatment**): Participants are youth and families that were discharged from the family advocacy demonstration programs prior to the start of the current study. Parents/caregivers will be asked to complete the Family Empowerment Scale (FES) and the youth and their parent/caregiver will complete the DCJ Family Advocate Questionnaire. The length of time between the closure of their case and the administration of these post-measures will be included in the analysis.

4. **Comparison Group-Closed (Post-only without Treatment):** Participants are youth and families that were discharged from their involvement in the Juvenile Justice System prior to the start of the current study who did not receive family advocacy services. Parents/caregivers will be asked to complete the Family Empowerment Scale (FES) and the youth and their parent/caregiver will complete the DCJ Family Services Questionnaire. The length of time between the closure of the case and the administration of these post-measures will be included in the analysis.

	Group	**Pre-Test (FES)**	**Family Advocacy Services**	**Post-Test (FES, FAQ/FSQ)**
1	Family Advocacy-Active	Yes	Yes	Yes
2	Comparison Group-Active	Yes	No	Yes
3	Family Advocacy-Closed	No	Yes	Yes
4	Comparison Group-Closed	No	No	Yes

Participants

Location

H.B. 07-1057 mandated that the three programs serve urban, suburban, and rural populations.

- The Family Agency Collaboration (FAC) located in Denver was selected as the urban site.
- The suburban program led by the Federation of Families for Children's Mental Health-Colorado Chapter is located in Jefferson County.
- Pikes Peak Mental Health Center (PPPMH) represents the rural site in Teller County.

Participant Selection

In addition to the requirement that the programs must serve an urban, suburban, and rural population, HB 07-1057 specifies general criteria necessary for a youth and their family to participate in the Family Advocacy Demonstration Program. All youth participants must meet the following criteria:

1. Have a mental illness or co-occurring disorder.
2. Be involved in or at risk of involvement with the Juvenile Justice System. These youth will not be wards of the state.

In addition the sites have identified specific eligibility criteria, as follows:

3. Denver:
    - 10-21 years of age,
    - reside in Denver,
    - screened by a juvenile justice agency, and
    - prior involvement with three or more child service agencies.
4. Jefferson:
    - 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 youth on probation found to be in need of further supervision without a duplication of services
5. Rural:
    - 10-21 years of age, and
    - youth's family must be involved with three or more of Teller county's core partner sites (e.g., judicial system, mental health, social services, public health, education)
6. A comparison group will be identified for each family advocacy program. It will include youth involved in the juvenile justice system in Denver, Jefferson, and Teller counties with qualifying Massachusetts Youth Screening Instrument (MAYSI-2) scores. The scores will be used by authorized staff (family advocates and referring agency staff) to select potential youth and families for the comparison group with comparable MAYSI-2 scores. The comparison group will be made up of youth involved in the juvenile justice system who did not receive services through the family advocacy programs.[3]

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[3]The MAYSI-2 is a screening instrument that assists practitioners in identifying mental health issues and helps determine if the juvenile needs further assessment for mental health issues and/or disorders. It is given to youth ages 12 to 17 years of age who are involved in the juvenile justice system, or are at-risk of involvement (Grisso, Barnum, Famularo, & Kinscherff, 1998).

Data Sources

Data from a variety of sources will be collected and analyzed. Aside from data gathered through interviews and paper-and-pencil measures, consumer and site-level information will be collected and entered by staff at the individual sites into an on-line data management system, Tracking Systems of Care (TSOC). Per HB 07-1057, the following program components will be evaluated:

- system utilization outcomes,
- youth and family outcomes,
- family and youth satisfaction with the family advocate
- assessment of family advocates,
- process and leadership outcomes as they relate to partnering agencies, and
- if feasible given the resources available, other outcomes such as cost avoidance and cost savings.

The aforementioned data will be gathered using the following data collection tools.

Data Collection

Tracking System of Care (TSOC) application (Allman, n.d.; www.coloradotsoc.org) is a web-based, multi-user application designed as a data collection instrument specifically for the System of Care projects. TSOC tracks service related data and project-wide goals. This web-based system allows for the family advocacy demonstration sites and the DCJ to have access to current, real-time data. TSOC provides standard built-in reports along with the ability to tailor reports to fit specific needs.

The TSOC tracking system gathers information on the following topics:

Child Information – Child information, Parents, Siblings, Family Resources
Referral – Referral Information, Referral Reasons, Eligibility Criteria, Diagnostic Criteria, County Agency
Enrollment – Enrollment Information, Exit Information, consent Status
Contact Information – Caregiver Contacts, Agency/Professional/Provider Contacts
Services and Assessments – Service and Cost Detail, Screenings, and Assessment
Wraparound – Team Meeting information, Recommendations, ISP Participants
Flex Funds – Request Form and Tracking
Child Care/Placement – Tracking Multiple Child Care and Placement History
Acuity – Monthly Tracking/Level of Need and Contacts with Family
EDIF – Compilation of data and Creates a Batch upload process
Training – Training Detail/What, Who, When, How Long, etc.
Federal Match – In-kind Donation, Participation in Meetings

Each of the three locations will be instructed to enter the youth's information directly into the TSOC system. DCJ researchers will then clean and analyze the data on a continual basis. Data will not be collected and entered into TSOC for the comparison groups.

