Task Force for the Continuing Examination of the Treatment of Persons with Mental Illness who are Involved in the Justice System

&

Juvenile Justice and Delinquency Prevention Council

COLORADO'S JUVENILE JUSTICE STATE PLAN FOR YOUTH WITH MENTAL HEALTH ISSUES AND CO-OCCURRING DISORDERS

Prepared July 2006 by:

Jewlya Lynn, Pilar Ingargiola, Denise McHugh, & Melissa Guzman
Center for Systems Integration (CSI)

and the Federation of Families for Children's Mental Health ~ Colorado Chapter

This project was supported by
The Colorado Department of Human Services – Division of Mental Health,
The Colorado State Judicial Branch – Office of the State Court Administrator,
and
Grant No. 2005-JF-FX-0037 awarded by
The Office of Juvenile Justice and Delinquency Prevention through the
Division of Criminal Justice, Colorado Department of Public Safety.

The Office of Juvenile Justice and Delinquency Prevention is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Bureau of Justice Assistance, and the Office of Victims of Crime. Points of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice nor the Division of Criminal Justice, Colorado Department of Public Safety.

Contact Information:

Center for Systems Integration: info@csi-policy.org, 303.832.7844, www.csi-policy.org

The Federation of Families for Children's Mental Health ~ Colorado Chapter: 720.855.3493

Task Force for the Continuing Examination of the Treatment of Persons
with Mental Illness who are Involved in the Justice System: 303.866.3521

Colorado Division of Criminal Justice: 303.239.4442, 1.800.201.1325

Juvenile Justice and Delinquency Prevention Council: 303.239.4442

Colorado Division of Mental Health: 303.866.7400

Colorado State Judicial Branch, Office of the State Court Administrator: 303.861.1111

Foreword

The Juvenile Justice Plan (the Plan) contained in this document provides a broad reaching description of successful and innovative strategies being used in Colorado communities to meet the needs of youth with mental health and co-occurring disorders at risk for involvement and/or involved in the juvenile justice system. The intent of the Plan is to lay out a clearly defined picture of "what" the juvenile justice system could be in Colorado, rather than describing the specifics of "how" to accomplish this system.

While the Plan is comprehensive, it is not an inventory of all of the innovative and successful programs and strategies in Colorado. Instead, it is a snapshot of the range of strategies used to meet the needs of this population with a primary focus on youth entering the juvenile justice system. The Plan does not highlight every community that is using a particular strategy. Including all Colorado programs using each strategy would have resulted in an excessively long and cumbersome document. Instead, a few examples are given under each strategy to illustrate how communities are using them in rural/frontier, urban, and suburban areas of this state.

It is important to note that the Plan, and the process used to develop it, differs from the approach typically taken by states to reform their juvenile justice systems. Rather than first looking at national models to inform Colorado practice, national best practices and data were used to support strategies already underway in Colorado and fill in gaps where needed. One or more Colorado communities are presently implementing every strategy mentioned in the Plan, demonstrating that the strategies are possible and successful in our state.

The plan shows that Colorado already has the tools to meet the needs of youth with mental health issues and co-occurring disorders. Through the expansion of the successful strategies at the programmatic and community levels and with broader support at the systemic, state, and legislative levels, the juvenile justice system can reform to better respond to and meet the needs of these youth and their families.

How to Use the Plan

The Plan is written for multiple audiences:

- Policymakers, including legislators and other elected officials at the state, county, and city levels;
- Judges and courts;
- State agency administrators, task forces, and commissions;
- Municipal and county administrators and managers;
- Operational and program managers, coordinators, and providers;
- Family, youth, consumer, and cultural advocates, and advocacy organizations; and
- Others involved in addressing the needs of youth with mental health issues and co-occurring disorders at risk for involvement or involved in the juvenile justice system and their families.

The Plan is divided into three parts, including:

- **PART I:** The Executive Summary and Recommendations;
- **PART II:** The Introduction and Strategies; and
- **PART III:** The Conclusion and Appendices.

PART I: The ***Executive Summary and Recommendations*** may be used primarily by policymakers, including legislators and other elected officials; state agency administrators; task forces and commissions; and municipal and county administrators and managers to provide the leadership, direction, resources, and support to create the systemic change necessary to move all Colorado communities closer to meeting the needs of this population.

- The Executive Summary provides an overview of three things: how the plan was developed; the strategies identified to create incremental steps toward statewide improvement of the juvenile justice system; and recommendations related to planning, policy, and financing at the state level.
- The Recommendations cover key policy and financing issues that relate to the broader systemic direction of the juvenile justice system, programmatic issues addressing specific strategies, and capacity building recommendations to increase state capacity for systems change. These recommendations are intended to guide the state in the development of statewide infrastructure, resources, and capacity to enable local improvement to develop or expand the use of the strategies; without such leadership, implementation of the strategies would not be possible.

PART II: The ***Introduction and Strategies*** may be used by primarily by state agency administrators; task forces and commissions; local and county administrators and managers; operational and program managers, coordinators, and providers; and others dedicated to meeting the needs of this population of youth and their families.

- The Introduction explains the context and need driving the Plan, the mandate for and development of the Plan, the limitations and structure of the Plan, and the framework of the juvenile justice system upon which to build.
- The Strategies address the systemic infrastructure and financing, service delivery approaches, court processes, entry into and transition out of the system, and other key issues within the juvenile justice system. These strategies are intended to demonstrate how local communities may enhance their current juvenile justice systems through incremental steps, often with few or no additional resources, that will lead to better outcomes for youth, families, and communities.

PART III: The ***Conclusion and Appendices*** may be used by any interested readers. The Conclusion provides guidance to the Task Force on the needed leadership and direction in the use of the Plan, in working with state partners to utilize the recommendations to guide systems change and capacity building, and in supporting execution of the strategies by local communities. The Appendices include the:

- Research methods used to create the Plan;
- Over 400 Colorado organizations and stakeholders engaged in the oversight and development of the Plan;
- Colorado and national programs mentioned in the plan, to serve as a resource for local communities interested in following up and learning more about a given strategy or program; and
- References, authorizing legislation, and a map of Colorado's judicial districts.

Table of Contents

PART I

EXECUTIVE SUMMARY **5**

Development of the Plan *5*
Content of the Plan: Recommendations *6*
Content of the Plan: Strategies *6*
Conclusion *10*

POLICY, PLANNING, AND FUNDING RECOMMENDATIONS **12**

RECOMMENDATION TABLE 12

POLICY, PLANNING, AND FUNDING RECOMMENDATIONS 14
Policy and Financing Recommendations *14*
Youth and Family Advocacy Recommendations *18*
Programmatic Recommendations *20*
System's Change and Capacity-Building Recommendations *25*

CONTENTS OF THE REMAINING PORTIONS OF THE PLAN 31

PART II

SECTION 1: INTRODUCTION TO THE PLAN **34**

CHAPTER 1: INTRODUCTION AND DEVELOPMENT OF THE PLAN 34
The Need for the Plan *35*
The Mandate *37*
The Structure of the Plan *38*
Developing the Plan *39*
Limitations of the Plan *41*

CHAPTER 2: THE CURRENT COLORADO JUVENILE JUSTICE SYSTEM 42

SECTION 2: SYSTEM-WIDE STRATEGIES **46**

CHAPTER 3: SYSTEMIC STRATEGIES 46
Strategy 1: Interagency Planning for Systemic Improvement *46*
Strategy 2: Fiscal Integration *50*
Strategy 2a: Programmatic Blended and Braided Funding 50
Strategy 2b: Flexible Funding Pots 51
Strategy 2c: Flexible Funding Processes 51
Strategy 2d: Rollout Funding 51
Strategy 2e: Systemic Funding Integration 52
Strategy 3: Co-Locating Services and Staff *53*
Strategy 4: Information Sharing and Informed Consent *55*
Strategy 5: Partnerships with Community-Based Organizations *56*
Strategy 6: Using Data and Evaluation to Inform Decisions *58*

CHAPTER 4: SYSTEM-WIDE STRATEGIES FOR FAMILY AND YOUTH EMPOWERMENT AND SUPPORT 61

Strategy 7: Family Navigators and Advocates *61*
Strategy 8: Family and Consumer Empowerment in Service Planning *64*
Strategy 9: Family and Consumer Empowerment in Systemic Decision-Making *67*
Strategy 10: Services for Parents and Families *69*
Strategy 10a: Respite Care 69
Strategy 10b: Parenting Classes, Support Groups, and Skill Building 70
Strategy 10c: Mental Health and Substance Abuse Services 71
Strategy 11: Positive Youth Development *71*
Strategy 12: One on One Contact *73*
Strategy 13: Opportunities for Prosocial Activities *74*
Strategy 14: Individualized Services *75*
Strategy 15: Incentives for Youth *75*

CHAPTER 5: SYSTEM-WIDE CULTURALLY COMPETENT STRATEGIES 76
Strategy 16: Recruiting and Supporting Bilingual/Bicultural Staff *79*
Strategy 17: Building Cultural Competency *79*
Strategy 18: Linguistic Competency *80*
Strategy 19: Culturally Specific Services *81*

CHAPTER 6: SYSTEM-WIDE STRATEGIES FOR SERVING SPECIFIC POPULATIONS 81
Strategy 20: Integrated Services for Youth with Co-Occurring Substance Use Disorders *82*
Strategy 21: Integrated Services for Youth with Co-Occurring Developmental Disabilities *84*
Strategy 22: Specialized Services for Girls *86*
Strategy 23: Specialized Services for Younger Offenders *88*

CHAPTER 7: OTHER SYSTEM WIDE STRATEGIES 90
Strategy 24: Mental Health Services *90*
Strategy 25: Implementing Research-Based Practices *91*
Strategy 26: Least Restrictive, Most Appropriate Services *97*
Strategy 27: Mentoring *98*
Strategy 28: Interagency Staffing Groups *99*
Strategy 28a: Individualized Staffing 99
Strategy 28b: Systemic Staffing 102
Strategy 29: Community Members as Supports *104*
Strategy 30: Restorative Justice in Juvenile Justice *105*
Strategy 31: Telemedicine *108*
Strategy 32: Specialty Schools *109*

SECTION 3: THE JUVENILE JUSTICE PROCESS 110

CHAPTER 8: ENTRY INTO THE JUVENILE JUSTICE SYSTEM 110
Strategy 33: Crisis Response in the Juvenile Justice System *110*
Strategy 34: Assessment and Evaluation *112*
Strategy 34a: Juvenile Assessment Centers 113
Strategy 34b: Assessment and Evaluation at Initial Entry to the Juvenile Justice System 116
Strategy 35: Alternatives to Detention and Other Out-of-home Placements *117*
Strategy 35a: Community-based Foster Care 118
Strategy 35b: Intensive, Home-based Services 120
Strategy 35c: Staff Secure Facilities 121
Strategy 35d: Non-traditional Tracking 122
Strategy 35e: Day Treatment or Intensive Supervision 123
Strategy 35f: Mental Health and Substance Abuse Services 124
Strategy 36: Therapeutic Diversion *125*
Strategy 37: Therapeutic Responses to Truancy *126*

CHAPTER 9: COURT PROCESSES 128
Strategy 38: Collaborative Court Improvement *128*
Strategy 39: Developing Effective Specialty Courts *128*
Strategy 40: Informal Adjustments *133*

CHAPTER 10: SENTENCING, TREATMENT, AND INTERVENTION ALTERNATIVES 133
Strategy 41: Mental Health and Co-Occurring Disorder Services in Residential Settings *134*
Strategy 42: Mental Health and Co-Occurring Disorder Services in Commitment *136*

CHAPTER 11: TRANSITION 137
Strategy 43: Integrated and Aligned Step-Down Services *138*
Strategy 44: Mental Health and Substance Abuse Aftercare Services *139*
Strategy 45: Specialized Transition Planning Capacity *140*
Strategy 46: Helping Youth with Life Skills and Coping Strategies *140*
Strategy 47: Helping Youth with Education and Employment *141*

SECTION 4: PREVENTION STRATEGIES 143

CHAPTER 12: COMMUNITY-BASED PREVENTION STRATEGIES 143

CHAPTER 13: SCHOOL-BASED PREVENTION STRATEGIES 144

PART III

SECTION 5: CONCLUSION 147

SECTION 6: APPENDICES 148

APPENDIX A: RESEARCH METHODS 148

APPENDIX B: ORGANIZATIONS INVOLVED IN THE OVERSIGHT AND DEVELOPMENT OF THE PLAN 156
Legislative Oversight Committee Members *156*
Task Force for the Continuing Examination of the Mentally Ill in the Justice System Members *157*
Juvenile Justice/Mental Health Subcommittee Members *158*
Juvenile Justice and Delinquency Prevention Council Members *159*
Organizations Involved in the Development of the Plan *160*

APPENDIX C: PROGRAMS INCLUDED IN THE PLAN 164
Alphabetical List of Programs *165*
List of Programs by Strategy *170*

APPENDIX D: REFERENCES 178

APPENDIX E: MAP OF THE COLORADO JUDICIAL DISTRICTS 188

APPENDIX F: AUTHORIZING LEGISLATION 189

Index of Figures and Tables

Figure 1. Youth in the Context of Need 34
Figure 2: The Colorado Juvenile Justice Process 45
Table 1: Youth in the Juvenile Justice System by Ethnic Group, Arrests through Adjudications, FY 2004-5 76
Table 2: Youth in the Juvenile Justice System by Ethnic Group, Sentencing, FY 2004-5 77
Table 3: Youth in the Juvenile Justice System after Arrest by Ethnic Group, Sentencing, FY 2004-5 77

PART I

Executive Summary

The Juvenile Justice Plan (the Plan) contained in this document was developed in response to Section 18-1.9-104(2)b(II), C.R.S. requiring the Task Force for the Continuing Examination of the Treatment of Persons with Mental Illness who are Involved in the Justice System (the Task Force) to develop a plan to "most effectively and collaboratively serve the population of juveniles involved in the criminal justice system or the juvenile justice system." The Plan is targeted towards youth with mental health issues and co-occurring disorders, including substance abuse and developmental disabilities, in the juvenile justice system.

Development of the Plan

The Plan was developed in partnership with the Juvenile Justice and Mental Health Subcommittee; the Juvenile Justice and Delinquency Prevention Council, the Colorado Department of Human Services – Division of Mental Health, the Colorado the Colorado Department of Public Safety – Division of Criminal Justice, State Judicial Branch – Office of the State Court Administrator, the Federation of Families for Children's Mental Health ~ Colorado Chapter, the 22 Judicial Districts in Colorado, the Mental Health Centers of Colorado, the House Bill 2004-1451 coordinators (some of whom are also the family preservation core services coordinators), and participants at regional community, family, and youth meetings around the state.

The Plan was built upon the 2005 Framework process and incorporated research and engagement that focused on solutions to the juvenile justice system's problems in meeting the needs of youth with mental health issues and co-occurring disorders. The process included:

- Receiving initial input on successful programs and practices around the state from key multi-community or multi-system groups, including: the Task Force and the JJ/MH Subcommittee; the Mental Health Planning and Advisory Council and Child and Family Subcommittee; the Core Services Board; the Colorado Behavioral Healthcare Council's Programs and Standards Subcommittee; the Senate Bill 94 statewide coordinator's meeting; the Advocates Forum; the Colorado Counties Inc, Behavioral subcommittee; the Colorado System of Care Collaborative; the Colorado Minority Health Forum; and the Advancing Colorado's Mental Health funding partners.
- Conducting an initial round of phone interviews with all but one of the Mental Health Centers' child and adolescent coordinators, the SB94 coordinators in the state, and the House Bill 2004-1451 state and local coordinators.
- Analyzing the first round of phone interviews to create a list of programs identified as successful and innovative in each Colorado community.
- Follow-up phone interviews with program managers or similar level staff of identified successful and innovative programs and practices to gain comprehensive information on the programs and strategies.
- Analyzing the second round of interviews to create a map of innovative strategies in Colorado.

- Conducting family and youth focus groups early in the process to identify programs and practices that families and youth felt were innovative and successful for them. The focus groups were also used to verify the findings on the design of a successful continuum of services in the juvenile justice system for youth and families. Family groups were held via three statewide teleconference calls, one Spanish speaking group in Colorado Springs, a Native American group in Colorado Springs, and one English speaking group in Denver. Youth groups were held in Grand Junction and Denver, both with minority advocacy programs to ensure diverse representation.
- Community meetings, with regional participation of system stakeholders, were held in Buena Vista, Ignacio on the Southern Ute reservation, Pueblo, Longmont, and Denver. These meetings included representatives from probation, mental health, substance abuse, developmental disabilities, schools, social services, and preventive programs and agencies; line level providers working directly with youth and families as well as middle and top level administrators; providers serving middle and high-school age youth as well as youth transitioning to adulthood; family advocates and minority advocates working with youth and families; and culturally diverse stakeholders including those from Asian American, Latino, African American, and Native American communities.
- Final analysis of all the interviews and community, youth, and family meetings, and then conducting national research to provide background information, data, best practices, and outcomes to support the strategies identified in Colorado.

Content of the Plan: Recommendations

The Plan contains 21 recommendations related to planning, policy, and financing at the state level. The recommendations cover key policy and financing issues that relate to the broader system infrastructure, programmatic issues addressing specific strategies, and capacity building recommendations to increase state capacity for systems change. The recommendations provide guidance and direction toward statewide improvement of the juvenile justice system including creating more equitable and comparable services and court processes across jurisdictions. In essence, the intent of the recommendations is to provide direction to the state in the development of statewide infrastructure to enable local improvement through the strategies.

Content of the Plan: Strategies

The Plan contains a collection of 47 strategies that address the systemic infrastructure and financing, service delivery approaches, court processes, entry into and transition out of the system, and other key issues within the juvenile justice system. The strategies are intended to help local communities enhance their current juvenile justice systems through incremental steps that will lead to better outcomes for youth, families, and communities. The strategies were identified as a result of a comprehensive interview and community meeting process conducted by the Center for Systems Integration in partnership with the Federation of Families for Children's Mental Health ~ Colorado Chapter. Every strategy in the Plan is already successfully underway in at least one community in Colorado. The strategies are backed-up by national research including evaluations of similar programs around the country. Where available and applicable, cost data demonstrates the financing needs of different strategies. Information on barriers as described by Colorado communities is also provided. The description below of an integrated, successful, and innovative juvenile justice system

is an overview of the strategies and a picture of how all the strategies put together will result in positive outcomes for youth with mental health issues and co-occurring disorders and their families.