Interviews
One-on-one interviews will be conducted with the family advocates, individuals from referral agencies, professionals involved in the wrap-around team, members of the Interagency Oversight Group (IOG), and other community stakeholders. IOGs were created in related legislation, H.B. 04-1451, 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 are made up of 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 will be interviewed to obtain their perspectives of the effectiveness of and barriers to the Family Advocacy program as well as their agency's role in relation to the Family Advocacy program. Interviews will not be conducted with the comparison groups.

Measures
The Family Empowerment Scale (FES). The FES (Koren, DeChillo, & Friesen, 1992) is a 34-item instrument that was 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/caregiver 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/caregiver empowerment: Family, Service System, and Community/Political systems. The FES is a simple, basic tool designed to be administered with minimal training.

The FES is to be completed by the parent/caregiver who is most involved in the treatment planning process. The initial FES will be completed within 30 days of assignment to a family advocate and then again upon discharge from the program. This will allow analysis of changes, if any, in the parents' perceptions of their role and responsibility from the beginning of program participation to the end. Family advocacy program staff are responsible for distributing and collecting the FES and forwarding to DCJ for data entry and analysis.

The parents of the youth in the comparison groups will be asked to complete the FES as well. Depending on which quasi-experimental group they fall in, they will be asked to complete the FES at the beginning (initial 30 days) and/or end of their child's involvement in the juvenile justice system. DCJ researchers will distribute, collect, and enter the data from the FES.

The DCJ Family Advocate Questionnaire (FAQ). The FAQ is a questionnaire designed by DCJ researchers that will assess the degree of satisfaction an individual has with various aspects of the family advocate performance and the services received. DCJ researchers will administer two questionnaires to each family receiving family advocacy services: one to a parent/caregiver and one to the youth. These questionnaires will be administered face-to-face by DCJ researchers with participants upon completion of the youth/family's involvement with the Family Advocate

Program. This information will be gathered by DCJ researchers from the three locations as a means of obtaining more client specific feedback about their experiences with the family advocate.

The DCJ Family Services Questionnaire (FSQ). The parent/caregivers and the youths in the comparison group families each will receive a DCJ Family Services Questionnaire designed for this study by DCJ researchers. Rather than asking about their experience working with a family advocate, the items will simply ask analogously about aspects of the services the family received. These questionnaires will also be administered face-to-face by DCJ researchers at the completion of the youth's involvement in the juvenile justice system. The responses will be compared to those responses provided by the families and youth that participated in the family advocacy program. The purpose of gathering this information is to compare the experiences of those families who received advocacy services with those who did not participate in the program.

Data Analysis

The evaluation will be based on both qualitative and quantitative information. The qualitative data from interviews and observations will be reviewed for patterns using SPSS Text Analysis. This data will be summarized in the final report. The quantitative analyses will include descriptive statistics to summarize the demographic information about the youth and families in the programs. Frequency distributions will be the primary method of analysis to describe patterns of services received. A comparison of means (with covariates as deemed necessary) will be used to determine whether there are differences in the study groups on the FES as well as any differences in service delivery across sites. SPSS will be used to conduct the quantitative analyses.

Procedure by Study Group

Family Advocacy-Active. At the onset of the youth's referral to one of the three family advocacy demonstration programs, the youth and their family will be assigned a family advocate. Upon the first contact with the family advocate, the youth and parents will be given research consent forms to review and, if they volunteer to participate in the study, sign (see "Consent" below). From that point forward data will be collected in the following manner:

- The family advocate will enter all demographic, referral, enrollment, contact, services, assessments, flex-funds, and childcare placement information into TSOC. TSOC data will be updated periodically throughout the youth's involvement with the family advocate.
- Within 30-days of the youth's assignment to a family advocate, the family advocate will give the parent/caregiver the FES to complete. The results of the FES will be entered into a database by DCJ researchers.
- Throughout the evaluation period of the demonstration programs, interviews will be conducted with each individual program's referral agencies, family advocates, wrap-around professionals, and members of the IOG and other stakeholders.

- Upon the youth's completion of involvement with the program, the youth will complete the DCJ Family Advocate Questionnaire-Youth describing their experiences with the family advocate. At this time the parent/care-giver will also complete the DCJ Family Advocate Questionnaire-Family as well as a follow-up FES.

Family Advocacy-Closed. For the closed cases in the advocacy group, the advocate will make contact with the family to seek their consent to participate in the study. Families choosing to participate will be administered the study measures as described above, and service information from the families' files will be entered into the TSOC data management system. For families not granting consent to participate in the study measures, a waiver of consent was requested and granted for us to access archived service information for the families (see "Consent" below).

Comparison Family-Active. As described above in the participant selection section, a program administrator will contact the family to request their approval to participate in the project (see "Consent" below). If the family declines they will receive no further contact regarding participation in the study. If the family agrees to participate, they will be contacted by DCJ researchers for questionnaire administration (FES and FSQ) similar to the procedure described for the advocacy families above. Information regarding services they received will not be collected.

Comparison Family-Closed. As previously described in the participant selection section, a program administrator will contact the family to request their participation in the project (see "Consent" below). If the family declines they will receive no further contact from researchers. If the family volunteers to participate, they will be contacted by DCJ researchers to undergo a single administration of the questionnaires (FES and FSQ). Information regarding services they received will not be collected.

Human Subjects Protection

The protection 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 parameters for human subjects protection and, in doing so, specifies that research involving youth 10 -17 years requires the consent of a parent or legal guardian and the active assent of the youth (45 C.F.R. § 46.102). The human subjects protection protocols undertaken for this study, described below, have been approved by an independent body, the Western Institutional Review Board[4].

[4] Due to the lengthy IRB review process, DCJ did not receive their certificate of approval and waiver of consent from Western Institutional Review Board (WIRB) until November 26, 2008. And with an impending legislatively mandated report deadline of January 15, 2009, DCJ was not able to collect all of the data outlined in section 26-22-105(3), C.R.S. for this interim report. Information regarding demographic, referral, enrollment, diagnostic criteria, services receiving, and discharge data was collected and is provided in this report.

Confidentiality
DCJ research staff is well-versed in confidentiality protections and the ethics of the research profession. While it is necessary that individual identifiers remain intact in order to track program involvement (e.g., services provided, youth and family outcomes) data will be analyzed and reported in aggregate form only.

Consent
Informed consent and assent forms will be presented and verbally discussed with participating youth and families by the family advocates during their initial meeting. For the family advocacy-closed group, the advocate will make contact with the family to seek their consent to be included in the study. DCJ researchers will present and discuss the consent and assent forms with the comparison groups when they meet with the youth and their parent/caregiver. Specifically, as required by federal law, youth between the ages of 10 and 17 years who agree to participate will sign the assent portion of the parent's consent form whereas participants 18 years of age and older who agree to participate will sign a consent form without a parent/caregiver signature.

The professionals involved in the case will be asked to provide research consent if they participate in an interview. DCJ researchers will train advocates to inform all participants regarding the demands of participation as well as the completely voluntary and confidential nature of the study. Advocates will explain to participants that no identifying information will be disclosed, and that all the quantitative and qualitative data will be analyzed and then presented in the aggregate. As explained below, the data will be electronically stored and protected in secure databases at the Colorado Department of Public Safety.

As discussed above, some participants in the family advocacy programs may have discharged the program before this research study could commence. The independent review board that approved DCJ's research protocols waived DCJ's need to obtain consent for the purpose of collecting case-level data on youth and families that may have discharged prior to initiating the study generally or the FES or DCJ Family Advocate Questionnaires specifically.

Data Entry
Data will be entered into two secure databases. The first is the TSOC database described earlier in the "Data Sources" section. It is a multi-user application designed as a web–based data collection instrument. It will contain information about services provided on youth and family outcomes. The data will be entered by family advocates at the three demonstration sites. The application supports role-based security. This means that a system administrator can create a user and then limit access to features or data based on the role the user is assigned to.

The second database will contain the results from the FES, interviews, and family and youth questionnaires. That information will be entered by DCJ researchers and the database will be maintained by the Department of Public Safety, Division of Criminal Justice. Confidentiality of personal information is a research standard practice and all researchers involved in the study have signed confidentiality agreements.

Data Storage

Data security is of utmost concern to the Division of Criminal Justice. The electronic data (i.e., TSOC and data entered at the DCJ) will be 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. TSOC has a reporting component, which will allow for the individual sites to produce reports of their own case file data. The family advocacy sites will only have access to their own data. DCJ researchers along with Bill Bane from the Division of Behavioral Health will be able to view all the data from the three demonstration sites.

The raw data (i.e., FES and questionnaires) will be locked in a filing cabinet at the Division of Criminal Justice. Only the DCJ researchers will have access to that filing cabinet.

SECTION 3: PROGRAM DESCRIPTIONS

The premise of the Family Advocacy Demonstration Programs is founded on the fact that youth 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 youth 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 three sites fulfilling the H.B. 07-1057 mandate to create family advocacy demonstration programs follow.

Urban Site: Denver

The urban program is run by the Family Agency Collaboration (FAC), a family-run organization, in cooperation with the Mental Health Center of Denver (MHCD) and the Federation of Families for Children's Mental Health – Colorado Chapter. FAC's target population are children and youth ages 10 to 21 years who reside in Denver and have been screened by a juvenile justice agency. They began the demonstration program on January 31, 2008, and had enrolled 20 youth as of October 31, 2008. The Denver program plans to serve a total of 25 youth over the first 18 months of the program. The program uses a High Fidelity Wraparound Process[5] and other interventions to achieve the goals and objectives of the youths and their families. The family advocate is intended to work closely with referred youths and their families to reduce involvement with the juvenile justice system by developing and implementing an individual service plan through weekly contact between the family and the advocate. The family advocate may accompany the youth/family to court appointments, probation meetings, team meetings, wraparound meetings, family support groups, and facilitate communication with the youth's supervising officer, therapists, and social workers. The Denver program employs a part-time family advocate with H.B. 07-1057 funding who is supported by existing FAC staff and a part time service coordinator (paid by MHCD). MHCD provides the required matching funds.