Colorado's Integrated, Successful, and Innovative Juvenile Justice System: The Plan that follows draws on the most successful and innovative strategies across Colorado, pulling financing and collaboration practices from one community, service delivery from another, court processes from yet another, etc. to create a plan that is comprehensive in its approach to enhance Colorado's juvenile justice system. It is a plan for Colorado's juvenile justice system that *does not* change the path that a youth takes through the justice system, but rather changes how many youth with mental health issues and co-occurring disorders end up deeply involved with the juvenile justice system. It is a system that balances graduated sanctions with prevention, early intervention, and treatment to ensure positive outcomes for youth, their families, and their communities.

To achieve these outcomes, the Plan describes a juvenile justice system, already possible and partially underway in Colorado's communities, that meets the needs of youth with mental health issues and co-occurring disorders through:

- Systemic integration;
- Empowering youth and families;
- Responding to the cultural needs of youth and families;
- Addressing the needs of diverse populations entering the juvenile justice system;
- Building on the most successful strategies throughout the continuum of services; and
- Supporting successful strategies at specific points of involvement within the system:
  - Upon entry into the system;
  - Throughout the court process;
  - Within commitment, detention, and longer term out-of-home placements;
  - During transition out of detention, commitment, other out-of-home placements or into adulthood; and
- Recognizing the importance of prevention, including community- and school-based services.

The Plan for Colorado's juvenile justice system explores how Colorado communities have developed and implemented various systemic integration mechanisms to better meet the needs of youth and families, including:

- Developing substantial collaborative partnerships that move beyond planning for a single funding stream or a single population, with commitments from multiple systems with many mandates and funding streams;
- Working in partnership across funding streams to provide services that are individualized to meet the needs of each youth and family, rather than driven by system needs and expectations;
- Developing financing mechanisms with community-based providers that allow for flexibility in the provision of services, instead of fixed contracts for predefined services that may or may not meet the needs of youth and families entering the juvenile justice system;
- Developing financing mechanisms that increase investment in early interventions as dollars are saved from out-of-home placements;
- Co-locating staff to decrease the stigma associated with mental health services, increase accessibility through the use of schools and other community-based settings, and increase the integration of service delivery;

- Sharing information through well-defined, legally sound informed consent processes; and
- Making informed decisions through the use of data and research in forecasting needs, assessing capacity, evaluating programs, and measuring ongoing performance.

Colorado's steps toward a successful and comprehensive juvenile justice system have also included many ways of empowering youth and families, including strategies that:

- Engage family advocates and navigators to support youth and families moving through the system, increasing their access to services and their ability to make informed decisions;
- Empowering families and youth in their own service planning;
- Increasing the responsiveness of the juvenile justice system to youth and family needs by empowering families and youth to participate in systemic decision-making such as juvenile justice boards;
- Provide families as well as youth with services such as mental health and substance abuse treatment, respite, and parenting classes in recognition that youth live within the context of their families;
- Approach service delivery from a positive youth development perspective that respects the strengths and needs of each youth;
- Provide intensive one-on-one interaction for high-needs youth, either through mentors, case managers, or other roles;
- Create opportunities for prosocial interaction for youth at risk, increasing their exposure to positive behavior and choices;
- Provide services that are individualized to the risks and protective factors present in every youth, particularly those most at risk; and
- Provide not only graduated sanctions, but also incentives that resonate with youth and serve to motivate them.

An integrated juvenile justice system is also a culturally responsive system that meets the cultural needs of diverse youth and prevents disproportionate minority representation by:

- Recruiting and supporting bilingual and bicultural staff;
- Going beyond cultural competency training to developing an organizational approach to cultural competency that includes planning and leadership support;
- Developing linguistic competency and drawing on translation resources; and
- Providing culturally specific services in a group setting for youth from similar ethnic backgrounds.

The successful juvenile justice system addresses the needs of other groups as well, including:

- Providing integrated service delivery for youth with co-occurring mental health and substance use disorders;
- Developing, piloting, and expanding approaches for serving youth with co-occurring mental health and developmental disabilities;
- Creating appropriate strategies for girls that recognize that their developmental pathways differ from those of boys as well as the overwhelming percentage who have been abused, traumatized, and have mental health needs; and
- Developing preventive approaches as well as service delivery strategies for younger offenders who are at risk of or who are entering the juvenile justice system prior to their teenage years.

A juvenile justice system in Colorado that can successfully meet the needs of youth with mental health issues and co-occurring disorders and their families also builds on the best strategies the state has to offer for youth at any point in the juvenile justice system including:

- Providing mental health services to youth in need, through a combination of private, public, and community resources;
- Implementing evidence-based prevention and intervention practices throughout the juvenile justice system, including adapting them to meet the unique needs of different communities;
- Enhancing existing mentoring programs, available almost statewide, to more closely resemble the evidence-based mentoring programs that have demonstrated success;
- Providing intensive interagency staffing services through such processes as wraparound and team decision-making when youth and family needs are high;
- Continuing and enhancing the use of interagency staffing groups that are not case specific to address the needs of lower risk youth and families in an efficient, effective manner;
- Engaging community members as supports, both paid and unpaid, to youth and family in need throughout the system;
- Bringing restorative justice principles and programs into the practices of the juvenile justice system, from early interventions to sentencing alternatives;
- Creating the infrastructure to provide psychiatric and counseling services throughout the state, even to isolated rural communities, through telemedicine; and
- Enhancing alternatives schools to include therapeutic components that divert youth from juvenile justice involvement and improve school performance.

Colorado's juvenile justice system also has the capacity to address the needs of youth with mental health issues and co-occurring disorders by supporting successful strategies at specific points in their involvement with the system. At first entry into the system, whether through law enforcement contact, truancy, or other means, the juvenile justice system can decrease the likelihood of future involvement by:

- Ensuring that crisis response is a component of addressing mental health issues in youth and their families;
- Providing immediate assessments through the use of the MAYSI-2 and other tools when a youth enters the juvenile justice system;
- Creating and provide multiple alternatives to detention in order to increase the likelihood of a successful outcome for youth with mental health issues and co-occurring disorders, such as community-based foster care, intensive home-based services, staff secure facilities, non-traditional tracking strategies, and day treatment services;
- Creating a therapeutic track in diversion programs;
- Providing mental health services both in detention and also when youth transition out of detention; and
- Providing therapeutic responses to truancy.

During the court process, Colorado has already demonstrated the capacity to respond to youth with mental health issues and co-occurring disorders in ways that can improve outcomes, through such strategies as:

- Developing model courts with interagency collaboration to support court improvements;

- Approaching the development of specialty courts in thoughtful ways, ensuring the new court matches the needs of the community; and
- Using informal adjustments as part of the specialty court model to decrease the criminalization of mental health issues in youth.

Although the ideal is to divert youth from commitment centers and longer term out-of-home placements, youth with severe needs or who have committed violent crimes may need more restrictive settings. Colorado's juvenile justice system can continue to provide intensive services that:

- Include an appropriate array of mental health services within a residential environment; and
- Provide mental health treatment options within commitment centers.

When a youth is transitioning out of detention, commitment, other out-of-home placements, or simply transitioning to adulthood, Colorado communities have strategies in place to increase the likelihood of a successful transition with low recidivism rates such as:

- Providing integrated step-down services that begin while the youth is in out-of-home placement and connect the youth to a continuum of services in the community;
- Including mental health and substance abuse services in aftercare for youth;
- Developing specialized transition planning capacity at the interagency and case management level to increase access to resources;
- Providing classes that teach life skills and coping skills; and
- Supporting youth as they develop vocational skills and secure employment.

Finally, many Colorado communities are well aware of the value of prevention, both community-based and school-based. As more fiscally integrated systems develop, greater attention can be given to the prevention models, including those that:

- Build on the existing prevention infrastructure in communities, such as Boys and Girls clubs, recreation centers, and mentoring programs;
- Provide mental health services in youth friendly settings, such as drop-in youth centers;
- Include prevention in schools at all levels, from curriculum taught in classes to during- and after-school programs; and
- Provide school-based mental health services in a variety of ways, from onsite public and privately funded therapists to comprehensive school health centers.

The current Colorado juvenile justice system has much of the capacity necessary to have all of the strategies in place in all of the communities. With each strategy already underway in one or more communities, the state is well positioned to having a successful juvenile justice system for youth with mental health issues and co-occurring disorders. The recommendations in the next section include a few suggestions on how the state can help each local community to enhance their existing juvenile justice system to better reflect the 47 strategies within the Plan.

Conclusion

The Plan contained in this document provides a comprehensive snapshot of the successful and innovative strategies being used in Colorado to meet the needs of this population of youth. While

the intent of the Plan is to provide a clearly defined picture of the best of "what" the juvenile justice system could be in Colorado, the specifics of "how" to accomplish this still needs to be determined. The Task Force must provide leadership to ensure the plan helps to inspire and support capacity building and systems change at the state level that may then enable local communities to better meet the needs of these youth. To accomplish this, the Task Force, in partnership with state, local community, and consumer leaders, will need to prioritize the recommendations and strategies in the Plan and work to develop an action plan that ensures the successful implementation and sustainability of the vision in the Plan. Leadership is critical to the implementation of all of the strategies and recommendations and to enabling systems change to better meet the needs of youth with mental health issues and co-occurring disorders at risk of involvement and/or involved in the juvenile justice system in Colorado.

Policy, Planning, and Funding Recommendations

Recommendation Table

	Policy and Financing Recommendations
Page 14	**Recommendation 1**: The state should continue to develop policies that support integrated planning and financing at the local level through three policy mechanisms: incentives; waivers; and technical assistance.
Page 15	**Recommendation 2**: The state should make an effort to prioritize and continue to fund one or more key financing streams, especially those that are flexible in terms of their use, to allow local communities the consistency to provide the most supportive services given local needs.
Page 16	**Recommendation 3**: The state should work with local communities to identify mechanisms for communities to invest new resources to keep youth in the community and/or reinvest resources saved by keeping youth in the community.
Page 17	**Recommendation 4**: The Task Force in partnership with statewide organizations should develop process and performance standards for the juvenile justice system that specifically relate to youth with mental health issues and co-occurring disorders.
	Youth and Family Advocacy Recommendations
Page 18	**Recommendation 5**: The Task Force in partnership with statewide organizations should develop legislation to provide support, funding, and evaluation of advocacy models (including family, youth, consumer, and cultural advocates and navigators) across different systems to assist youth and families in accessing services and supports in the juvenile justice and related systems.
Page 19	**Recommendation 6**: The state and statewide organizations should strengthen efforts to include youth, family, cultural, and consumer advocates at the systemic policy planning level in planning boards, task forces, and state policy planning bodies.
	Programmatic Recommendations
Page 20	**Recommendation 7**: The state and statewide organizations should continue to support development and implementation of research-based practices by increasing information, tools, resources, and funding for identifying, developing, and implementing the practices in local communities.
Page 21	**Recommendation 8**: The state and statewide organizations should provide funding, information, and technical assistance to help communities improve court practices and processes.

Page 22	**Recommendation 9**: The state should research the extent of co-occurring mental health and developmental disabilities in the juvenile justice system and develop successful practices and programs as appropriate to meet the need.
Page 22	**Recommendation 10**: The state should work with local communities, youth, families, and advocates to identify a range of crisis response options to divert youth from out-of-home placement and/or further juvenile justice involvement.
Page 23	**Recommendation 11**: The state should explore alternatives to current court timelines to allow sufficient time for restorative justice and mediation processes to be completed.
Page 23	**Recommendation 12**: The state should explore with the judiciary and communities the court's authority to order specific services for youth for the purpose of achieving the best outcomes for youth and families.
Page 24	**Recommendation 13**: The state should support the development of integrated service delivery for youth as they transition back into the community or into adulthood.
Page 24	**Recommendation 14**: The state should ensure that mental health services for youth and families are included in state commissioned demonstrations, studies, and reports on telemedicine.
Page 25	**Recommendation 15**: The state should provide technical assistance, examples of universal information sharing forms, and/or legal interpretations related to information sharing laws to encourage all communities to develop equally comprehensive information sharing practices.
Systems Change and Capacity Building Recommendations	
Page 26	**Recommendation 16**: The state should increase its ability to collect, analyze, report, and use data related to the juvenile justice system and across multiple systems that serve this population of youth.
Page 27	**Recommendation 17**: The state and statewide organizations should work with local communities to create opportunities for statewide involvement in policymaking.
Page 27	**Recommendation 18**: The state and statewide organizations should work with local communities to create opportunities for statewide involvement in training.
Page 28	**Recommendation 19**: The state and statewide organizations should work to support communities in learning from each other by specifically including information on innovative Colorado practices in their conferences, published materials, and training opportunities.
Page 29	**Recommendation 20**: The state should develop capacity to support systemic change in the juvenile justice and mental health systems, including capacity for planning, research, and implementation of priority improvements and technical assistance to local communities.
Page 31	**Recommendation 21**: The Task Force, in partnership with state agencies, other task forces and commissions, local communities, family and youth advocates, and other statewide organizations, should identify priority strategies, develop action plans, create technical assistance materials, and determine other ways to build statewide capacity to support implementation of the Plan's recommendations and strategies.

Policy, Planning, and Funding Recommendations

Forty-seven strategies for successfully meeting the needs of youth with mental health issues and co-occurring disorders in the juvenile justice system are explored in the Plan. Each of these strategies is already underway in one or more Colorado communities. Yet, as noted throughout the Plan, most strategies face barriers to implementation. Also, although at least one community if not more are presently implementing every strategy listed, many communities lack the information and incentives to develop strategies not currently in place.

Where the strategies are a map for incremental change in local communities, the recommendations below are the tools for state level systemic change to help support all Colorado communities in moving closer to integrated, successful juvenile justice systems for youth with mental health issues and co-occurring disorders. The recommendations cover key policy and financing issues that relate to the broader systemic, programmatic issues addressing specific strategies, and capacity building recommendations to increase state capacity for systems change. Throughout the recommendations, "the state" is used to represent the legislature, state agencies, other state task forces and commissions, the governor's office, and the judicial branch. "Statewide groups" refers to groups such as the Colorado Behavioral Healthcare Council, the Mental Health Planning and Advisory Council, the Mental Health Association of Colorado, and many others who are key stakeholders in ensuring the successful statewide implementation of the recommendations and strategies. Many recommendations also encourage the engagement of youth, families, advocates, and local communities in the development of mechanisms that lead to a more successful juvenile justice system.

Policy and Financing Recommendations

Recommendation 1: The state should continue to develop policies that support integrated planning and financing at the local level through three policy mechanisms:

- Incentives;
- Waivers; and
- Technical assistance.

The first strategy in the Plan, *Strategy 1: Interagency Planning for Systemic Improvement,* has been supported by the state in multiple ways, including incentives and funding streams tied to collaboration:

- HB 04-1451 provided incentive dollars for local communities to develop collaborative memorandums of understanding (MOUs) between different agencies (e.g. local social services, school and judicial districts, health departments, community mental health centers, etc.) in order to streamline services provided to families involved in multiple systems including the child welfare system. The legislation enabled counties to take a more integrated approach to service delivery. A critical component of the legislation was the allowance for savings to be reinvested locally.
- SB91-94 addressed the issue of overcrowding of detention and institutional facilities in the state's juvenile justice system by authorizing funding to local communities for community-based prevention, supervision, restitution, and other alternatives to

incarceration programs. The legislation required interagency committees (Juvenile Services Planning Committees/Boards), an annual plan with local funding goals, which enabled local community flexibility and more individualized and client-centered care.

The five strategies that fit under *Strategy 2: Fiscal Integration* demonstrate the creativity of communities across Colorado in developing funding mechanisms for a variety of needs and programs. Many of the strategies were the result of incentives and waivers, such as Boulder IMPACT, which through the use of the child welfare managed care waiver was able to design and implement the flexible, prevention oriented model that is presently in place.

Waivers are one of the primary mechanisms where local communities work with state agencies to develop creative, integrative approaches to meet the needs of youth with mental health issues and co-occurring disorders in the juvenile justice system. While not all waivers that a local community may apply for are appropriate, multiple communities brought up waivers that had been denied and an inadequate explanation of the denial had been provided. Increasing the access to and information about waivers may be one revenue neutral means of supporting integration in local communities.

Community meeting participants often discussed barriers to developing flexible, braided models due to a lack of knowledge about what was working in other judicial districts or lack of support for the development of blended or flexible funding models. One participant discussed a blended funding approach her community had undertaken that included Medicaid dollars. The community was told that the approach went against state regulations regarding Medicaid and so they abandoned the effort, unaware that other Colorado communities had developed braided approaches that more successfully aligned with the regulations. State supported technical assistance to local communities would help communities to interpret legal restrictions on funding streams and identify appropriate options to better meet the community needs.

Recommendation one suggests three policy mechanisms that will support integrated planning and financing. Recommendations two and three to follow further explore funding issues in the juvenile justice system as relates to youth with mental health issues and co-occurring disorders.

Recommendation 2: The state should make an effort to prioritize and continue to fund one or more key financing streams, especially those that are flexible in terms of their use, to allow local communities the consistency to provide the most supportive services given local needs.

While fluctuations in funding are inevitable in public service systems, one of the most common barriers brought up in both interviews and meetings was the variability of funding streams from year to year. Many of the interviewees and meeting participants discussed the challenges of identifying funding streams that had the flexibility to support an existing program as designed when the original funding stream was decreased due to state budget cuts. By identifying one or more priority funding streams to maintain even as budgets decrease, the state may be able to better support the long-term infrastructure and services in local communities, particularly if the funding streams have higher levels of flexibility in the populations they can serve. For example:

- Many communities talked about blended funding models like those in *Strategy 2a: Programmatic Blended and Braided Funding* that supported innovative local programs until one or more funding streams were cut. The funding stream that most frequently identified as an important, flexible stream that had been cut back repeatedly was SB94. For many communities, their more innovative programs were funded by this stream or core services in child welfare and the fluctuations in funding level resulted in instability in priority programs in local communities.