Suburban Site: Jefferson County

The suburban program is led by the Federation of Families for Children's Mental Health – Colorado Chapter in partnership with the 1st Judicial District Juvenile Services Planning Committee. Specifically, this is a partnership between county child service agencies including probation, Jefferson Center for Mental Health, and the Federation of Families for Children's Mental Health – Jefferson County Affiliate. The target population includes youths age 10 to 17 years old who have a pending charge in the 1st Judicial District who have been referred from the custody of Mount View Youth

[5] 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/).

Services Center on bond or are a youth on probation found to be in need of further supervision without a duplication of services. The program focuses on youth at their first entry point into the justice system in order to decrease the likelihood of future involvement. The program plans to serve 30 youths and their families annually. The program began on March 7, 2008 and by November 30, 2008, it had enrolled 16 youth. The family advocate intends to support youth and families moving through the system, increasing their access to services and their ability to make informed decisions, and empowering youth and families by involving them in service planning. Youths and families will participate in wraparound services for 9-12 weeks to develop a treatment plan and receive advocacy services, according to the program design. During that time, the youths and families will develop a family-driven and integrated Mutually Agreed upon Plan (MAP) that includes goals and objectives for treatment services. The MAP is intended to be the sole plan used by the courts, Diversion, and probation services. Families also have support groups conducted by the Federation available to them. Program staff intend to provide training and education sessions to probation officers, diversion staff, and local treatment providers.

Rural Site: Teller County

The rural program is 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 is children and youths between the ages of 10 and 21 years, have a mental health problem which may co-occur with another disorder, are involved in or at risk of involvement with the juvenile justice system, and the youth and families are involved with three or more of the Teller county core partners. The program's core partners include the judicial system, mental health, schools, public health, and social services. The family advocate began working with the first family on May 7, 2008. The advocate position is 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 is to work with approximately 25 families over a 12 month period. As of November 30, 2008, 10 families had been enrolled in the program.

SECTION 4: PRELIMINARY FINDINGS

Program Implementation Challenges

DCJ researchers requested that the three demonstration programs provide a description of the challenges they encountered in implementing fully functional family advocacy programs in their start-up year. Implementation issues are common and expected during the first year of new program operations. Detailed below are the issues identified by the three programs as most challenging to their program implementation process.

Common Challenge

Staff retention. During the first year of this program, each site has lost a family advocacy staff due to illness, job relocation, job advancement, and personnel issues.

Urban Site: Denver County

Loss of voting member status in the Denver Collaborative Partnership. Family Agency Collaboration is a service provider for House Bill 04-1451 - Denver Collaborative Partnership (DCP). In this capacity, FAC was a voting member of DCP until May 2008 when administrators were asked to relinquish their seat and vote to Family to Family, a Denver Department of Human Services program. The FAC staff reported that this presents a void in the family voice and system change/system Integration perspective at the DCP Board Level.

Revocations. A problem that the FAC faced during the summer of 2008 was the higher than anticipated revocation rate for youth with mental disorders with 11 of 20 youth in the advocacy program being revoked.

Suburban Site: Jefferson County

Referral process implementation. The referral protocol based on the MAYSI-2, the referral screening tool was found to require modification once the referral system was implemented. Originally, the criterion for acceptance into the suburban family advocacy program was a minimum of three warnings on the MAYSI-2. Soon it became evident that not enough youth 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, the youths were completing the MAYSI-2 while still experiencing the emotional consequences of having been arrested. These emotional reactions, such as anger, led youths 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.

Engaging Probation and Diversion staff. At the start of the Jefferson County family advocacy program, diversion officers were reluctant to adopt plans developed by the families in the demonstration program. As reported by staff of the family advocacy program, sometimes probation and diversion officers are uncertain of the value of contributions from the unique perspective of families and are more comfortable devising plans that may be less customized to specific youth's needs and more similar

to plans they have created for youths in similar circumstances that they have previously supervised.

Initiating parent and youth support groups. Program staff report that parents involved in the suburban family advocacy programs have demanding schedules and obligations resulting in enormous amounts of stress. Making time for additional responsibilities and commitments (e.g., support group meetings) has proved too overwhelming, and most chose to spend a free evening or weekend afternoon with their family at home or in a fun activity. The only time the Federation has observed improved attendance by youths and their families at support meetings is when the program hosts a fun family activity, such as a bowling night.

Keeping track of transient families. Many families in the suburban program are transient. It has been difficult for the family advocate to find them and obtain their consent to participate in the program and the evaluation.

Rural Site: Teller County

Program infrastructure. According to site staff, this project requires a significant amount of infrastructure since it was designed to include the involvement of the Interagency Oversight Group (IOG) and Relatives in Need of Support (RINOS), formerly known as the Grandparents Group. The H.B. 07-1057 funds cover the costs of hiring and retaining a person to fill the advocacy position. However, Pike's Peak Mental Health Center did not believe the funds were sufficient to support the administrative time needed to effectively guide and support a deepened understanding of the roles and responsibilities of the IOG and RINOS group. Therefore, the proposed systems-building has not been achieved.

The advocate has worked to lead the RINOS group and align them with the IOG, however, the systems-building activities were perceived to be a distraction from seeing clients and delivering as much advocacy and client time as possible. The efforts of the advocate to align community resulted in increased cross-communication between the IOG and RINOS. Members of the RINOS were confused about their roles in overseeing the advocates work and how to be an effective presence and voice on the IOG committee as it relates to clients' needs.

Advocate supervision. The advocate was required to report to three entities (RINOS, IOG or PPMH) which resulted in confusion about accountability. While the three entities worked diligently to align supervisory roles, there were occasions when guidance was not consistent.

Administrative location. Pikes Peak Mental Health is a community partner in Teller County and has an outpatient presence in the county in the towns of Cripple Creek, Woodland Park, and Divide. However, the administration of PPMH's rural programs, including this project, extends from the El Paso County PPMH outpatient offices. The development of a new project coordinated from a non-local administrative entity has proved to be difficult and resource intensive. PPMH expressed concern that the H.B. 07-1057 funds were not adequate to carry out the necessary administrative and clinical oversight required by the program.

Program termination. Pikes Peak Mental Health submitted a letter to the Division of Behavioral Health on December 17, 2008 informing them that it is their intention to terminate their participation in the Family Advocacy Demonstration program. This will be effective on February 16, 2009.

Preliminary Program Data

This section provides a statistical snapshot of the client data submitted from the three family advocacy demonstration programs by the mid-December 2008 interim reporting deadline. This snapshot includes the numbers of clients served followed by client demographics, the sources of referral, client service needs, services provided, and the disposition of the client cases. All the information will be presented separately by site.

Program Information

Table 1 displays the total number of clients accepted into each family advocacy program. The demonstration sites provided detailed data for clients still participating or successfully completing the program and limited data for the fifteen cases closed either for lack of success or program non-completion. Four youths had met with a family advocate by the reporting deadline, but the cases are pending until the completion of the program enrollment process.

Table 1. Client participation status and reason for discharge by program site

Participation Status and Discharge Reasons	SITE		
	Urban/Denver	Suburban/Jefferson	Rural/Teller
STATUS (Count)			
Client Total	20	19	10
Enrollment pending	1	3	0
Case Ongoing	7	3	8
Successful Completion	0	11	1
Unsuccessful/Non-Completion	12	2	1
Reason:			
Revocation*	11	-	-
Placed in residential treatment	1	-	-
Moved from county	-	1	-
Sentenced to DYC	-	1	-
Withdrew upon GAL advice	-	-	1

*Due to probation conditions or out-of-home placement.
Source: Client case files.

The types of agency from which the above youth clients were referred to the family advocacy programs are presented in Table 2. The suburban program was specifically designed by the 1st Judicial District Juvenile Services Planning Committee to receive client referrals only from Jefferson County Pre-Trial Services. The most common referral sources in the urban and rural settings are Probation and the Department of Human Services, respectively.

Table 2. Type of referral agency by program site

Referral Agency Type	SITE		
	Urban/Denver	Suburban/Jefferson	Rural/Teller
TYPE (Count)			
Pre-Trial Services	0	19	0
Probation	5	0	0
Dept. of Human Services	1	0	6
Health Department	0	0	1
Mental Health Ctr.	2	0	1
Other	1	0	2

Source: Client case files.

Client Information

The basic demographic information, found in Table 3, shows that, at this early point in the demonstration programs, only the suburban site has served both client genders while the urban and rural sites have served only males. Male clients in the rural setting are, on average, slightly younger than male clients at the other two sites and the female clients, served only at the suburban site, are slightly older than each group of male clients. The distribution of client ethnic origin appears to reflect the populations typical of the program locations with a more balanced distribution of client race/ethnicity from the urban setting and fewer minority members in the suburban and rural sites. *When gender is displayed in subsequent tables the empty female columns for the urban and rural sites will not be included.*

Table 3. Number of clients served along with demographics by gender and program site

Demographic Data	SITE					
	Urban/Denver		Suburban/Jefferson		Rural/Teller	
GENDER	Male	Female	Male	Female	Male	Female
Total	9	0	12	7	10	0
AGE * (yrs)						
Average	15.7	none	15.7	16.3	14.3	none
Age Range	11.2 - 17.9	-	11.1 - 17.7	14.2 - 17.7	11.6 - 17.2	-
RACE/ETHNICITY: Count (%)						
Caucasian	2 (22%)	-	7 (58%)	4 (57%)	7 (70%)	-
African American	3 (33%)	-	2 (17%)	0	0	-
Latino	2 (22%)	-	2 (17%)	1 (14%)	0	-
Arabic	0	-	0	0	1 (10%)	-
Multi-Racial/Ethnic	2 (22%)	-	1 (8%)	2 (29%)	2 (20%)	-

***Age of client at referral.**
Source: Client case files.

Table 4 displays the residential circumstance for clients at the time of referral. More clients in the urban setting had disruptions to a traditional or stable living situation.