Recommendation 3: The state should work with local communities to identify mechanisms for communities to invest new resources to keep youth in the community and/or reinvest resources saved by keeping youth in the community.

Creating mechanisms to encourage communities to help prevent youth from deeper penetration into the juvenile justice and child welfare systems will help to create a system that provides more appropriate treatment services to youth with mental health issues and co-occurring disorders. Mechanisms may include creating incentives or allowing public dollars normally used for deeper system involvement to be redirected to local communities for prevention, early intervention services, and/or aftercare services to keep kids in the home or community and keep the family together, where appropriate. One of the specific concerns voiced in the community meetings was the lack of incentive for communities to provide sufficient early intervention services to prevent youth from being placed in more restrictive and less appropriate settings. In Colorado, these issues have been addressed in several different ways, including:

- Originally, the Child Mental Health Treatment Act (HB 99-1116) was created to provide access to residential treatment for eligible children with a serious emotional disturbance in an effort to prevent families from relinquishing custody through a dependency and neglect action to access treatment when such action was neither appropriate nor warranted. In Fiscal Year 2005-2006, the Colorado General Assembly expanded the scope of the original bill to by authorizing additional funding to assist youth in the transition from residential treatment to their families and communities.
- The Boulder IMPACT (Integrated Managed Partnership for Adolescent and Child Community Treatment) model, discussed in *Strategy 2e: Systemic Funding Integration,* was developed as a result of a 1997 Department of Human Services managed care pilot applied to services, treatment, and corrective needs of youth and families. Boulder developed a risk-sharing model based on cooperative arrangements to blend staff, resources, and funding between the partner entities, including the: Department Of Social Services, Probation Department, Public Health Department, School Districts, Mental Health Center and Behavioral Health Organization, Community Justice Services, District Attorney's Office, and Division of Youth Corrections. Through this arrangement, each partner agency identified a portion of their budget dedicated to a braided, flexible pot of money used to provide the most appropriate and least restrictive services to keep the youth in the home and the family together. IMPACT staff then ensure that expenses are paid through the appropriate pot of money and audit requirements are met documenting the appropriateness of that expenditure. With the flexible use of collective pots of public resources, the IMPACT model initially demonstrated success at saving high-end costs through increased services when youth were at risk of out-of-home placement. The flexible and preventive funding approach to meeting the needs of youth with mental health issues and co-

occurring disorders was made possible by the financial incentives available to that one community.

Creating or expanding similar flexible funding opportunities that allow communities to invest additional public dollars toward prevention and earlier intervention to keep youth in their homes and communities or reinvest savings from keeping youth in the community would enable the same opportunities for youth and families throughout Colorado.

Recommendation 4: The Task Force in partnership with statewide organizations should develop process and performance standards for the juvenile justice system that specifically relate to youth with mental health issues and co-occurring disorders.

Although creating policy and funding mechanisms to allow for more collaborative, integrated structures is an important part of improving services to youth in the state, so too is ensuring that local communities and the state agree upon the direction that the juvenile justice system should take in meeting the needs of youth with mental health issues and co-occurring disorders. Developing standards that are tied to priority strategies in the Plan, specifically those that are demonstrated as being effective at meeting the diverse mental health, substance use, and developmental needs of youth, will help in setting statewide direction in the juvenile justice system. Standards should be developed to reflect the best that Colorado has demonstrated the capacity to provide, looking to communities with positive outcomes, innovative programs, collaborative planning, and fiscal integration to determine what is possible in Colorado. Yet, standards need to be flexible, provide guidance, and a menu of options available to communities allowing them to determine the best mechanism for implementing the process or performance measures to adapt to their local needs and those of the youth and family. Some examples are:

- Standards may specify a model for how mental health, developmental disability, or substance use services would be provided in the juvenile justice system or expectations for requirements for transition out of the system. For example, standards may include developing requirements that the judiciary specifically address the needs of youth with mental health and co-occurring disorders appearing before them and the process by which to achieve this.
- Standards may also outline the implementation of regulatory, structural, or reimbursement requirements to support changes to the provision of services to better meet the needs of these youth. The best practices treatment literature suggests, "integrated treatment is superior to sequential or parallel treatment" (Mental Health Treatment, 2004, p. 9). In Colorado, two mental health centers, the San Luis Valley Mental Health Center (SLVMHC) and Jefferson Center for Mental Health (JCMH), are presently implementing this integrated model. In addition to both being licensed as Alcohol and Drug Abuse providers by the state, the SLVMHC is currently providing training to their mental health therapists to receive a dual certification from the state as addiction counselors as well. Creating standards as recommendations and guidance for practice may enable the state and local communities to better serve the multiple needs of these high-risk youth.
- Process standards could also relate to the timing of assessments and services as a youth enters the juvenile justice system. For example, some communities assess youth at initial entry via juvenile assessment centers or other mechanisms. Rather than leaving this as an optional procedure in Colorado communities, standards could be designed to ensure timely assessment of each youth entering the system.

- Other standards may create guidelines to ensure more consistent data collection, reporting, and analysis or provide direction on the use of treatment modalities and strategies for specific populations.

Youth and Family Advocacy Recommendations

Recommendation 5: The Task Force in partnership with statewide organizations should develop legislation to provide support, funding, and evaluation of advocacy models (including family, youth, consumer, and cultural advocates and navigators) across different systems to assist youth and families in accessing services and supports in the juvenile justice and related systems.

The participants in the 2005 and 2006 interviews, focus groups, and community meetings emphasized the importance of family, youth, consumer, and cultural advocates and navigators. As a result, the 2005 Framework included a legislative recommendation related to family advocacy. Repeatedly, families, youth, providers, advocates, and systems representatives reiterated the fact that advocates are one of the most critical factors helping families and youth successfully navigate systems and help to ensure the best outcomes for youth with mental health and other co-occurring needs involved in the juvenile justice, mental health, and other systems. Participants explained that advocates not only help families to navigate through the complex systems, but they help systems to become more responsive, better adapt services and programs to the needs of youth and families, and become more individualized and family-focused, resulting in better outcomes for youth with mental health issues, their families, and communities. National experience echoes Colorado's experience finding family advocacy to be a necessary component of achieving a family-driven system that results in the best possible outcomes for youth and their families in programs throughout the country.

As discussed in the 2005 Framework and *Strategy 7: Family Navigators and Advocates,* advocates are represented throughout many different systems and take on many different roles throughout Colorado, including:

- Some mental health centers (currently or in the past) have included family or consumer advocates in their menu of services (e.g., San Luis Valley Mental Health Center's Friends of Family program);
- Colorado Cornerstone, a system of care initiative, has involved the use of family advocates, working as paid staff, to partner with traditional case managers to help youth and their families with a wraparound case planning process. Recognizing the critical importance of family advocates, several of the communities have institutionalized family advocates, including the Family Agency Collaboration in Denver, the JeffCo Family Support Network in Jefferson County, and Families United in Clear Creek and Gilpin Counties. Family advocates also assist youth and families with other planning processes used by different child and family serving systems, such as IEPs (Individualized Education Plans) in the school system and Team Decision-Making in the child welfare system.
- The Minority Over-Representation (MOR) Program's Family Advocates in Mesa, Denver and other counties, funded by the Juvenile Justice and Delinquency Prevention

Council federal grant funds, connect paid minority advocates with minority families in the juvenile justice system with successful outcomes in decreasing minority youth commitment and detention numbers as a result of the program (Colorado Juvenile Justice and Delinquency Prevention Council, 2003);

- Project Respect and the truancy program in Pueblo School District 60 utilized community advocates tied to the school system. Project Respect attributes much of their success in securing services across multiple agencies for youth in need to the use of these community advocates. Community advocates provide assistance with referring, providing, and leveraging support, including: tutoring, work program, mental health referrals, health services, transportation, and family support;
- The Arc of Colorado pays advocates on behalf of individuals with disabilities at the family and systems change level;
- Court Appointed Special Advocates (CASA) in the child welfare system provides advocates to speak on behalf of abused and neglected children. The privately funded, statewide network of CASA volunteers are paired with children to gather information and speak on their behalf in court; and
- Victim advocates in the justice system are another example of an extensive, paid advocacy model in Colorado, where advocates are available throughout the state at the local level and receive support from a statewide organization. Unlike the previously mentioned advocacy models, Victims Advocates in Colorado are supported by a governmental organization, the Office for Victims Programs in the Division of Criminal Justice. The Victims Rights Act ensures victims receive notifications of court processes, have opportunities to be heard, receive specific types of information and support, and are treated with fairness, respect, and dignity (Section 24-4.1-301, C.R.S.). Local communities rely on a combination of paid and volunteer victim advocates to meet the requirements of the law.

Although the list above suggests that advocacy is widely available, it is not widely available for youth with mental health issues and co-occurring disorders in the juvenile justice system and those youth and families navigating across multiple different complex systems. Even in places where it exists, its capacity is limited and is not available to all youth with mental health issues and co-occurring disorders and their families. With the exception of the Cornerstone and Minority Family Advocate communities, advocacy is not a common strategy for the juvenile justice system. In part, the lack of statewide use of advocacy may be due to the lack of substantial evidence of its ability to improve outcomes for youth. Although the use of consumer and family advocates is nationally respected, there does not appear to be significant empirical evidence of demonstrated success to warrant an evidence-based practice designation. This argues for the need to further evaluate the different models to demonstrate which variations of family advocates work across which systems. Therefore, providing further support for local communities to expand the use of advocates and navigators across the systems that make the most sense for their communities to best meet the needs of these youth with complex needs and then evaluating the outcomes to demonstrate effectiveness is critical in Colorado.

Recommendation 6: The state and statewide organizations should strengthen efforts to include youth, family, cultural, and consumer advocates at the systemic policy planning level in planning boards, task forces, and state policy planning bodies.

The system of care approach to mental health services recommends that youth and families are invited to work with the system at all levels of decision making, trained to allow for full participation, and supported in their roles (Pires, 2002). *Strategy 9: Family and Consumer Empowerment in Systemic Decision-Making* notes that family involvement at the policy planning level is in several statutes in Colorado, such as the inclusion of "families of persons with mental illness" (Section 27-10-129, C.R.S.) and "the parent of a child who has mental illness and has been involved in the juvenile justice system" (Section 18-1.9-104, C.R.S.) in planning boards and task forces. However, the inclusion of families in interagency planning groups is inconsistent in Colorado.

- For example, HB04-1451 encourages, but does not mandate, family advocate participation in local planning boards, yet many communities have included advocates. Yet, other types of boards planning on behalf of similar populations, have no requirements for family and consumer advocates, including SB91-94 Juvenile Services Planning Committees.

Additionally, Colorado communities have struggled with recruiting and sustaining involvement of family and consumer advocates on their boards, as evidenced by the comments of community meeting participants in the 2006 research process. Consequently, not only is youth, family, cultural, and consumer advocacy not consistently supported in legislation, but also it is inconsistent in implementation. Local communities could use technical assistance and resources to improve their ability to recruit and retain participation from advocates on their planning boards.

Programmatic Recommendations

Recommendation 7: The state and statewide organizations should continue to support development and implementation of research-based practices by increasing information, tools, and resources, including funding, for identifying, developing, and implementing the practices in local communities.

Communities throughout Colorado support the use of research-based practices including evidence-based practices (EBPs), promising practices, best practices, emerging practices, and other outcome-based practices, but also see many barriers to expanding them. As noted in *Strategy 25: Implementing Research-based Practices*, participants in the community meetings expressed a concern that if the federal government, state, and foundations continued to encourage the use of research-based practices, they also need to provide more support for communities seeking to implement them. Meeting participants defined support in many ways, including:

- Helping local communities to assess their needs;
- Identifying the elements of success within research-based practices, to enable local communities to build upon their existing practices and improve them, rather than starting from scratch;
- Helping local communities explore the many different research-based practices, particularly as new ones are identified and previously recognized promising programs are demonstrated unsuccessful;
- Helping local communities identify the research-based practice that best fits the local needs; and
- Supporting local communities with start-up costs for the more costly and infrastructure heavy research-based practices.

Colorado has already started to develop capacity to support local communities in their implementation of research-based practices.

- The Prevention Leadership Council's best practices website, with a list of evidence-based practices, could also be enhanced to include assessment tools for communities to compare the practices against their local needs and examine the elements of the practices to enhance their existing programs.

Another barrier that communities shared related to evidence-based programs was the expenses related to start-up costs, from training staff to accessing licensed materials to learning new information systems and fidelity protocols. To address this, the state could provide financing for small start-up grants that cover only the infrastructure requirements for initiating a new evidence-based practice. Alternatively, the state could help local communities enhance existing infrastructure in current programs to allow for implementation of elements of successful practice.

- For example, a program that provides successful treatment, but lacks an assessment component could benefit from state training in the use of the MAYSI-2.

A final barrier, specific to rural communities, was the difficulty of identifying a research-based practice that is financially feasible when the total population served is small and the population appropriate for any given research-based practice may be very small, due to the tendency of the practices to have very specific target populations. To address this concern, the state could help local communities identify where a research-based program is already underway nearby, allowing for increased partnership in the delivery of quality services, sharing infrastructure costs between jurisdictions and systems. The information could be provided via the Prevention Leadership Council's EBP website, with a database of where research-based practices are being implemented in Colorado.

Recommendation 8: The state and statewide organizations should provide funding, information, and technical assistance to help communities improve court practices and processes.

Many communities in Colorado are discussing different court improvement options, such as model courts and specialty courts. Some of the improvement efforts are underway, as discussed in *Strategy 38: Collaborative Court Improvement* and *Strategy 39: Developing Effective Specialty Courts*.. Nationally, research has demonstrated that one of the challenges of court improvement, particularly when using specialty courts, is the identification of an appropriate model to meet community needs, followed by the successful adaptation of the model to the specific community. Because development of specialty courts may come with significant challenges and require substantial system reforms, communities developing specialty court need to ensure adequate time, support, and resources are available to develop systemic support, build the necessary systemic capacity, and evaluate and adapt the program to ensure sustainable and long-term successful outcomes.

Some of the most successful specialty courts and court improvement efforts in Colorado have used additional resources to develop and/or evaluate their programs. For example:

- Denver's specialty courts have utilized grants to fund evaluations of the courts and to support ongoing improvement of the system as outcomes are tracked and reported.

- Demonstration grants have also been available for drug courts in the state, helping to fund the initial development of the model in multiple communities.

As more and more communities undertake court reform, including implementing drug, mental health, family treatment, teen, and other specialty courts, Colorado should continue to provide leadership through funding, information, and technical assistance to local communities. The efforts of the state in supporting local communities as they improve their court design should emphasize a process that includes collaboration, assessing the need, identifying the possible solutions, and evaluating any court changes, whether improved practices or entire specialty courts are implemented.

Recommendation 9: The state should research the extent of co-occurring mental health and developmental disabilities in the juvenile justice system and develop successful practices and programs as appropriate to meet the need.

Despite the best efforts of the research team, little information was available in Colorado or nationally about well-designed programs and practices to meet the needs of youth with mental health issues and developmental disabilities involved with the juvenile justice system. Although practices do exist for youth with any two of the three issues, the mix of the three seems to be an ongoing challenge. Consequently, *Strategy 21: Integrated Services for Youth with Co-Occurring Developmental Disabilities* provides minimal guidance on how to implement a successful strategy for serving youth with co-occurring developmental disabilities. One of the significant challenges identified in serving this population was that there were no intermediary support programs for youth with mental health and developmental disabilities. That is, there are programs to provide support to families during early childhood, when the youth has transitioned into adulthood, or once the child or youth and family are in crisis and have been put into out of the home placement or made contact with the juvenile justice system, but there are no services or supports in between. This argues for the need to create more supports to meet the multiple needs of children and youth with co-occurring mental health and developmental disabilities before they hit the juvenile justice system and then to identify and provide the necessary supports once they have entered the system. For example:

- In the past, Colorado has used demonstration programs to successfully identify models for providing enhanced services in Colorado. For example, the Child Care Pilots (Section 26-6.5-103, C.R.S.) created an opportunity for Colorado communities to develop successful models and later expansion of the program helped to disseminate the model across the state. A similar approach could be used to develop a strategy for Colorado communities to address co-occurring mental health issues and developmental disabilities for youth at risk of or entering the juvenile justice system.

However, before the state begins development of new programs or practices for this population, first the extent of need must be understood. Currently, little data is collected on the co-occurring mental health and developmental disability needs of youth in the justice system. The state should begin to collect, analyze, and report this information to help shape the development of processes or programs to serve the youth.

Recommendation 10: The state should work with local communities, youth, families, and advocates to identify a range of crisis response options to divert youth from out-of-home placement and/or further juvenile justice involvement.

The issue of six-hour holds in juvenile assessment centers came up in both 2005 and 2006 focus groups with families and youth. Though families did appreciate the crisis intervention aspect of juvenile assessment centers, they felt that de-escalation often cannot happen during a six hour window, resulting in youth returning home when families do not feel safe or capable of meeting the youth's needs. Provider and agency focus groups also noted the need for more respite care options when families are in crisis, providing enough time for youth to "cool down" before returning home. For this reason, it is recommended that the state work with local communities, youth, families, and advocates to explore the range of crisis response options broadly to identify the range of models that exist and to determine what technical assistance and other resources that are needed to develop them in Colorado's communities to meet the crisis needs of these youth and families. For example:

- The 18th Judicial District has a crisis team that works with Crisis Intervention Trained law enforcement officers. The team provides case management services, assessment, and referrals as well as helping youth and adults with mental health issues connect to public services;
- Contra Costa County's Mobile Response Team in California provides a combination of case planning and transitional services after responding to crisis situations with in-home visits. Similar to the previous model, the team is intended to deescalate crisis and remains involved with the youth or adult until services are in place (Cohen, Engleby & McHugh, 2004).