Table 4. Client residence by program site

Residence	SITE		
	Urban/Denver	Suburban/Jefferson	Rural/Teller
RESIDENCE (Count)			
Parent(s) (Biological, Step, Adoptive)	4	17	5
Relatives (Aunts, Uncles, Grandparents, etc.)	1	1	5
Unknown (and Homeless #)	4	1#	0

Source: Client case files.

Mental health diagnoses reported for advocacy clients are provided in Table 5. Clients categorized as "Other" or "Unreported" had pending or temporary diagnoses (based on the MAYSI-2) with the expectation that a more robust diagnosis would be forthcoming.

Table 5. Primary client mental health and related diagnosis/disorder by program site*

Mental Health Diagnoses	SITE			
	Urban/Denver	Suburban/Jefferson		Rural/Teller
DIAGNOSIS/DISORDER (Count)		Males	Females	
Depression	-	3	-	-
Bi-polar Dis./Mania	2	-	1	1
Mood Dis.	-	1	-	-
Anxiety Dis./ PTSD	1	-	-	-
Intermittent Explosive Dis.	-	-	-	1
ADHD/ADD	2	4	1	1
Conduct Dis.	-	-	-	1
Oppositional Defiant Dis.	-	-	-	2
Learning Dis.	1	-	-	-
Asperger's Syndrome	-	-	-	1
Fetal Alcohol Syndrome+	1	-	-	-
Other (updates pending)	-	1	5	1
Unreported (updates pending)	2	3	-	2

*Fifteen clients had more than one diagnosis.
+ FAS, although not specifically a mental health diagnosis, is included due to consequent behavioral effects such as hyperactivity, learning and developmental disabilities, mental retardation, and reasoning and judgment deficits.
Source: Client case files.

All clients met the referral requirement for a mental health diagnosis and involvement in the juvenile justice system. Beyond these issues, Table 6 displays the number of clients in categories by total number of risk characteristics. Table 6b presents the specific risk factors characteristic of clients in each family advocacy program.

Table 6. Number of clients within ranges of total behavioral health risks by program site

Risk Totals	SITE		
	Urban/Denver	Suburban/Jefferson	Rural/Teller
RISK RANGES (Maximum # of risks = 32)	Of 9 Clients	Of 16 Clients*	Of 10 Clients
1 - 5 risks	4	Male = 0, Female = 1	4
6 - 10 risks	4	4, 5	3
11 - 15 risks	1	1, 5	3

* Counts do not include pending cases.
Source: Client case files.

Table 6b. Client behavioral health risk factors by program site*

Risk Factors	SITE		
	Urban/Denver	Suburban/Jefferson	Rural/Teller
RISKS (Count) Family	Of 9 clients	Of 19 clients	Of 10 clients
Violent environment	2	1	0
Out-of-home placement	2	1	8
Parent can't control youth	7	5	6
Family neglects basic needs	0	6	2
Inadequate supervision	3	2	5
Inadequate resources	0	2	6
Delinquent siblings	2	2	1
Family history of criminality	3	7	6
Poor family management	4	4	7
Family conflict	1	7	6
Homelessness	0	2	0
School	Of 9 clients	Of 19 clients	Of 10 clients
Truancy	5	4	6
Suspension/expulsion	1	3	6
Dropping out	0	0	1
Early failure	0	0	1
Law/Juvenile Justice	Of 9 clients	Of 19 clients	Of 10 clients
Runaway	1	1	1
Contact	8	15	7
Lecture/Release	4	9	0
Summons	4	0	0
Arrested	5	16	2
Charged	5	16	3
Detained	4	7	2
Detention/Jail	2	2	1
Committed/Imprisoned	0	1	0
Probation/Parole	4	1	1
Juv. justice services in last yr.	5	12	1
Substance Use/Abuse	Of 9 clients	Of 19 clients	Of 10 clients
Alcohol	1	5	0
Marijuana	4	9	0
Cocaine/Crack	0	3	0
Other Drugs	0	4	0
Gets High/Intoxicated	0	4	1
Dependent/Addiction/Interfere	0	1	0

* Multiple risks possible for each client.
Source: Client case files.

The number of clients assessed to need specific services can be found in Table 7. The number of clients in each site column exceeds the total clients at the site because clients fall into more than one need category.

Table 7. Client service needs by program site*

Assessed Needs	SITE		
	Urban/Denver	Suburban/Jefferson	Rural/Teller
NEEDS (Count)			
Child Welfare	6	Male = 0, Female = 2	4
Developmental Disability	2	0, 0	0
Educational	8	4, 2	9
Juvenile Justice	9	13, 6	10
Mental Health	7	13, 6	10
Mentoring	3	5, 1	6
Physical Health	0	0, 0	0
Substance Abuse	2	5, 2	1
Traumatic Brain Injury	0	0, 0	0
Other	0	7, 6	1

*Multiple needs per client.
Source: Client case files.