Recommendation 11: The state should explore alternatives to current court timelines to allow sufficient time for restorative justice and mediation processes to be completed.

As noted in *Strategy 30: Restorative Justice in Juvenile Justice*, throughout the interview and community meeting process, participants brought up their communities' restorative justice programs as an important part of meeting the needs of youth with mental health issues and co-occurring disorders. Although restorative justice is not a therapeutic approach, in practice restorative justice programs use many of the same strategies as therapeutic programs. For example, restorative justice processes are often based in positive youth development principles, seeking to build on interests and skills of youth.

However, restorative justice and mediation processes do not always occur in the periods set by statute for different types of hearings. If such processes are underway and leading to the development of sentencing recommendations or other information for the court, mechanisms should exist to extend the time frame with agreement from the juvenile and family to allow the process to complete. Participants in community meetings brought up this issue, as well as some of the interviewees for restorative justice programs.

Recommendation 12: The state should explore with the judiciary and communities the court's authority to order specific services for youth for the purpose of achieving the best outcomes for youth and families.

Judicial authority over Division of Youth Corrections (DYC) placements and County Departments of Social/Human Services placements is unequal, with judges having the ability to give directives

only to County Departments of Social/Human Services and not DYC. The justification for this difference is not clear, nor is it clear how to balance judicial discretion with the decisions recommended and made by County Departments of Social/Human Services and DYC to result in the best outcome for youth and families. Rather than continuing the current practice, the state should assess which practice results in the best outcomes for youth in Colorado, the best practices from other states on this issue, and the best way to revise policy to reflect those findings.

Recommendation 13: The state should support the development of integrated service delivery for youth as they transition back into the community or into adulthood.

It is challenging to identify successful national and Colorado transition strategies for youth transitioning from or between placements and transitioning to adulthood. The national data has found only moderate success with traditional transition services such as life skills programs and vocational training. According to OJJDP, however, transition services should be thought about as a systemic approach to meeting the needs of youth, rather than a single service or program (Gies, 2003). This means transition programs that utilize multiple agencies to develop a coordinated network of services, connecting youth to the range of services and supports needed upon reentry into the community or transition to adulthood, is the ideal transition model. As noted in *Strategy 43: Integrated and Aligned Step-down Services*, Colorado has a few examples of systemic transition approaches; thus, further efforts need to be made at the state level to better support development of this more successful model of integrated and coordinated transition services.

- The San Luis Valley has created the capacity to identify, develop, and connect youth to the range of transition resources available in the community. The Tiger Transition Collaborative is an interagency planning group that identifies existing and new transition resources and addresses other transition issues in the community. The participants on the collaborative include the local workforce center, the mental health center, the Board of Cooperative Education Services, public health, and juvenile justice agencies. The collaborative then works in conjunction with a transition specialist who helps connect the youth to the range of services provided by the partners on the Transition Collaborative as well as others in the community.
- A Colorado program, Intensive Aftercare Services, was highlighted by OJJDP as an example of a successful step-down model for youth who at highest risk of re-offending. The program includes multiple levels of residential and non-residential programs, provides a mix of supervision and treatment activities, and includes vocational skills training, individual counseling, parent orientation, experiential learning activities, and anger management and survival skills groups. When the youth returns to the community, a variety of services and supports are available in addition to the supervision component consistent with traditional parole. The program has been evaluated and found successful at decreasing recidivism rates with the highest risk offenders (Gies, 2003).

Recommendation 14: The state should ensure that mental health services for youth and families are included in state commissioned demonstrations, studies, and reports on telemedicine.

Participants in the 2006 community meetings discussed telemedicine as one option for meeting the psychiatric and psychological needs of youth in the juvenile justice system. As noted in *Strategy 31: Telemedicine,* access to specialists can be difficult if not impossible in some rural areas. In 2006, the Colorado General Assembly passed legislation (SB06-165 and SB06-004) related to telemedicine that did not include psychiatric or psychological care as a priority. Senate Bill 06-165 authorizes, a study of chronic care in rural areas to be conducted with specialty areas focused on physical health problems and not including mental health issues. Additionally, SB06-004 required that a report be written to identify the uses of telemedicine in the correctional system, again with a focus on physical healthcare, although mental healthcare is not excluded from the possible topics in the report. Rather than limit the state's exploration of telemedicine to physical healthcare, the Task Force should work with state agencies and legislators to ensure mental health services are actively included in the new telemedicine efforts in the state.

Recommendation 15: The state should provide technical assistance, examples of universal information sharing forms, and/or legal interpretations related to information sharing laws to encourage all communities to develop equally comprehensive information sharing practices.

Information sharing practices across the state are very inconsistent, resulting in inequities in the integration of services to youth with mental health issues and co-occurring disorders. From interviews and community meetings, it appears the inconsistencies are the result of very different interpretations of information sharing laws by local communities. While some local communities have created mechanisms for information sharing and shared release forms (see the example in *Strategy 4: Information Sharing and Informed Consent*), other communities continue to face barriers, emphasizing the need for state level support. For example:

- Some communities developed universal consent forms (including the 4th, 8th, 10th, 20th, and 21st Judicial Districts) through a memorandum of understanding (MOU) process between participating agencies. This allowed consent forms to meet the criteria of different participating agencies and address federal regulations and overcome barriers. The consent forms often included authorization language, a list of agencies that a family member can check off one by one when they wish information sharing to be possible, and authorizations related to specific types of information. The information sharing strategy provides a beginning for local communities, including an example of a universal consent form, but it does not include any legal interpretation of information sharing laws.
- The Colorado Department of Human Services (CDHS) Collaborative management programs for HB 1451 adopted a common informed consent form developed by CDHS and the Denver Juvenile Justice Integrated Treatment Network (Network) that allows for information sharing between agencies using a universal consent form. A companion manual on legal authorities, "Sharing Customer Information through a Common Consent Procedure", was developed by CDHS and the Network as well. The manual, however, requires updating to include changes in federal and state law.

System's Change and Capacity-Building Recommendations

Recommendation 16: The state should increase its ability to collect, analyze, report, and use data related to the juvenile justice system and across multiple systems that serve this population of youth.

Participants in the community meetings brought up the issue of data frequently, discussing both the difficulties of collecting good data and the frustrations of working with the state around data collection and reporting. One of the concerns was the lack of use of the data that local communities are required to report. Participants felt that their local community does not benefit from the state's data collection and analysis, as information is not fed back down to the community. Given the Colorado and national examples of the importance of using data to inform decisions, as noted in *Strategy 6: Using Data and Evaluation to Inform Decisions*, having access to the analysis of data about their local communities would help planning efforts.

Participants also felt that policy decisions, including funding, were not being made based on the data available about the needs and programs in Colorado. They emphasized that data should be used to inform decisions, evaluate the success of programs, and to serve as a framework in all program services. Participants felt that data should not only measure the relationship between involvement in the program and outcomes, but also to measure the degree to which participant needs decreased as a result of participation. Some examples of data use in Colorado include:

- The Prevention Leadership Council (PLC) is working to develop an on-line interactive prevention resource and indicator database, called ASPIRE (Assessment of Prevention Indicators and Resources; http://aspire.omni.org), to be used by both local communities and state level policymaking. ASPIRE will provide information to local communities on over 40 state/federal programs and funding sources and over 1500 local prevention and intervention programs in communities across the state. Local communities could utilize ASPIRE in assessing community needs, conducting evaluations, and assisting in strategic planning and grant making. Through the interagency Strategic Prevention Framework initiative, five state agencies utilized ASPIRE to identify trends of health and social indicators related to substance abuse. The data was instrumental in prioritizing geographic areas of need in the state and for determining resource allocation of these areas of need. The PLC is an interagency planning council created through state legislation (HB 00-1342; Section 25-20.5, C.R.S.) to promote coordinated planning, implementation, and evaluation of quality prevention, intervention, and treatment services for children, youth and families at the state and local level. While the database is currently only available to Strategic Prevention Framework communities and for early childhood service providers, it will be expanded to incorporate other programs and communities in the future to serve a broader audience, including early childhood partnerships, councils, and others. The ASPIRE database is one example in Colorado of using data to meet local community needs and to guide state policy and decision making.
- The Divisions of Child Welfare (DCW) and Youth Corrections (DYC) utilize data extensively via the TRAILS data system in order to develop policies and to inform the allocation of funding and resources. The division reports annually to the legislature and produces monthly population reports and annual management reference manuals. These are all available on the CDHS website under Youth Correction/Research. With this rich information system, DYC was able to demonstrate the need for mental health bed construction and a related Full Time Equivalent (FTE) request. Data is also used by

DCW to drive a sophisticated model for the allocation of the Child Welfare Block Grant to the counties. Funds distributed are used to serve many clients including services in residential child care facilities for youth with mental health service needs. In addition, DCW is subject to the Federal Child and Family Services Review, an extensive evaluation of data maintained by DCW that measures system effectiveness.

Recommendation 17: The state and statewide organizations should work with local communities to create opportunities for statewide involvement in policymaking.

Participants in the 2005 and 2006 community meetings expressed appreciation at the opportunity to be involved in a state policymaking process and learn from each other about local innovations. They discussed how difficult it is for rural and western slope communities to participate in state policymaking or attend trainings offered by the state and other statewide groups.

Suggestions from the community meetings on how to increase rural and western slope involvement included improving the use of teleconferencing. Participants suggested that teleconferencing could be used more consistently in a wide range of state planning and policymaking meetings. Barriers to teleconferencing would need to be addressed, including not having written materials provided prior to the meeting, poor technology that makes it difficult to hear, and lengthy meetings that are hard to remain engaged with via teleconference. Teleconferencing has been used successfully in a variety of settings, including:

- The Advancing Colorado's Mental Health Project sponsored by Colorado foundations used a videoconferencing approach during its Request for Proposals process that may be worth examining for use in other Colorado meetings. It enabled local community participation in the grant process, including interactive discussions of questions and concerns.
- The Minority Health Advisory Commission has statewide membership and successfully involves members outside the Denver-metro area via teleconferencing and conducting the meeting in various locations around the state. It is a model that may be useful for other groups to follow.
- The Federation of Families for Children's Mental Health ~ Colorado Chapter is trained in the use of teleconferencing to gather information from and provide support to families and consumers around the state on mental health issues. Several of these types of calls were used as part of the research process leading up to the Plan and received positive feedback from participants.

Teleconferencing is not the only approach to engaging local communities in policymaking. Draft policies, reports, plans, and other materials could also be provided to local communities with sufficient time for their existing meetings to include a discussion of the draft materials. Regional meetings, when feasible, could be used to engage communities, as was done with the Plan. Finally, existing conferences could include opportunities for discussing policy issues and informing the state, drawing on settings that already have statewide participation.

Recommendation 18: The state and statewide organizations should work with local communities to create opportunities for statewide involvement in training.

Participants in the community meetings outside the Denver-metro area expressed frustration that state trainings are primarily available in the Denver area. Some participants noted that while cultural competency, evidence-based practices, and other important trainings do occur, they are difficult for someone from the western slope or southern part of the state to attend. Barriers include the provision of short, one-time trainings of a day or less that do not justify the long drive and the practice of breaking up trainings into a series of shorter days across weeks or months. While these practices may be beneficial to providers close to Denver, allowing them to take brief periods off work instead of large chunks of time, they make participation both cost and time prohibitive for more distant communities. The state and statewide organizations should providing training for a statewide audience should coordinate efforts to allow for series of related trainings to happen sequentially, decreasing the travel and time costs for participants around the state.

Recommendation 19: The state and statewide organizations should work to support communities in learning from each other by specifically including information on innovative Colorado practices in their conferences, published materials, and training opportunities.

Many communities in Colorado expressed interest in learning about innovative, successful practices throughout the state. The Plan serves as one mechanism for sharing such information, as do system-specific annual conferences such as the child welfare, the SB94, the Colorado Behavioral Health Care Council, and the Colorado Judicial Branch's Court Improvement Committee's Family Issues conferences. However, many of the successful practices in Colorado are not being disseminated to other communities despite years of implementation.

Statewide conferences and groups with an interest in sharing information about Colorado's innovative practices could use a couple of different approaches to increase the visibility of what is currently working in Colorado. First, the many annual conferences often do an excellent job of highlighting a mixture of national programs and speakers from other states, but only highlight a small selection of Colorado specific activities. However, many of the Colorado presentations come from the same communities time and time again; those communities recognized for their high visibility innovations and willing to take time to present and discuss their model. To encourage other innovative practices to come to the forefront at these meetings, RFP processes could include incentives for participation, such as waiving conference fees for presenters of innovative Colorado models, covering travel costs of one or two communities who would otherwise not attend and present, or creating panels of speakers from communities all addressing a similar issue in multiple ways. For example:

- The Colorado Trust's approach to grantee meetings may also be useful for statewide conferences to examine. Although the model, bringing together grantees on a yearly basis, may not be financially feasible for most grant programs, the concept of bringing communities together to dialogue around successes, innovations, barriers, and solutions has value for many statewide conferences. It suggests that conference models could incorporate more "working sessions" where communities not only hear presentations about what works in Colorado, but breakout into smaller groups that discuss specific challenges various communities are facing, allowing for more dialogue around how Colorado is finding solutions to local level barriers.

Recommendation 20: The state should develop capacity to support systemic change in the juvenile justice and mental health systems, including capacity for planning, research, and implementation of priority improvements and technical assistance to local communities.

Systemic change has become a priority in Colorado and nationwide, with initiatives from foundations, the federal government, state government, and local communities recognizing the importance of providing resources and support to enable change to occur. Boulder IMPACT and Joint Initiatives are two examples of engaging many agencies in a cross-system planning, funding, and implementation effort. Both have staff support, included dedicated resources for evaluating the outcomes of the planning efforts. As noted in *Strategy 1: Interagency Planning for Systemic Improvement*, successful cross-agency planning requires a commitment of resources, including staff and research support. Not only have local communities found this to be true, state and federal agencies have also experienced greater success when they provide adequate support to interagency planning efforts. For example:

- Colorado's Prevention Leadership Council is one of the more active child, youth, and family focused groups in the state and has developed a web-based prevention resources database with information on evidence-based programs, funding, and local prevention and intervention programs; conducted a review of federally funded prevention and intervention programs to determine if they were meeting their goals; coordinated and streamlined data collection from local communities; and engaged in ongoing planning efforts including developing a state prevention, intervention, and treatment plan. The Prevention Leadership Council is funded by the state and has staff and resources specifically dedicated to planning, development, and implementation of programs. The staff also help to build capacity, create relationships and partnerships across agencies and with state leadership, and ensure follow up, sustainability, accountability, and success.
- The Task Force and its subcommittee have benefited from staff provided by partner organizations and consulting groups to develop competency legislation in 2004; the Framework, family advocacy legislation, and health insurance related legislation in 2005, and this Plan in 2006. The funding has allowed for local communities, family advocates, and families and youth to provide input and innovative ideas for improving the juvenile justice system for youth with mental health issues and co-occurring disorders.
- Multiple federal agencies have dedicated substantial resources to systems improvement grants that require some, if not all, of the grant dollars to go toward infrastructure improvements, policy change, planning efforts, and evaluation. In 2004 the Administration for Children and Families in the U.S. Department of Health and Human Services funded eight communities, including Jefferson County, around the country to develop child welfare driven systems of care, providing 2.5 million dollars per community, with the majority of funds required to go toward systemic planning and improvement, not direct service delivery. Similarly, since 1992 the Center for Mental Health Services has administered the Comprehensive Community Mental Health Services Program for Children and Their Families, a grant program that provides funds for both service delivery and infrastructure to enable systemic change to improve outcomes for children with serious mental health needs and their families. The Center also provides grants through its Circles of Care Program to tribal and urban Indian communities. These grants are infrastructure development grants that provide tools and resources to design systems of care to support mental health services for children, youth,

and families in American Indian and Alaska Native communities. The Maternal and Child Health Bureau also provides grants specifically to support interagency planning efforts that seek to address common concerns in the mental health and early childhood systems, such as fragmentation and barriers to service delivery.

Just as planning efforts benefit by having adequate staffing and resources, statewide efforts to provide support and technical assistance to local communities who are undertaking systemic change are also more successful when they are adequately funded. For example:

- The Colorado Connections for Healthy Schools Initiative has actively and successfully overseen pilots of the coordinated school health model to create systems change; developed and implemented a request for proposal process for local communities; and hosted trainings, summits, and conferences for local communities and statewide stakeholders to connect. This Initiative is supported by additional federal dollars and coordinated by staff in two state agencies to promote and ensure its successful implementation.
- Foundations like the Colorado Trust are dedicated to engaging communities with planning and infrastructure resources over a multi-year timeframe, to allow for significant improvements to occur. Colorado Trust initiatives like the Colorado Healthy People 2010 Initiative and Preventing Suicide in Colorado include multi-community funding with yearly meetings to allow for cross-site learning as well as dedicated resources to support collaboration and evaluation activities throughout the grant period. Trust Initiatives that focus on collaboration and partnerships have resulted in improved outcomes for the youth in their programs. For example, the After-School Initiative evaluation found that "on average, programs with greater integration of partnerships were associated with higher levels of youths' positive core values," an important measure of success for the program (Mattson, 2005, p. 22).
- Advancing Colorado's Mental Health, an initiative developed by a partnership of Colorado foundations, includes resources for planning and implementation, as well as opportunities for the eight communities statewide to discuss similar barriers and opportunities as they redesign their mental health systems to meet the needs of different populations. Beyond the yearly meetings, the initiative, similar to many Trust initiatives, includes technical assistance and evaluation support to all participating communities.

The common theme in all of the initiatives, whether sponsored by the state, foundations, or federal agencies, is that systemic change requires support. Although the strategies in the Plan can be implemented in a piecemeal fashion, with each community taking incremental steps toward improved systems, a more comprehensive enhancement of the juvenile justice system is unlikely to occur without resources to support the systemic planning and implementation efforts. As the Prevention Leadership Council and the Task Force found, acting on the ideas of a planning group requires support, but also results in important outcomes that could not otherwise be achieved.