The primary non-family advocacy service received by clients can be found in Table 8. Additionally, the mean and range of number of services provided at each site is provided at the bottom of the table.

Table 8. Primary service provided by program site

Service Provision	SITE		
	Urban/Denver	Suburban/Jefferson	Rural/Teller
SERVICES (Count)			
Case Management	3	M = 2, F = 0	1
Education	-	0, 1	1
Mental Health/Counseling	1	4, 4	1
Support Group	1	-	-
Substance Abuse Tx	-	3, 1	-
Other*	1	0, 1	6
Service provision pending	3	-	1
Average services per client+	5.0	M = 4.11, F = 4.85	3.89
Range in number of services+	3 - 7	2 - 6, 3 - 7	2 - 8

*Examples of the "Other" services include Social Work, Mentoring, Recreation, Residential Treatment Center (RTC), Wrap-around, Food stamps, Medication, Youth shelter, Project Respect, Social services, Ethics class, Transportation, Housing, Child care, Developmental disability services, Child supervision.
+ Average based on the total number of services provided across all clients per site. The range represents the lowest and highest number of services provided to clients at each site.
Source: Client case files.

SECTION 5: FUTURE EVALUATION PLAN

In the subsequent year, DCJ evaluators will undertake the following tasks:

1. Collaborate with the Division of Behavioral Health on how to proceed following the withdrawal of the rural demonstration project site.
2. Investigate the viability of the online data collection system, TSOC. However, if TSOC cannot be successfully implemented researchers will develop alternate methods to collect the necessary data.
3. Where missing data exists, identify additional sources of information to complete the case file information.
4. Contact families to collect questionnaire data.
5. Begin interviews with family advocates, staff from referral agencies, service professionals, and community stakeholders.
6. Collect comparison data, to the extent possible, from appropriate comparison youths and families who have not worked with a family advocate.
7. Collect criminal history data.
8. Remain flexible to address salient issues that may arise during the course of the evaluation.

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APPENDIX A:
DCJ DATA COLLECTION INSTRUMENT

Family Advocacy Demonstration Programs
Data Collection Instrument

Instructions: Please complete this data collection instrument on each (active and discharged) youth participating in the family advocacy demonstration program. Record the information in the gray boxes (check box, drop-down list, or text field). For the text fields, you can enter as much text as needed.

1. NAME OF FAMILY ADVOCACY AGENCY THAT IS FILLING OUT THIS FORM:
☐ 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

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: Select... *(drop-down list)*

7. DATE OF BIRTH: **(MM/DD/YYYY)**

8. RESIDENCE: Identify where the youth is living at the time of the referral into the family advocacy program.
Select... *(drop-down list)*
Other Specify

9. ETHNICITY: Identify the youth's ethnic background. **(*Check all that apply)***
☐ 1. American Indian or Alaskan Native
☐ 2. Asian
☐ 3. Black or African American
☐ 4. Hispanic/Latino
☐ 5. Native Hawaiian or Other Pacific Islander
☐ 6. White-Non Hispanic
☐ 7. Other *(Please Specify)*

RETURN FORMS TO…

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700 Kipling Street, Suite 3000
Denver, CO80215

Phone: 303.239.4663
Fax: 303.239.4491
Email: kerry.cataldo@cdps.state.co.us

REFERRAL

10. REFERRAL DATE: Enter the date on which the referral was received by the family advocacy program. **(MM/DD/YYYY)**

11. REFERRAL AGENCY: Select the agency that made the referral.
a. Name:
b. Type: Select... *(drop-down list)*
Other Specify

12. REFERRAL REASON(S): List the reason(s) the youth was referred to your family advocacy program.

13. 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)
☐ 1. Child Welfare		
☐ 2. Developmental Disabilities		
☐ 3. Education		
☐ 4. Juvenile Justice		
☐ 5. Mental Health		
☐ 6. Mentoring		
☐ 7. Physical Health		
☐ 8. Substance Abuse		
☐ 9. Traumatic Brain Injury		
☐ 10. Other *(Please Specify)*		

14. 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)***

☐ 1. Child Welfare
☐ 2. Court
☐ 3. Developmental Disabilities
☐ 4. Diversion
☐ 5. Law Enforcement
☐ 6. Medical
☐ 7. Mental Health
☐ 8. Pre-Trial Services
☐ 9. Probation
☐ 10. School/Education
☐ 11. Senate Bill 94
☐ 12. Substance Abuse
☐ 13. Youth Corrections
☐ 14. Other *(Please Specify)*

RETURN FORMS TO…
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15. 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

Law/Juvenile Justice Involvement
- ☐ Contact
- ☐ Lecture/Release
- ☐ Summons
- ☐ Runaway
- ☐ Arrested
- ☐ Charged
- ☐ Detained
- ☐ Committed/Prison
- ☐ Probation/Parole
- ☐ Detention/Jail
- ☐ Juvenile Justice Services within 1 year*

School
- ☐ School Truancy
- ☐ School Suspension/Expulsion
- ☐ School Drop Out
- ☐ School Early Failure

Substance Use/Abuse
- ☐ Alcohol
- ☐ Marijuana
- ☐ Cocaine/Crack
- ☐ Other Drugs
- ☐ Gets High/Intoxicated
- ☐ Depend/Addict/Interferes

* One year is from the date the youth was referred in the family advocacy program back one year.