The Task Force and the state should prioritize developing resources within the juvenile justice and mental health systems that specifically supported systemic change. The resources could include increased data and evaluation, planning, training, and technical assistance capacity and could also include resources for engaging statewide stakeholders in the development and implementation of policies and technical assistance.

Recommendation 21: The Task Force, in partnership with state agencies, other task forces and commissions, local communities, family and youth advocates, and other statewide organizations, should identify priority strategies, develop action plans, create technical assistance materials, and determine other ways to build statewide capacity to support implementation of the Plan's recommendations and strategies.

Many of the strategies within the Plan will require local communities and/or the state to invest time into learning more about Colorado specific implementations. For example, the use of non-traditional tracking techniques as an alternative to detention for youth with mental health issues and co-occurring disorders is presently underway in at least one Colorado community. If other communities wish to undertake a similar model, they ideally would first examine the Colorado model and the nationally evaluated model discussed in the section. They may wish to additionally explore evidence-based mentoring programs and other advocacy models. The effort of designing not only a model that respects what is working in Colorado, but also draws on the demonstrated successes nationwide will take time and expertise.

If the state identifies priority strategies that make sense for many, if not most, Colorado communities, then it is more efficient for the state to develop very clear direction and guidelines on how to implement the strategy in Colorado than for each community, but to provide enough flexibility for communities to be creative and utilize the resources available within their communities. Additionally, some of the strategies, such as the five financing models, would likely benefit from state level regulation and policy changes, thus suggesting the value of state effort to fully develop the implementation approach for the strategy.

Finally, success for local communities in implementing the strategies identified in the Plan is dependent upon leadership and support at the state level. Therefore, the Task Force should provide leadership and vision by working with state, local, and consumer partners. In partnership, the Task Force can enable local communities to implement and sustain successful programs and practices by:

- Prioritizing the recommendations and strategies identified;
- Developing an action plan with tasks, deliverables, accountable entities, and associated timelines; and
- Providing technical assistance and support to build the necessary capacity and resources.

Providing leadership, resources, and support at the state level will be critical to ensure that the strategies that follow in the Plan can be successfully implemented at the local level and, ultimately, will result in improved outcomes for youth and their families.

Contents of the Remaining Portions of the Plan

Part II provides the background and overview of how and why the Plan was developed, explains the Plan's limitations and structure, and provides the framework of the juvenile justice system upon which to build. It also discusses the strategies that are in use in Colorado to address the systemic infrastructure and financing, service delivery approaches, court processes, entry into and transition out of the system, and other key issues within the juvenile justice system. These strategies are intended to demonstrate how local communities may enhance their current juvenile justice systems through incremental steps, and often with few or no resources, that will lead to better outcomes for youth, families, and communities.

Part III of the Plan provides guidance to the Task Force in providing leadership and direction for using the Plan, in working with state partners to utilize the recommendations to guide systems change and capacity building, and in supporting execution of the strategies by local communities. The Appendices in this section provide useful information for the reader, including:

- Research methods used to create the Plan;
- Over 400 Colorado organizations and stakeholders engaged in the oversight and development of the Plan;
- Colorado and national programs highlighted to serve as a resource for local communities interested in following up and learning more about a given strategy or program; and
- References, authorizing legislation, and a map of Colorado's judicial districts.

PART II

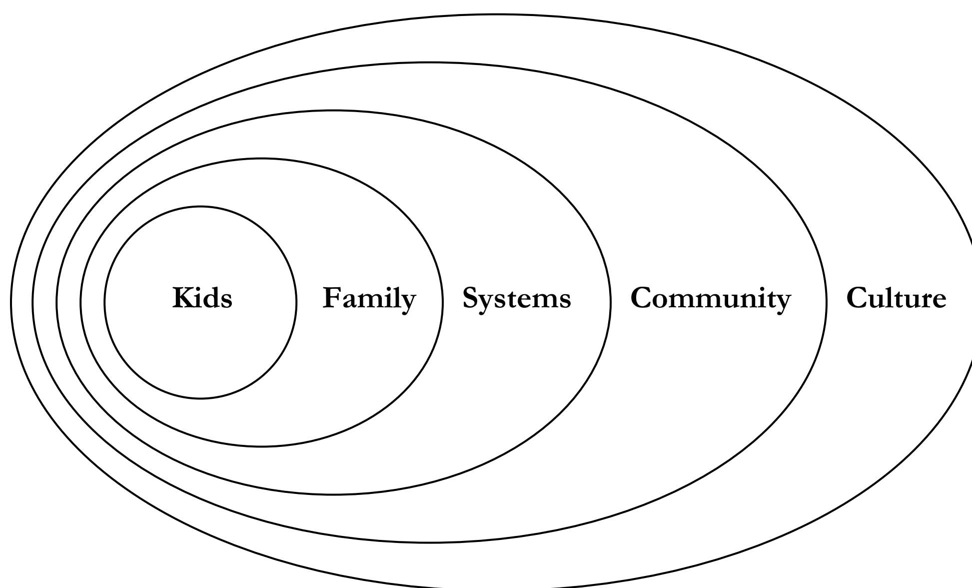
Section 1: Introduction to the Plan

Chapter 1: Introduction and Development of the Plan

As juvenile justice systems nationwide attempt to meet the needs of youth with mental health issues and co-occurring disorders, it has become increasingly clear that the fragmentation of service delivery systems as well as the processes and practices of juvenile justice systems contribute to poor outcomes for youth and families. Responses to this problem have ranged from highly specific program changes to enhancing and adapting existing systems through a step-by-step process. Changes to juvenile justice systems often include the addition or development of programs with demonstrated effectiveness, known as evidence-based practices. Evidence-based practices can only account for a small portion of the work that is underway in any juvenile justice system, as the practices focus on prevention and treatment, not on the public safety, systemic planning, and judicial processes of a juvenile justice system. Consequently, while moving toward evidence-based practices is an important part of systemic juvenile justice improvement efforts, these practices alone are an insufficient basis for reform.

In response to this, Colorado has joined the national movement toward more effective and efficient juvenile justice systems by including both the evidence-based practices and a broader notion of "strategies" for success in the juvenile justice system. The Plan proposes a juvenile justice system that places youth in the context of their needs (See Figure 1).

Figure 1. Youth in the Context of Need



It also proposes the development of programs, services, and supports for youth within the context of their family, the systems in which they are involved, their broader community, and the natural services and supports available within their community. Additionally, the cultural needs of youth, families, and their communities vary greatly from the distinct "systems culture." Therefore, meeting these divergent cultural needs requires an understanding and respect for them as well as mechanisms to better respond to these needs, improve the experience of youth and their families, minimize deeper penetration into the system, and ultimately improve outcomes from system involvement. To achieve this vision, the Plan draws upon the best of all activities and practices going on in Colorado, identifying systemic, community, court, and treatment strategies that already exist in various Colorado communities.

The Plan emphasizes collaboration and integration, community-based services and supports, youth and family empowerment, strength-based models, and evidence-based programming. It also emphasizes cost-effective services provided in a continuum of care that includes early intervention and transition back into the community. Ultimately, the Plan emphasizes that Colorado already has the keys to successfully meeting the needs of youth with mental health issues and co-occurring disorders and that through the expansion of successful strategies, the juvenile justice system can reform from within, resulting in a collaborative and effective system.

The Need for the Plan

Youth in the juvenile justice system are more likely to have mental health issues, substance abuse, and other co-occurring disorders than youth in the general population (Huizinga & Jakob-Chen, 1998). The National Center for Mental Health and Juvenile Justice estimates that as many as 65% of youth in the juvenile justice system have diagnosable mental illnesses and 20% have serious mental illnesses. In contrast, only 9 – 13% of youth in the general population are estimated to have mental illnesses (Cocozza & Skowyra, 2000). In 1997, Colorado's Division of Youth Corrections screened a sample of 189 detained youth and found that (Juvenile Justice and Delinquency Prevention Council, 2006):

- Mental health was prevalent in most youth, with 24% exhibiting a mental health issue of severe/extreme overall severity, 65% exhibiting a mental health issue of moderate/severe severity, and 11% identified as having a mental health issue in the non/moderate range of severity;
- Other indicators of mental health issues were also prevalent in most youth, including 91% with family problems, 75% with substance abuse problems, 70% with indicators of depression, 57% with violent tendencies, and 44% with a history of abuse.

The needs of the youth in the juvenile justice system are often not identified and go untreated. Even those youth who receive treatment may not get the type or quality that they need. At the same time, the juvenile justice system becomes the treatment of last resort for those youth whose mental illnesses have not been addressed in the community for a variety of reasons, from lack of family and community resources to stigma to lack of diagnoses. Co-occurring substance disorders are another challenge for many of the youth in the juvenile justice system and may mask underlying mental illnesses (Cocozza & Skowyra, 2000).

Youth with mental illness and co-occurring disorders in the juvenile justice system may be male or female, a fact that sometimes gets lost due to the prevalence of male offenders. Females make up

approximately one quarter of all juveniles in the justice system (Office of Juvenile Justice and Delinquency Prevention, 1998) and their arrest rates are on the rise for many types of crime (Acoca, 1999), including violent offenses (Prescott, 1998). Girls in the juvenile justice system are highly likely to have mental health issues and co-occurring disorders. A study to increase understanding of mental illness in the juvenile justice system that was commissioned by the American Bar Association and National Bar Association found that almost all girls in the juvenile justice system suffered from either physical or mental health problems (American Bar Association & National Bar Association, 2001). Rates for mental illness are high among incarcerated girls, as are rates for meeting diagnostic criteria for multiple disorders (Veysey, 2003). Misdiagnosis is a serious problem for girls in the justice system, with studies finding justice systems more likely to focus on girls' behaviors rather than the underlying causes including emotional disorders (Beyer, 2001). Girls in the juvenile justice system are also likely to be abusing drugs and alcohol, sometimes to self-medicate and mask symptoms of mental illness and posttraumatic stress disorder (National Mental Health Association, 2004).

The youth committed to the Division of Youth Corrections that participated in a focus group run in 2005 during the development of the Framework described a range of needs, from severe mental illnesses that result in out-of-control behavior to largely medication-controlled illnesses. They emphasized the importance of medication for youth with mental health issues, though they also wanted to understand better and have input into the medication choices made on their behalf and avoid overmedication. The youth discussed the unique and multiple needs they each face, including:

- traumatic responses to being restrained due to past experiences;
- anger management problems;
- a need for consistently available medication while committed and once released;
- drug and alcohol addictions;
- developmental delays; and
- other individual needs.

Transitioning youth in a second focus group noted the need for and value of receiving mental health treatment including counseling and other programs available through mental health centers. They emphasized the importance of teaching youth with mental illness the many different ways of managing their illnesses in order to prevent deeper involvement in the system. These management methods range from traditional medication and therapy to alternatives and additions to treatment such as exercise, nutritional programs, and recreational activities.

The families who participated in the focus groups during the development of the 2005 Framework also described youth with complex mental health issues and co-occurring disorders. They shared the fears they have had for their children with metal illness when they have been out of control. They described the difficulty their children had in understanding the connection between actions and consequences. The picture they painted included late diagnoses, failures at multiple levels in the community and formal system, and desperate attempts to get help before things spiraled out of control.

The statistics collected on the total numbers of youth in the juvenile justice system and the stories told about being involved with the system paint a bleak picture. Yet, these youth can successfully terminate their involvement with the juvenile justice system and go on to lead productive, healthy adult lives. Such positive outcomes usually result from best practice programs that provide mental health services to youth, and these programs tend to have lower recidivism rates than traditional

juvenile justice approaches. Youth in the transitioning focus group gave a face to such successes, demonstrating the ability of youth with mental illness to make good choices when they are supported by their families and communities, and when the juvenile justice system meets their needs.

The Mandate

In 2004, the Colorado General Assembly passed Senate Bill 04-037, reauthorizing The Task Force for the Continuing Examination of the Treatment of Persons with Mental Illness who are Involved in the Justice System (the Task Force) to examine the issue of mental illness in the criminal justice system. The bill noted that in the previous four years, the Task Force had begun to, but not completed, its identification of legislative solutions including increased collaboration and communication, standardized screening, community-based treatment, law enforcement training, and local pilot programs. The Task Force was charged with a five-year plan of activities to examine the identification, diagnosis, and treatment of mentally ill individuals in both the juvenile and criminal justice systems. By July 1, 2005 the Task Force was charged with specifically examining these issues related to juveniles and adopting a framework to address the needs of mentally ill youth and those with co-occurring disorders involved with the criminal and juvenile justice systems (the Framework).[1] By July 1, 2006 the Task Force was charged with building on the Framework to develop a plan to "most effectively and collaboratively serve the population of juveniles involved in the criminal justice system or the juvenile justice system" (Section 18-1.9-104 (2)b(II), C.R.S.). See Appendix F for a copy of the legislation.

To meet the mandate in 2005, the Juvenile Justice and Delinquency Prevention Council of the Office of Adult and Juvenile Justice Assistance, Colorado Department of Public Safety (the Council) allocated funding to conduct research and develop the framework. The Framework focused on the challenges and areas for improvement in the system, resulting in 26 recommendations for action and additional study. The Framework laid the groundwork for the 2006 effort, where the Council partnered with the Colorado Department of Human Services, Division of Mental Health and the Colorado Judicial Department, Office of the State Court Administrator to undertake the development of the Plan. The Center for Systems Integration (CSI) and the Federation of Families for Children's Mental Health ~ Colorado Chapter (Colorado Federation), continuing their role from the previous year's work, spearheaded the development of the Plan. They included Colorado and national research and statewide outreach to identify key components of a successful and integrated juvenile justice system. The Task Force, in partnership with the Juvenile Justice and Mental Health subcommittee (the JJ/MH Subcommittee) provided oversight and guidance in the development of the Plan.

The end result of the time, resources, and energy that went into the Plan is a document that provides guidance on what Colorado's juvenile justice system can be, based upon the best of what it already includes and supported by national best practices and data. In response to guidance from the Task Force and JJ/MH Subcommittee, as well as the intent of the legislation, the Plan focuses on:

- Youth in the juvenile justice system with mental health issues and co-occurring disorders;
- Initial entry into the juvenile justice system through court processes, sentencing, treatment, detention, commitment, and transition back out into the community; and

[1] The ***Framework for System Improvement on Behalf of Youth with Mental Illness and Co-Occurring Disorders in the Juvenile Justice System*** is available at www.csi-policy.org and http://www.state.co.us/gov_dir/leg_dir/lcsstaff/2005/FinalReports/05MICJS_FinalFramework.pdf

- Juvenile justice approaches appropriate for urban and rural communities, diverse communities, and the unique needs of each Colorado judicial district.

To develop the Plan in the required timeline and meet the most pressing needs of the state, the JJ/MH Subcommittee identified some parameters for the research and community engagement process. These include not focusing on sex offenders, juveniles in the adult criminal justice system, or juveniles without mental health issues. Additionally, assessment, evaluation, and training were explicitly not prioritized by the JJ/MH Subcommittee as they were already being addressed by other planning groups at the state level. Also, for the purposes of the Plan, "co-occurring" is limited to substance abuse and developmental disability issues that create additional challenges to youth with mental health needs. Finally, the Task Force mandate for 2008 includes specifically addressing justice issues related to minorities, women, and individuals with co-occurring disorders; consequently, those sections in this plan serve as a starting place for a more in depth understanding in the coming years.

The Structure of the Plan

The Juvenile Justice and Mental Health Plan (the Plan) is designed to provide a picture of a realistic, effective juvenile justice system for youth with mental health needs and co-occurring disorders. The picture comes from Colorado's communities, rather than drawing primarily from the successes of other states or models designed nationally. Thus, the Plan focuses on identifying:

1. Where Colorado is already successfully meeting the needs of youth, with examples of specific innovative strategies throughout the state;
2. Where Colorado's strategies match national best practices; and
3. The policy, planning, and financing changes that will support local Colorado communities as they move toward a more effective, coordinated system that builds upon the strengths and successes of other parts of the state.

The "innovative strategies" included in the Plan are the programs, programmatic components, and practices already underway in Colorado. The Plan reflects what is demonstrated as possible and successful in the state, with success defined by the local communities. It reflects strategies in place in rural communities and urban as well as frontier and mountain communities. The term "innovation" is used to represent the cutting edge ideas mixed with tried and true practices that are underway throughout the state. Innovations are not restricted to just a technology, a court process, or a set of rules and regulations. Nor are innovations focused only on the outcomes for youth and their families or only on the outcomes for systems and communities. Innovations in the Plan are the strategies in the juvenile justice system, including practices, programs, or tools, that improve youth, family, community, organizational, and/or inter-organizational outcomes. The innovations described are the tools to create an effective and coordinated juvenile justice system.

Within the Plan are 47 strategies that are already used in Colorado communities. For each strategy, some or all of the following information is included, as *appropriate* and *available* for each strategy:

- A brief overview of the strategy;
- Information on any research or best practices that use the strategy, either in Colorado or outside the state;
- The target population served with the strategy;

- The implementation of the strategy, including levels of systemic support and infrastructure required;
- The financing and per-youth costs associated with the strategy;
- The outcomes for youth, their families, systems, and organizations as available for the strategy, both in Colorado and nationally;
- Barriers, challenges, and possible solutions when implementing the strategy;
- Family, youth, and provider responses to the strategy from focus groups; and
- Any additional information to aid in understanding the strategy.

In addition, each strategy section includes a table outlining the key features of the strategy for quick review. The intent of each strategy section is to describe *what* the strategy looks like in the context of Colorado's juvenile justice system. The mandate of the Plan is not to describe how to achieve each strategy, but to lay out a clearly defined picture of what the juvenile justice system could be in Colorado. Consequently, while some information may be helpful for local communities seeking to implement the strategies, most local communities will need to follow-up on any given strategy to learn more if they wish to undertake it. As the hope is that the Plan will be a useful resource for local communities, not just the state, a few resources are provided for local communities to follow-up on the strategies listed. First, Appendix C includes a list of all the programs, Colorado and national, that incorporate the strategies in the Plan. Second, references to national publications are used when appropriate. The full list of references is available in Appendix D. Finally, Appendix E includes the map of Colorado judicial districts and counties, to help in identifying where a program discussed in the plan is being implemented in Colorado.

Developing the Plan

In addition to the leadership of the Task Force and Subcommittee, as well as the contributions of the Colorado Department of Human Services, Division of Mental Health; the Juvenile Justice and Delinquency Prevention Council; and the Colorado State Judicial Branch, Office of the State Court Administrator, the development of the Plan relied heavily on local input from all communities in Colorado. CSI and the Colorado Federation partnered in recruiting the involvement of system stakeholders, families, and youth in collecting information, verifying findings from the research, and reviewing the draft plan. A brief overview of the research and community engagement process used to develop the Plan is below. For full information on the research process used to develop the Plan, please see Appendix A.

The development of the Plan began in 2005 with the focus groups, survey, and national research that informed the Framework. Consequently, sections of the Framework are included throughout the Plan, as well as references to the findings from the 2005 focus groups. The development of the Plan built upon the Framework process and incorporated a research and engagement process in 2006 that focused not on the problems of the system (the charge of the 2005 work), but on the solutions to the system's problems. The steps in the research process began with:

1. Attending ten pre-existing meetings with key multi-community or multi-system groups in the Denver metro area to begin to identify successful programs and practices around the state, including: the Task Force and JJ/MH Subcommittee; the Mental Health Planning and Advisory Council and Child and Family Subcommittee; the Core Services Board; the Colorado Behavioral Healthcare Council's Programs and Standards Subcommittee; the Senate Bill 94 statewide coordinator's meeting; the Advocates Forum; the Colorado Counties

Inc, Behavioral Subcommittee; the Colorado System of Care Collaborative; and the Colorado Minority Health Forum;
2. Receiving input from the Advancing Colorado's Mental Health funding partners;
3. Conducting phone interviews with all but one of the Mental Health Center's child and adolescent coordinators, the SB94 coordinators in the state, and the House Bill 2004-1451 state and local coordinators;
4. Analyzing the interviews to create a list of programs identified as successful and innovative in each Colorado community.

The list of successful, innovative programs and practices was broken down by the strategies evident within each program. At least one program or practice representing each possible strategy was chosen for follow-up interviews. The list included 105 programs and practices across the state, representing all judicial districts. Follow-up phone interviews with program managers or similar level staff of programs and practices helped in understanding:

1. The basic design of the program/practice as relates to the strategies of interest;
2. The cultural responsiveness features of each program or practice;
3. The integration of the practice with other parts of the juvenile justice system;
4. The financing, evaluation, and outcomes of the program or practice;
5. The barriers to development and ongoing implementation; and
6. The inclusion of key system of care issues (a systemic model that includes a broad range of services and supports that are coordinated to meet the individualized needs of youth and their families), such as individualized, strength-based, family-centered, youth-centered, and community-based services;

The second round of interviews with program managers was analyzed strategy by strategy to create a map of the range of innovative strategies in Colorado. These strategies were then presented at regional community meetings around the state for feedback on whether they were, indeed, successful strategies and how local communities were implementing them. Community meetings, with regional participation, were held in Buena Vista, Ignacio on the Southern Ute reservation, Pueblo, Longmont, and Denver. A total of 178 participants attended the meetings, representing:

- Probation, mental health, substance abuse, developmental disabilities, public health, schools, social services, prevention programs, and other local community services;
- Line level providers working directly with youth and families as well as middle and top level administrators;
- Providers serving middle and high-school aged youth as well as youth transitioning to adulthood;
- Family advocates and minority advocates working with youth and families;
- Culturally diverse stakeholders including those from Asian American, Latino, African American, and Native American communities; and
- Representatives of agencies serving approximately two thirds of the counties in the state including Adams, Alamosa, Arapahoe, Archuleta, Boulder, Broomfield, Chaffee, Clear Creek, Costilla, Conejos, Custer, Delta, Denver, Douglas, Eagle, Elbert, El Paso, Fremont, Gilpin, Gunnison, Hinsdale, Jefferson, Lake, La Plata, Larimer, Las Animas, Lincoln, Mineral, Montezuma, Montrose, Otero, Ouray, Park, Prowers, Pueblo, Rio Grande, Saguache, San Juan, San Miguel, Summit, Teller, and Weld.

Family and youth focus groups were included in the research process in two places. First, they were held early in the process to identify programs and practices that families and youth felt were

innovative and successful for them. Second, they were held later in the process to verify the findings on the design of a successful continuum of services in the juvenile justice system. Family groups were held via three statewide teleconference calls, a Spanish-speaking group in Colorado Springs, a Native American group in Colorado Springs, and an English speaking group in Denver. Youth groups were held in Grand Junction and Denver, both with minority advocacy programs to ensure diverse representation.

The plan was also informed by national research on the specific strategies already underway in Colorado. Published academic research, reports from federal agencies, national foundations, and well-respected national associations were used to help better understand the costs, infrastructure needs, outcomes, and evidence-base of many of the strategies within the Plan.

Limitations of the Plan

Though the Plan includes a broad reaching description of successful and innovative strategies in Colorado's communities, it does have some limitations. First, it was prepared on a tight timeline of seven months for the complete research, community engagement, and writing process. Thus, it is expected that successful programs and even strategies may have slipped through the cracks of the research process. To limit this problem, regular plans on the progress and content of the research were brought before the Task Force and its JJ/MH Subcommittee, both judicial and mental health partners were interviewed, and community meetings included discussions about what was missing from the information collected.

Second, key leaders in innovative communities, most often those in urban areas, were unavailable to participate in interviews and share information on the strategies used in their programs despite a minimum of six attempted contacts by phone and email. As a result, some of the programs identified by the Task Force, the JJ/MH Subcommittee, and other stakeholders did not help to inform the strategies in the Plan. To address this problem, multiple interviewees were identified in most communities and as much paper documentation was collected as was available. Nonetheless, some information was missing from the research process that would have helped in developing the Plan.

Third, many of Colorado's communities are collecting limited, if any, outcome data on their programs. Consequently, where strategies were deemed successful via anecdotal evidence, CSI was limited in the ability to demonstrate Colorado successes. To overcome this challenge, outcomes from programs around the nation using the same strategies are included to bolster the understanding of each strategy in the Plan.

Fourth, the community meetings allowed for significant participation, but did not allow for everyone in the state to have equal access. Resources and time limited the community meetings to five total, held in four communities. Each meeting included regional participation, but no participants joined from the Northwestern or far Northeastern corners of the state. To address this limitation, interviews were conducted with juvenile justice and mental health staff in all parts of the state and the draft Plan was made available to all judicial districts and mental health centers as well as other key partners around the state.

Finally, the family meetings were less extensive than originally planned due to unexpected challenges with local communities, including an unforeseeable personal complication for a local community partner. The two canceled meetings were on the Southern Ute reservation and in the Buena Vista area. To mitigate the impact of the first canceled meeting, a focus group was held with Native American families in Colorado Springs.

Chapter 2: The Current Colorado Juvenile Justice System

In Colorado, as in many states, the juvenile justice system is decentralized, serving youth through both state and locally administered programs. Youth engaged in Colorado's Juvenile Justice System receive treatment and intervention from various points of entry into systems that function in various stages of integration and collaboration. The purpose of this section is to provide a brief overview of the structure of the juvenile justice system in Colorado as it relates to youth with mental health issues and co-occurring disorders, including pretrial, adjudication, and sentencing services. For a map of the juvenile justice process, please see Figure 2 at the end of this chapter.

Pretrial

Pretrial services include initial contact with law enforcement; temporary custody and intake; arrest; release, diversion, or holding; and a detention hearing. First contact with the juvenile justice system for a youth involves one of three primary types of law enforcement: sheriff's departments, municipal/local police departments, or state patrol, who routinely turn juveniles over to the local police or sheriff's office. Juveniles may be taken into temporary custody by law enforcement officers when a lawful warrant has been issued or without a court order if there probable cause to believe that the child was involved in an offense or committed a delinquent act. Temporary custody does not necessarily constitute an arrest, nor does it necessarily initiate a police record. Once a juvenile is taken into temporary custody, a parent, guardian, or legal custodian must be notified in a timely manner by the law enforcement officer. The responsible person must be informed that the juvenile has the right to a hearing within 48 hours if placed in detention.

Intake is the first step in the processing of youth. The police may turn custody over to a court intake worker/screener, appointed by the Chief Judge. The primary functions of the intake worker include:

- Identifying and assessing whether a juvenile should be detained after arrest or released to parents;
- Arranging for the least restrictive holding environment for youth taken into temporary custody, while balancing the safety of the juvenile and community; and
- Identifying the needs (sometimes, but not always, including mental health, substance abuse, and others) of the youth for report to the court at the detention hearing and to initiate the youth's access to necessary services.

In Colorado, the Children's Code allows for a mandatory felony hold at the request of a law enforcement agency.

If an intake screener has assessed that a juvenile is to be detained, the court must hold a detention hearing within 48 hours from the time the juvenile is taken into temporary custody. The detention hearing determines whether a juvenile should be:

- Released to a parent, guardian, or legal custodian either without restriction, bond, or upon a written promise that the juvenile will appear in court for hearing;
- Redirected out of the system through a diversion program; or
- Detained further in detention, temporary holding, a staff secure facility, or shelter facility until hearing.

Adjudication

Adjudication is the hearing process in which a judge hears witnesses and receives evidence for making a determination as to whether the youth was involved in the offense. Before the case may proceed to court adjudication, a petition must be filed by the district attorney within 72 hours alleging that the juvenile is delinquent and stating the facts that bring him under court jurisdiction. The juvenile is then held pending a hearing on the petition.

However, the district attorney may request of the court either before, during, or after the filing of a petition that a case be handled as an *informal adjustment* to promote rehabilitation of a juvenile without a charge against him. An adjustment may extend up to six months. During this period, the child and responsible person are counseled and provided guidance to promote rehabilitation. The court may also place the juvenile under the supervision of a probation department or other designated agency. A juvenile who has previously had an informal adjustment or who was charged with a delinquent act in the preceding twelve months will not be granted another informal adjustment.

Juveniles who are not diverted elsewhere must proceed to an advisement hearing, which is the first hearing once a petition has been filed. During the advisement hearing, the youth and responsible person are advised by the court of their constitutional and legal rights. The youth or his/her legal guardian may request counsel or the court may appoint counsel.

After the advisement hearing, a preliminary hearing is held to determine whether probable cause exists. If the court determines that probable cause does not exist, then the delinquency petition is dismissed and the youth is released. If the court determines that probable cause exists, then an adjudicatory trial is scheduled. The district attorney or the juvenile accused of a delinquent act may request and be granted a preliminary hearing if the act is a felony or a class 1 misdemeanor. A written motion for a hearing must be filed no later than ten days after the advisement hearing and scheduled within 30 days of the filing of the motion.

At the adjudicatory trial, the court finds the juvenile guilty or not guilty. If the juvenile is found not guilty, the court dismisses the petition and discharges the juvenile from any previous detention or restrictions. If the juvenile is found guilty, the court then proceeds to sentencing or directs that a separate sentencing hearing be scheduled.

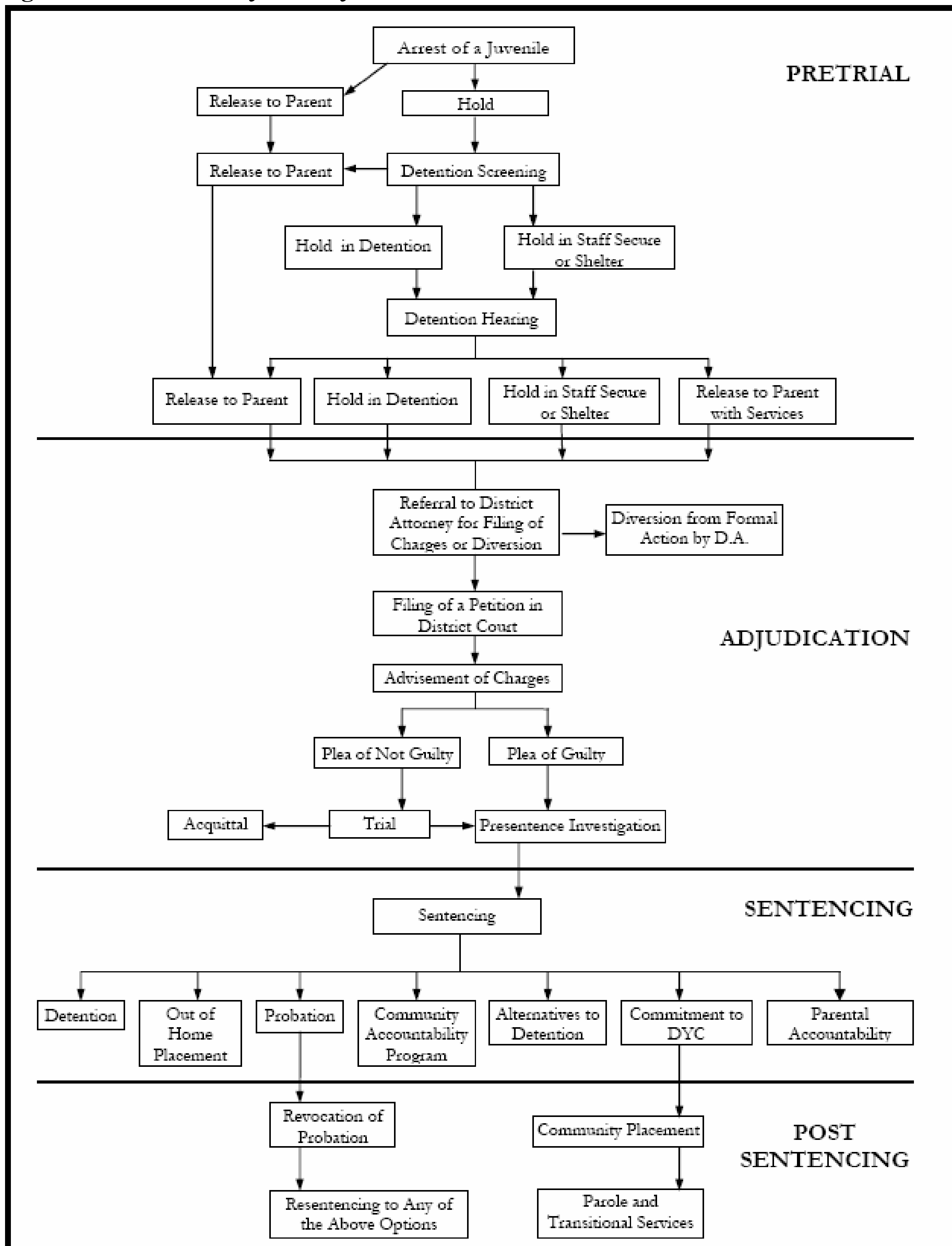
Sentencing

If a juvenile offender is found guilty, the court will hear evidence to determine the sentencing options that best meet the needs of the youth, balanced with the public's safety. Generally, the court's probation department or other agency designated by the court will conduct a pre-sentence

investigation to provide information relating to the child's mental, physical, and social history to help determine the best sentencing option. As a result of sentencing, a court may decide to:

- Order the juvenile to detention or out-of-home placement;
- Grant a deferral of adjudication, at which time the court may place the juvenile under probation supervision and/or into a community accountability program, an alternative to detention, or under parental accountability and supervision; or
- Commit the juvenile to the Department of Youth Corrections.

Figure 2: The Colorado Juvenile Justice Process



Section 2: System-wide Strategies

The Plan begins with strategies that are appropriate for the system, youth, families, and communities at any time during a youth's involvement with the juvenile justice system. These strategies are about the fundamental design of the system. Systemic strategies related to planning, financing, information sharing, and data collection are included first in the Plan, to emphasize the importance of a well-integrated infrastructure to support service delivery to youth with mental health issues and co-occurring disorders. Other strategies in the system-wide section include those intended to support and empower families and youth, strategies for specific populations, and strategies that are appropriate ways to enhance service delivery throughout a youth's time in the juvenile justice system. As mentioned in the introduction, many of the strategies do not have information on all of the same components (e.g., infrastructure and financing, outcomes, family/system support, etc.) as only the information that was available through the interviews and research, or information that was relevant and appropriate for each strategy was incorporated into the Plan.

Chapter 3: Systemic Strategies

System design, from infrastructure and policies to financing and information sharing, is an important part of a successful juvenile justice system. The 2005 Framework suggested a variety of systemic issues that needed to be examined and the initial stages of the research leading to this Plan helped to shape the priorities for this section. The systemic issues that follow have particular relevance in the ability of a juvenile justice system to meet the needs of youth with mental health issues and co-occurring disorders as they focus on the cross-systems issues that arise when youth have complex needs and their families.

The strategies in this section are presented in a slightly different format than the other strategies in the Plan. Unlike many of the service delivery strategies, no youth, family, and community outcome data is available for changes to such things as information sharing or collaboration. The results of systemic changes can be improved programs that lead to improved client outcomes, but the research rarely makes or demonstrates those connections. Consequently, the focus is on systemic strategies in Colorado communities that align with nationally recognized models of excellence or have been implemented in multiple communities across Colorado.

Strategy 1: Interagency Planning for Systemic Improvement

Description: Colorado communities are approaching systemic juvenile justice planning through a variety of interagency models. State mandates are helping to create some of the interagency groups, while grant programs create additional planning groups or add new members to the planning groups. Four key strategies to develop successful interagency planning groups, also called governance groups, are underway in Colorado communities. While each of the four has strengths, they are undermined in some communities where more than one effort is underway without close alignment across the efforts. These locally implemented strategies are:

1. The expansion of authority for Juvenile Services Planning Committees or other planning groups whose statutory purpose is to oversee the SB 1991-94 dollars for diversion from detention;
2. The development of an interagency HB 2004-1451 planning group with all the mandated members and additional, non-mandated members signing memorandums of agreement;
3. Grant initiated planning efforts that enhance existing boards or create new boards that are extensive in membership and scope of authority; and
4. Leadership groups that engage multiple systems to address specific interagency planning needs, such as the Boulder IMPACT board or the Joint Initiatives board in Colorado Springs.