DIAGNOSTIC CRITERIA

16. DOES THE YOUTH HAVE A MENTAL HEALTH DIAGNOSIS:
Select... *(drop-down list)*

17. DATE OF MOST RECENT MULTIAXIAL DIAGNOSTIC EVALUATION: (MM/DD/YYYY)

18. 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)*

19. DSM-IV DIAGNOSIS(S): Identify the mental health diagnosis and from which Axis it falls.

	Which Axis? *(drop-down list)*	**Diagnosis**
A	Select...	
B	Select...	
C	Select...	
D	Select...	
E	Select...	

RETURN FORMS TO…
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20. SERVICES RECEIVING *(Enter each service that is provided or will be provided to the youth. Do not record advocacy services if provided by the family advocate, it is already assumed since the youth is participating in the family advocacy program).*

Agency Name: Enter the name of the specific agency that is providing or will provide the service.
Service Type: Select the type of service the agency is providing or will provide.
Service Rate: Enter the dollar/cents amount at which the service will be billed. If they haven't received the service yet enter 0.
Rate Type: Identify how the service will be billed from the drop down list (i.e. flat or hourly rate). If they haven't received the service yet select 3=NA.
Start Date: Enter the start date (MM/DD/YYYY) for when the identified service began or will begin.
End Date: Enter the end date (MM/DD/YYYY) for the service if the youth is no longer receiving the service. If they are either still receiving the service or haven't started receiving the service enter 0 for the date.
# of Sessions: Enter the number of times the youth attended this service. If they haven't received the service yet enter 0.
Length of Direct Service: Enter the **total** amount of time the service was administered. Enter the time in 15-minute intervals (i.e., .25, .50, .75, and 1.0). *Note that administrative and travel time should NOT be included.*
Notes: Enter notes on the identified youth. The notes should include reason for completion and any notable (positive or negative) events.

	Agency Name	**Service Type *(drop-down list)***	**Service Rate**	**Rate Type**	**Start Date (MM/DD/YYYY)**	**End Date (MM/DD/YYYY)**	**# of Sessions**	**Length of Direct Service**	**Notes**
1		Select... *Other*		Select...					
2		Select... *Other*		Select...					
3		Select... *Other*		Select...					
4		Select... *Other*		Select...					
5		Select... *Other*		Select...					
6		Select... *Other*		Select...					
7		Select... *Other*		Select...					
8		Select... *Other*		Select...					
9		Select... *Other*		Select...					
10		Select... *Other*		Select...					
11		Select... *Other*		Select...					
12		Select... *Other*		Select...					
13		Select... *Other*		Select...					
14		Select... *Other*		Select...					
15		Select... *Other*		Select...					

RETURN FORMS TO…

Kerry Cataldo
Division of Criminal Justice
700 Kipling Street, Suite 3000
Denver, CO80215

Phone: 303.239.4663
Fax: 303.239.4491
Email: kerry.cataldo@cdps.state.co.us

INVOLVEMENT IN THE YOUTH'S CASE

21. 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)***

	Name(s)	**Agency Name or Relationship to Youth**
☐ a. Parent/Caregiver		
☐ b. Other Family Member		
☐ c. Natural Support		
☐ d. Case Manager		
☐ e. Therapist		
☐ f. Other Mental Health Staff		
☐ g. Substance Abuse Counselor		
☐ h. Education Staff		
☐ i. Child Welfare Staff		
☐ j. Court Staff		
☐ k. Probation Officer		
☐ l. Diversion Officer		
☐ m. Pre-Trial Officer		
☐ n. Medical Staff		
☐ o. Family Advocate		
☐ p. Mentor		
☐ q. Development Disabilities Provider		
☐ r. Other *(Specify)*		

DISCHARGE

22. DISCHARGE DATE: Enter the date on which the youth discharged the family advocacy program. If the youth is still currently participating in the family advocacy program enter 0. **(MM/DD/YYYY)**

23. DISCHARGE STATUS: Record the discharge status.
☐ 1. Currently participating in the family advocacy program
☐ 2. Successful Completion
☐ 3. Unsuccessful Completion

24. 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 is still currently participating in the family advocacy program enter NA.

25. WAS THE YOUTH REFERRED FOR ADDITIONAL SERVICE(S) ONCE THEY DISCHARGED THE FAMILY ADVOCACY PROGRAM? If the youth is still currently participating in the family advocacy program enter 2=NA.
a. Select... *(drop-down list)*
***b.* If yes, what services?**

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