Planning groups can be engaged in multiple types of planning (Nanus, 1974):

- Future studies: this research oriented planning is an important way of forecasting the needs in the future and identifying growing trends, including problems and demographic shifts. The Minority Overrepresentation Studies that county's like Arapahoe have undertaken are examples of this type of planning;
- Policy planning: with a long-term horizon, this type of planning focuses on why and how an agency or interagency group should meet their goals. Many of the most collaborative communities have taken on this type of planning as part of their Chief Executive Officer level planning structures, such as Joint Initiatives in El Paso County, as well as the HB1451 communities, such as the Denver Collaborative Partnership;
- Strategic planning: this planning type is targeted to very specific issues and needs, examining how they can be addressed. Planning at this level is common in many interagency groups, including the Juvenile Services Planning Committees that focus on cross-system issues beyond SB94 dollars;
- Operational planning: this planning type, most appropriate to middle or lower level managers as opposed to the higher level managers necessary for the previous three types, is specific to meeting defined goals and allocating resources. This type of planning is particularly common among groups with responsibility to allocate resources, such as the Juvenile Services Planning Committees; and
- Implementation, Evaluation, and Review planning: this planning belongs across all the others in many ways, allowing for a review of what was accomplished because of previous planning and implementation efforts, to inform future work. Joint Initiatives and Boulder IMPACT have both had extensive implementation, evaluation, and review efforts to ensure that decisions are made based on the success of the new models they are implementing.

One of the Juvenile Services Planning Committees has experienced a barrier in their planning dialogues as a result of having multiple levels of staff on a single board. The mix of agency leadership from some systems and operational managers from other systems has hampered their ability to define a clear focus and outcomes from their planning efforts, as well as limiting the board's authority to undertake broad reaching, systemic change. Both Joint Initiatives in El Paso and IMPACT in Boulder emphasized the importance of having the top level of each organization on the planning board, for their ability to make significant policy decisions on behalf of their organization. In contrast, a Durango interviewee noted the importance of having middle level managers on a board with an operational mission in order to avoid conflicts over dollars and referrals and thus better to meet the specific needs of each youth and family. These interviews highlight the importance of matching membership to mission in any interagency planning group.

The planning groups in Colorado that were engaged in policy planning activities had specific characteristics that made them different from more operational groups:

- Membership on the group was of sufficiently high level from the organizations represented to allow for policy and decision-making that went beyond the programmatic level;
- Membership on the group was sufficiently diverse to represent the key agencies and providers who make up the juvenile justice and partner systems;
- The authority of the group was clearly understood and agreed upon by the members, including any authorities that move it beyond a mandated role that may exist due to a HB1451 or SB94 function that the board undertakes;
- Formal agreements existed between the members, via memorandums of agreement or other means, to commit the members to engage in the collaborative decision-making process;
- Dedicated and highly qualified staff were able to bring good information into the decision-making process and follow-up on any decisions made by the group; and
- The group was sufficiently flexible to adapt and engage new stakeholders as needed and address new issues that rise in the community.

Many of these planning structures and characteristics match the characteristics of successful interagency planning groups found in systems of care literature. For example, Pires (2002) emphasizes the importance of planning processes that build on existing efforts, much like the HB1451 and SB94 boards that have taken on broad planning authority. She also notes that a rigid structure can be as damaging for a group as a complete lack of structure. The more flexible structures in Colorado are more likely to be able to respond to the needs of diverse partners, cultures, needs, and communities. Pires also adds two other components of a successful governance group that are worth noting. First, whether the group has the credibility among its stakeholders to serve as the leadership of the systems; and second, whether the partners at the table have taken on the concept of "shared liability" to ensure that the mandates that guide one of the partners are accepted and taken on by the others.

One feature of an interagency planning group that system of care literature emphasizes, but is less consistently found in Colorado's efforts, is the inclusion of families and youth in planning processes. The HB1451 legislation allows family advocates to be part of the planning board and most communities have taken on this opportunity, however it is not required. Other types of boards either do not include youth and families as members due to difficulty recruiting and sustaining participation or a lack of interest in including youth and families as members. In the Family and Youth Involvement and Support section of the Plan, more detail is given about the planning structures that have been successful at engaging families.

Infrastructure and Financing: As may be clear from the characteristics noted above, a successful interagency governance and planning structure requires the commitment of resources. Some of the interviewees and participants at community meetings specifically emphasized the importance of data to inform planning and changes in services, yet discussed the lack of resources to collect and analyze data in their community. For communities with successful staffing models, resources have come from a variety of places, including county governments, multiple systems providing a mix of financial and in-kind resources, SB94 dollars, and grant funds.

Outcomes: While the outcomes from a planning effort are difficult to tie back to individual outcomes for youth with mental health issues and co-occurring disorders, recent research indicates that wraparound, an interagency staffing model that empowers youth and families and meets their individualized need, is more likely to be successful when adequate systemic planning is underway. Specific system characteristics that lead to successful wraparound models include when the "policy and funding context encourages interagency cooperation" and "leaders in the policy and funding context play a problem-solving role across service boundaries" (Walker, Koroloff, & Schutte, 2003).

In Colorado, the communities with the most comprehensive interagency planning structures, where decision-making authority, budgets, and staffing resources are tied to the planning efforts, are also often noted as some of the most innovative. For example, the Boulder IMPACT model is the result of an interagency planning effort that engaged dollars around a specific population. It has resulted in decreased costs for out-of-home placements, leaving more funding for early intervention and prevention efforts. The Joint Initiatives effort in Colorado Springs has had similar outcomes, decreasing out-of-home placements by 40%, four times their original goal.

Barriers in Development and Ongoing Implementation: Significant barriers are experienced in the development of comprehensive, cross-systems planning efforts. As noted by one interviewee, communication between busy CEOs with strong personalities and many responsibilities can be problematic at times. The challenge is to balance providing adequate information to make decisions without overwhelming the participants in the planning structure with more information then they have time to digest. This balance again highlights the need for planning structures to have staff that can help to analyze and summarize information.

A barrier experienced by multiple communities undertaking new collaborative structures with many partners was the challenge of getting everyone on the same page and accomplishing something early in the process. That early "win" helps create commitment to continued partnership, but may not happen at a large, diverse table. Three communities with successful, many-partner collaborative structures overcame this early challenge by starting small. Larimer, Boulder, and El Paso all began with a more limited partnership of approximately three agencies and as they successfully undertook projects, more and more partners entered into the collaborative, systemic planning process. While this approach may not make sense for a community that already has a large planning process starting, it may be helpful for communities that do not yet have a systemic planning group in place.

Other barriers to cross-system planning include (Griffin & Jenuwine, 2002):

- Limited funding in both the mental health and juvenile justice systems, as well as partner agencies, creating a financial incentive to push youth out of one system into another;
- Jurisdictional boundaries differ for different systems, resulting in some agencies having to participate in multiple collaboratives; for example, the judicial districts and DYC regions have different and often larger boundaries than counties and mental health centers;
- Language differences across systems, with legal jargon and medical jargon, creating communication challenges; and
- Different processes and expectations of clients, leading to a disconnect on a case by case basis; for example, a judicial process functions in absolutes, such as guilty or not guilty, while a mental health system diagnoses along a continuum, examining the severity of need.

The Substance Abuse and Mental Health Services Administration and the Office of Juvenile Justice and Delinquency Prevention both have resources on collaborative planning. Communities undertaking the development of a new governance structure or having challenges with their existing structure may also want to look at systems of care literature, such as Sheila Pires' (2002) *Building a System of Care*, for information on how to develop a collaborative planning group. Also, the Pathways to Juvenile Detention Reform series of the Annie E. Casey Foundation has a useful guide on collaboration and leadership (http://www.aecf.org/initiatives/jdai/download.htm).

Strategy 2: Fiscal Integration

From the 2005 Framework came the charge to examine various models of fiscal integration, whether called braided, blended, or flexible funding. The research process revealed five distinct fiscal integration strategies, each serving to address different needs in the communities. While the strategies do not fall into a precise continuum of less integration to more integration, the fifth strategy explored is a broader reaching and more systemic model.

It is worth noting that while the discussions at the state level often focused on terms like braided and blended funding, the strategies found at local levels were less concerned with these terms and more concerned with the outcomes of the fiscal integration practices. Thus, the five strategies included may occur with either blended or braided funding streams, as appropriate for the individual funding streams used in any of the strategies, with blended assuming the melding of funds into one pot and braiding assuming the alignment of funds to meet a shared need.

Strategy 2a: Programmatic Blended and Braided Funding

Description: One of the most commonly used fiscal integration strategies is to use two or more distinct funding streams to cover the cost of a single program. Often one or more of the funding streams come from grant dollars, with matching funds from state or local dollars. This structure of funding allows for programs that serve youth whose needs may be similar even if their involvement is with different systems, it allows for the development of programs that require more than one system, and it moves away from a fee for service model that may limit more holistic approaches to meeting youth needs. Communities noted that it enabled them to include non-Medicaid eligible youth in programs that received some of the funding from Medicaid fee for service funding streams. More broadly, it allowed them to put the needs of the youth first, rather than the restrictions on the funding streams.

Examples in Colorado included:

- The Peaceful Spirit Youth Services – Multisystemic Therapy Program in the 6th and 22nd Judicial Districts, funded by Juvenile Justice and Delinquency Prevention Council dollars, core services dollars, tribal contracts, and in the future, Medicaid fee for service dollars.
- The Multisystemic Therapy Program in Larimer, the 8th Judicial District, funded by core services, SB94, and Medicaid dollars;
- Summit Outdoor Adventure Program in 5th Judicial District, funded by the county, Breckenridge Outdoor Education Center, and the probation department; and
- A diversion program through YouthZone in the 9th Judicial District jointly funded by Garfield and Pitkin counties, individual municipalities, and Juvenile Accountability Incentive Block Grant funds (JAIBG).

Strategy 2b: Flexible Funding Pots

Description: A second type of fiscal integration focuses on the need for funds that are highly flexible in their use. They may help a family with transportation costs, rent, recreation passes, or other services and supports. Flexible funding pots, in addition to being available as a result of a specific grant or state funding stream, have also been created through the use of multiple funding streams with different limitations and allowable costs. The most common funding sources for flexible funding pots in Colorado have been SB94 dollars, Core Services dollars from child welfare, and grant dollars.

Programs in Colorado that used a flexible funding pot include:

- Cornerstone communities, where flexible funding came from a federal grant;
- Wraparound program in the 20th Judicial Districts, where flexible funding came from the savings in child welfare and Division of Youth Corrections contracts a result of decreased out-of-home placements;
- Juvenile Drug Court in the 6th and 22nd Judicial Districts, where flexible funding for incentives and gift certificates came from La Plata County Department of Human Services and SB94.

Strategy 2c: Flexible Funding Processes

Description: The flexible funding process used by some communities differs from the previous two funding strategies in its emphasis on braiding multiple streams rather than creating one program or pot of money. This strategy is found when multi-system staffings occur and each system actor has resources available to provide services and supports to the family. For example, in a wraparound process, the representative from the mental health center may be able to commit to providing group therapy, and the representative from child welfare may be able to provide transportation vouchers for the family to access the groups. This type of case by case flexible funding helps in meeting very specific needs and is dependent upon each caseworker or participant in the staffing having the authority to allocate resources. It has the advantage of creating flexibility in services even when individual funding streams are not flexible.

In particularly innovative communities, flexible funding processes include not only the traditional juvenile justice partners, but also workforce centers, restorative justice programs, Temporary Assistance for Needy Families/Colorado Works (TANF), and other partners who have access to different types of funding streams and community resources. The creativity in staffing allows for more individualized services even when each partner at the table has restrictions on how their dollars can be spent. In communities with the most extensive formalized partnerships, such as El Paso County through Joint Initiatives, implementing a flexible funding process is easier than in communities with more informal partnerships. However, even when communities have more targeted interagency groups underway, such as the Diversion Council in Durango, the flexible funding process is possible for the kids seen by that group.

Strategy 2d: Rollout Funding

Description: The Greater Littleton Youth Initiative (GLYI) is a striking example of start-up or rollout funds being used to engage community partners in the longer-term sustainability of programs. This fiscal approach assumes that demonstrating success with a program will result in increased willingness of multiple agencies to fund the ongoing use of the program. The city of Littleton provides approximately $100,000 per year in staff support and program funding to start-up evidence-based practices in the schools and the community. Many of these practices have goals related to diverting youth from delinquent behavior and thus from the juvenile justice system. Once the programs are in place, the city of Littleton has had multiple successes at developing ongoing funding opportunities through partnership with the schools, mental health centers, and foundations. For example, the evidence-based Life Skills Training model was initially funded by the GLYI including start-up dollars to modify the curriculum to meet the needs of the community. The schools now provide ongoing support for the program and the only role of the GLYI is to support it as needed in less substantial ways. Similarly, the GLYI provided start-up funds for a Functional Family Therapy program in the schools with high-risk kids. The mental health center now provides the ongoing funding with a partnership with the schools to help identify youth and families in need of services.

From the GLYI experience, three systemic issues can be identified as important to consider when developing this type of model. First, GLYI has consistently formed interagency partnerships as they develop and implement each new program. This has allowed for the buy-in from partner agencies when the programs demonstrate success and ongoing funding is needed. For other communities, this emphasizes the importance of having multi-system involvement in identifying and developing new programs, regardless of the initial funding stream. Second, some of their programs have been chosen to meet previously identified needs in partner agencies. For example, the Life Skills Training model was brought into the schools when the schools were already planning to rewrite a curriculum that covered similar topics. The GLYI was able to meet a need of the schools while also bringing an evidence-based program into their community. Third, the GLYI has consistently chosen programs with demonstrated success in other settings, resulting in a series of programs in Littleton that have fairly visible and positive outcomes. This may also help in encouraging partner agencies to help with the costs of maintaining the program over the long haul.

Strategy 2e: Systemic Funding Integration

Description: The final fiscal integration strategy occurred fully in only one community, though other communities have taken steps toward this more systemic approach, largely through the HB1451 initiative. Systemic integration of funding streams is best described as the integration of funding across the full continuum of services, from prevention to early intervention to intervention and transition back into the community. This systemic model allows for dollars saved at the deeper end of the system to be reallocated to prevention and early intervention services. Through cost shifting to meet needs early, not only are more youth served, but also fewer penetrate into the juvenile justice system to the point of detention and commitment. The one community that has fully utilized this model is Boulder County. The Boulder IMPACT (Integrated Managed Partnership for Adolescent and Child Community Treatment) model was developed as a result of a 1997 Department of Human Services pilot managed care project and waiver applied to services, treatment, and corrective needs of youth and families that is no longer in statute. However, they have been able to continue to provide services through a systemic and integrated funding model. Other communities have taken steps toward this model, including Arapahoe and El Paso counties. Arapahoe County's child welfare agency allows for voluntary requests for services, redirecting dollars

that would normally be spent on higher end placements for cases in the delinquency and neglect system to families and youth at risk of system involvement and in need of home or community-based services. El Paso County's Joint Initiatives is a collaborative effort that is redirecting resources from out-of-home placements back into community-based services.

As both the Boulder IMPACT model, HB1451 models, and Arapahoe and El Paso counties demonstrate, this strategy is only successful when multiple systems are committed to the development of a more systemic approach to funding prevention, intervention, and treatment services. Boulder IMPACT is unique in its use of a separate legal entity that manages the dollars from multiple systems to meet the needs of a predefined population, those at risk of out-of-home placement. However, other communities are beginning to implement similar approaches without the creation of the separate legal entity. The similarity between these two models is the concept of braiding funding streams to meet the needs, rather than expecting funding to be blended. As an interviewee using a braided funding model noted, braided funding is most successful when the fiscal staff are able to carefully consider the mandated population that each fund can be used for, make sure all the audit requirements are met, and do so in a way that looks to the workers and family like there is no issue about where money is coming from. Therefore, in practice, the dollars function as if they are blended, but behind the scenes, the staff ensures that dollars are appropriated for services in such a way as to meet the different mandates associated with each funding stream.

In part, the flexibility is possible in Boulder because one group, the separate legal entity, makes the decisions on behalf of multiple systems' funding streams. This withdraws the incentive to provide services based on the systems' needs and capacity instead of the individualized needs of the youth and family. The multiple streams and mandates provide more flexibility in services than would otherwise be available, allowing for individualized case plans that meet the needs of youth and their families and decreasing the need for out-of-home placement. It also allows for greater eligibility for services, as the multiple funding streams and mandates cover more youth than any one agency can do alone. The cost savings from meeting needs early and not using expensive placement resources are then fed back into the system in the form of lower end services like prevention and early intervention. This final component of the funding model is largely dependent upon state regulations allowing the saving and reallocation of funds.

Strategy 3: Co-Locating Services and Staff

Description: Co-locating services and staff is an important strategy in reaching a variety of different goals. Co-location of mental health staff can help decrease stigma related to accessing mental health services when services are available in alternative settings, such as schools and drop-in youth centers. Co-location of staff from many systems helps to create a single point of access for youth and families, a key feature emphasized by the directors of juvenile assessment centers. Co-location of systems staff in community centers and other community-based settings is helpful for increasing access for youth and families. Finally, co-location of services within a single agency, such as combined mental health and substance abuse services, helps in decreasing the barriers to treatment. Any form of co-location is also helpful for increasing information sharing between providers and systems.

As a strategy, co-locating services and staff is straightforward in concept, but can be challenging to implement. It means sharing overhead costs, in-kind expenses, and identifying the best location for

multiple systems staff. It may mean opening up schools or other community-based centers to a new type of service that has never been on-site before.

Infrastructure and Financing: The infrastructure and financing needs related to the strategy of co-locating vary depending on how co-location is implemented. Co-location can range from a single staff from one agency being placed in another agency to a large number of agencies working together to develop and maintain a single-point of entry for consumers. In the 8th Judicial District, co-location of staff is increasing resources as a result of charging fees for services from co-located staff, including the alcohol and drug abuse therapists, private therapists, mental health providers, sex abuse counselors, and victim counselors who are co-located at the Department of Human Services.

Outcomes: Outcomes from the co-location of services and staff are not clearly tracked by anyone in Colorado. Even nationally, this specific strategy is not being analyzed on its own, but rather as part of many programs and practices that are highlighted as important to successfully meeting the needs of youth in the juvenile justice system. For example, one of the most well known models involving the co-location of staff is the Office of Juvenile Justice and Delinquency Prevention's Community Assessment Center (CAC) model, which includes a single point of entry with multi-system staff for at-risk and delinquent youth. A preliminary evaluation found that the CAC models studied had many positive effects on integration, collaboration, and juvenile justice system functioning. The agencies that were found to be represented across the four CACs studied were probation, law enforcement, social services, mental health, substance abuse services, and schools (National Evaluation, 1999).

Barriers in Development and Ongoing Implementation: Both in Colorado and nationally, little information is being tracked on the co-location of services. Barriers that have been identified in the aforementioned CAC model include the challenge of maintaining stable, cross-system funding; the need for clear confidentially safeguards for sharing information; and the challenges of integrating case management across agencies (National Evaluation, 1999).

Family/System Support for the Strategy: The providers who attended the community meetings supported the importance of co-located staff and services, providing examples such as:

- Public mental health staff and services co-located in the schools, faith-based organizations, and community organizations;
- Private mental health therapists co-located in schools and the Department of Human Services;
- Mental health and substance abuse services and staff co-located;
- Family advocates co-located throughout the system;
- Probation co-located with the Department of Human Services;
- Temporary Assistance for Needy Families/Colorado Works (TANF) co-location with child welfare, workforce, and/or juvenile justice services and staff;
- Workforce center co-location with child welfare and TANF/Colorado Works services and staff;
- Assessment center co-location models with juvenile justice, human services, mental health, schools, and other services and staff; and

- Family organization staff located at child and family serving agencies. In Denver, a family advocate from Family Agency Collaboration (FAC) is located at Gilliam Youth Services Center. The Executive Director of FAC is located at the Mental Health Center of Denver.

Strategy 4: Information Sharing and Informed Consent

Description: Throughout many interviews and community meetings, participants expressed frustration with information sharing mechanisms in their communities. Some participants shared concerns that HIPPA regulations made it impossible to exchange mental health and substance abuse information between providers and system personnel. Even as these concerns were shared by some participants, others talked about tools they had in place in their community to address the difficulty of sharing mental health and substance abuse information. The most common practice was to develop a "universal consent form" (also called a common release form) that decreased the paperwork burden for both families and providers while increasing the ability of providers to do interagency planning for specific youth and their families.

In the communities with some type of universal consent form (including the 4th, 8th, 10th, 20th, and 21st Judicial Districts), the forms were often developed through a memorandum of understanding (MOU) process between participating agencies. The consent form structure includes the authorization language, a list of agencies that a family member can check off one by one when they wish information sharing to be possible, and authorizations related to specific types of information. For example, the Larimer County Department of Human Services Authorization to Release Information includes the following:

1. Authorization language: "I authorize the release and disclosure of information and records pertaining to me or my children to the Court and Larimer County Department of Human Services, including the County Attorney, from the agencies and individuals listed below. I also authorize LCDHS to release and disclose information and records pertaining to me or my children to the Court & individuals or agencies listed below. I release the below indicated individuals, agencies, and LCDHS from all liability from the release and disclosure such information and records. This release shall continue in effect for three (3) years if not rescinded in writing earlier. The termination of this release shall not affect previously released information. This release shall also authorize the re-release of information and documents to individuals and agencies marked below."
2. A list of agencies with a place to initial, including the: 8th Judicial District Multidisciplinary Assessment Team, Attorney(s) by name, Counselors or Therapists by name, Schools by name, Employers by name, Probation, The HUB, Law Enforcement, Guardian *ad litems*, Family members by name, Doctors or other medical professionals by name, Placement providers by name, and Others.
3. A release specific to mental health information: "I authorize the release and re-release of psychological/mental health information or records pertaining to my children or me. This information is releasable only to the above indicated people or agencies, the Court and LCDHS (including County Attorney)."
4. A release specific to substance abuse treatment information: "I authorize the release and re-release of substance abuse testing, treatment, and evaluation information or records, pertaining to my children or me. This information is releasable only to the above indicated people or agencies, the Court and LCDHS (including County Attorney)."

5. Names and signatures of the youth, adult, and caseworker.

One participant at a community meeting explained how her community's universal consent form worked in practice. After families designate (by initialing) the agencies and individuals that can share information on their case, the interagency staffing meetings can begin. If an agency was not included by the family, the representative from that agency would step out of the room when the case was being staffed. If an agency or individual was included by the family and important to the case, that individual would join the interagency staffing meeting for the specific case. The combination of the universal consent form and the adaptable staffing structure allowed the community to effectively share information with families and each other while identifying needed services and supports.

Systemic Support: This type of multi-agency consent form would be easier to develop in a community with strong partnerships between agencies already in place. However, existing boards like the Juvenile Services Planning Committees may serve as sufficient interagency planning infrastructure to undertake the development of a common consent form. For example, the Colorado Department of Human Services (CDHS) Collaborative management programs for HB 1451 has adopted a common informed consent form, developed by CDHS and the Denver Juvenile Justice Integrated Treatment Network (Network), that allows for information sharing between agencies with consent. A companion manual on legal authorities, "Sharing Customer Information Through a Common Consent Procedure", was developed by CDHS and the Network as well. The manual, however, requires updating to include changes in federal and state law, indicating a need for ongoing systemic support to information sharing efforts.

For communities interested in developing such a form, it may be useful to talk to those communities with forms in place to identify first steps to take and possible barriers along the way. However, none of the communities interviewed suggested significant barriers existed to developing the form other than the time required to undertake the (MOU) process.

Family/System Support for the Strategy: Information sharing was one of the most consistently mentioned topics in the community meetings. During the meetings, participants provided each other with tips on how to best share information and this often included discussing a universal consent form. The need for this type of information sharing was made very evident when participants from communities without shared consent forms expressed concerns that they were unable to meet the needs of youth due to HIPPA regulations that prevented them from sharing information.

Strategy 5: Partnerships with Community-Based Organizations

Description: Throughout the interview process, providers from inside local government agencies and in community-based organizations highlighted the value of developing partnerships that cross the public/private line. Although this may seem intuitive, some of the interviewees noted particularly important aspects of these partnerships and others described more extensive partnerships than found in many communities. The important aspects of the partnerships included:

- Flexibility: Through contracting with community-based partners instead of providing services in-house, juvenile justice and child welfare agencies have been able to increase their ability to do individualized case planning and more specifically meet the individualized and

specialized needs of youth and their families. For example, the Letter of Agreement process that the 2nd Judicial District's SB94 program uses with a wide range of providers gives them many options when identifying services for a youth. This model is flexible not only because it allows for a range of providers, but also because it does not rely upon fixed-price contracts where pre-selected providers make available a designated amount of a given service. As Pires (2002) notes the practice of fixed contracts can result in "families having to fit what is available, rather than the other way around" (p. 111).

- Services without Court Involvement: Many restorative justice programs as well as other types exist as non-profits external to the judicial system. For example, the Jefferson County restorative justice program is a non-profit with community and system actors on the board. This allows them to coordinate closely with the system while maintaining a community focus and allows services to be provided even before a youth enters the juvenile justice system. Other programs throughout the state function similarly. Although this may require increased effort to ensure connections with the court process, one interviewee noted that it also allows the restorative justice program easily to provide early intervention and prevention services to youth who have yet to enter the juvenile justice system. It may also require the external organizations to either have grant funding to cover the youth not involved in the juvenile justice system or have a capitation or case rate contract that fixes an amount of funding for the organization from the public agencies to serve whomever may come in the door.

- Leadership from Family Advocates or Cultural Groups: For some communities, partnering with family advocacy or culturally based organizations rather than developing similar services in house was seen as an opportunity to provide more culturally responsive services while simultaneously supporting leadership in the community. Family advocacy organizations like the Jeffco Family Support Network, EMPOWER, and the Colorado Federation of Families for Children's Mental Health have the capacity to not only provide family advocacy services, but also support the development of new family advocates. Cultural organizations like the Asian Pacific Development Center and Mi Casa have the capacity to provide services and supports to youth who are at risk of, entering, or transitioning out of the juvenile justice system in a culturally and linguistically specific and competent manner. Given the frequently mentioned challenge of hiring bicultural and bilingual caseworkers and providers, drawing on organizations in the community with these resources in place may be helpful for any public agency.

- Overcoming Turf Issues: The Boulder IMPACT and El Paso Joint Initiatives models of creating a separate non-profit organization to manage braided funds and provide the services to a predefined population takes the concept of partnering with non-governmental organizations in a different direction. With governmental oversight of the non-profit, the organization functions similar to a public agency, but by being external to any of the funding partners, it helps to overcome turf issues related to the funding streams that jointly meet the needs of youth at risk of out-of-home placement. The concept of creating a fiscal structure specifically for the braiding of funds may be useful for communities seeking to develop trust and responsibility for multi-system funded services.

Systemic Support: Public agencies that provide services via external contracts are common; however, the extent of contracting, the flexibility of contracting models, and the range of providers engaged by any given agency varies greatly. From the interviews conducted, support for this type of partnership requires a combination of leadership, trust, and experience with a wide range of community providers, and willingness to build partnerships instead of more hierarchical relationships with community agencies. This can be a significant transition for some communities and a natural next step in the partnerships already ongoing in other communities.

Strategy 6: Using Data and Evaluation to Inform Decisions

Description: Much as evidence-based practices draw on the power of evaluation to identify the best ways of serving youth and families, a juvenile justice system can draw on data and evaluation to make better decisions. Multiple types of information collection are of value to the juvenile justice system, including:

- Needs Assessments;
- Forecasting Trends;
- Capacity Assessments;
- Evaluating Programs and Systems; and
- Performance Measurement.

The use of data and evaluation is particularly relevant when considering the high-needs population of youth with mental health issues and co-occurring disorders who require more services and supports to reach successful outcomes. Having the capacity to undertake data collection and evaluation within a jurisdiction, as well as being familiar with data jargon and able to assess accurately the likelihood of success when importing a program from another jurisdiction, is an important part of designing a good treatment and intervention-oriented system.

Needs assessments can be conducted on many different issues. Most obviously, a needs assessment that examines the current population of youth entering the juvenile justice system or at risk of entering the system can be helpful when deciding what programs to develop/sustain or what partners to include on collaborative councils. A needs assessment of likely clients can also be helpful in assessing resources needed, what types of grants might be a good fit for the community, and how to allocate existing resources. As they demonstrate the need for the grant, needs assessments of this type are useful when applying for grants. Needs assessments can also be done on other topics, including staffing, facility, training, programmatic, and other needs. For example, facilities needs assessments are common in justice systems to identify if more or fewer detention beds are needed. Butts and Adams (2001) explore the many issues relevant to a space needs assessment including length of stay, types of offenses, needs of offenders, and flow through the system. The authors also highlight the difference between a needs assessment that focuses on current needs and a needs assessment that attempts to accurately forecast future need.

A trend is a series of related events or activities that appear to have a demonstrable direction over time. Trends forecasting draws on trends to help make decisions for the system. For example, the state has forecasted trends for the criminal justice system to guide development of new facilities. This is probably the most common use of trends forecasting. However, it can also be helpful when considering demographic shifts in the population, future juvenile justice implications of an increasing number of children entering the child welfare system, or other patterns that are emerging

and will affect the system. Trends forecasting is often included as part of strategic planning processes and may be very appropriate for interagency groups that are undertaking a planning process together. Trends forecasting, like needs assessment, need not be limited to the needs of the youth's served by the system. It is also useful when thinking about:

- Workforce issues, such as an aging workforce;
- Social trends such as demographic shifts, changes in family compositions, etc.;
- Public expectations, such as expectations for how the system responds to crime or expectations for the use of certain types of programs, e.g. restorative justice;
- Economic trends to help in forecasting the funding in future years;
- Technology trends, to help identify current and future technology tools that may be worth considering for the juvenile justice system; and
- Case level trends, such as increasing mental health and substance abuse issues or increasingly young youth entering the system.

In light of the findings from needs assessments and forecasting trends, a system may want to consider undertaking a capacity assessment to identify if current staffing patterns, contracts with provider agencies, community partnerships and available services, etc. are at the level needed to meet the need, both current and future. Part of a capacity assessment can be examining the current structure, such as the extent of centralized versus decentralized services, to determine if adaptations need to be made as demographics change or as needs increase and decrease. Capacity assessments can be particularly useful when identifying what technology should be purchased as technology upgrades tends to be very expensive and the options are often very broad. Finally, the combination of needs assessment, trends forecasting, and capacity assessment can be a very thoughtful way to approach development of new processes such as specialty courts or redesigned case management systems. By beginning from an informed place, systems are more likely to design the approach that is most likely to meet the needs within the existing capacity.

Program evaluation is the most frequently used research process in most public programs. It can mean many different things, from simply tracking the number of youth and families who enter and successfully complete a program, to conducting pre- and post-intervention surveys, to doing longer-term follow-up with youth who have entered the system, tracking recidivism and other variables. Evaluation can also include the youth/family satisfaction with the services received. Evaluation is often a required component in grants, where some grants go as far as to require that a certain percentage of the budget be directed toward evaluation activities. For communities with limited evaluation capacity, partnerships with universities, community colleges, private consulting firms, contracted individuals, or partner agencies with evaluation capacity can help to meet evaluation requirements in an efficient and high quality manner.

Evaluation can be very costly when it includes the more labor intensive aspects that move beyond tracking completion of the program. However, models exist for evaluating smaller programs at a fairly reasonable cost. For example, in an Office of Juvenile Justice and Delinquency Prevention publication, a model for evaluating small, local programs using outside evaluators respects the resource limitations of small programs while also creating ways of demonstrating effectiveness. To summarize the approach briefly, it includes creating clear expectations about the program outcomes; using a fully-developed program plan as the basis for the evaluation plan; identifying key process and outcome measures; using existing program documents as the basis of the data collection, analysis,

and reporting practices; and drawing on resources and capacity from the state and other partners (Rowe, 2002).

Local communities in Colorado are using evaluation as required in grant applications, but also to help inform the design and adaptation of their programs as well as demonstrate success to partner agencies. For example, the collaborative projects in El Paso and Boulder have both used evaluation of cost savings and decreased out-of-home placements to demonstrate the success of Joint Initiatives and IMPACT. Many of the specialty courts across the state use evaluation to demonstrate the effectiveness of the treatment oriented models. Restorative justice programs in the state are increasingly moving toward a more standardized approach to evaluation, with support from the Forum on Restorative Community Justice (http://coloradorestorativejustice.org). Evidence-based programs implemented throughout Colorado have ongoing evaluation components including standardized data collection instruments. Evaluation is well underway in Colorado, with extensive capacity to collect, analyze, and use findings to inform programmatic changes.

Performance measurement is very similar to evaluation in some ways, but can move beyond traditional evaluation to help systems consider far more than programmatic issues. In part, performance measurement in agencies and systems can help provide the foundation for organizational performance improvement by first setting standards for what should be accomplished by the system and organizations within the system, subsequently examining actual work in light of standards, and finally by identifying improvement opportunities. In addition, performance measurement can help provide a foundation for performance improvement by fostering a climate throughout the system and within individual agencies of routine self-examination for continuous improvement. Performance measurement can cover many different issues, including (Martin, Mattson, & Lynn, 2005):

- *Work Input* measures that look at the magnitude of work being done by the system, including numbers of cases filed, referrals between agencies, and types of cases referred into the system;
- *Work Output* measures that look at the work completed by the system, such as the number of families who receive different types of services and the number of partnerships formed or interagency efforts undertaken;
- *Productivity* measures that look at client to staff ratios, services per client, and system contacts per client;
- *Efficiency* measures that look at both costs and benefits related to the productivity as well as the perceptions of efficiency, such as the client and casework perceptions of the appropriateness, cultural competency, and timeliness of services and supports;
- *Outcomes and quality* measures that relate to evaluation studies, with a focus on client, family, and community well-being, safety, and recidivism rates. Quality measures also focus on the quality of cross-system collaborations, alignment among systems, shared visions, and processes for community or client participation in the system processes. For example, outcome and quality measures can help to demonstrate the value of cross-system coordination when serving youth with complex needs, such as mental health issues and developmental disabilities.

An important benefit of performance measurement in a complex, multi-agency system like the juvenile justice system is the ability to measure performance not only on an agency by agency level, or program by program level, but at a systemic level, helping to evaluate whether the collaborative

practices of multiple agencies are resulting in successful outcomes. Systemic performance measurement requires the collaboration of multiple agencies to share information gathering and analyzing processes, but results in outcomes relevant to all partner agencies, increasing efficiency in the use of data resources.

Race, Ethnicity, and Culture: All of these data collection approaches can be helpful in examining how the juvenile justice and mental health systems meet the needs of culturally diverse youth and their families. For example, Minority Overrepresentation Studies can include an assessment of the prevalence of minority youth in the juvenile justice system, their needs, the capacity of the system to meet their needs, evaluation of programs that have a cultural component, and performance measures to track improvements in the cultural responsiveness of the system. Some Colorado communities, such as the 18th Judicial District, have made a point to study their minority overrepresentation issues as a tool for understanding and addressing cultural needs in their juvenile justice system.

Opportunities: Many resources exist nationally to help communities with each of the different types of research explored here. The intent of this section is not to show how to conduct a needs assessment or implement performance measurement, but rather point out of the value of using data to inform decisions in the juvenile justice system, particularly as relates to better meeting the needs of youth with mental health issues and co-occurring disorders. The different types of data are important not only at the programmatic level, but also for state and local policymakers as they seek to make informed decisions that better need the needs of youth and families. Data needs to be taken up the chain of command to decision-makers and down the chain of command to implementers to successfully improve the juvenile justice system statewide and in each community.

Chapter 4: System-wide Strategies for Family and Youth Empowerment and Support

Many of the strategies throughout the Plan include elements of family and youth involvement. However, rather than leave these elements buried within various parts of the Plan, this section outlines some of the strategies that empower and support families and youth as they move through the juvenile justice and mental health systems. Families of youth include their parents, extended family, and other caregivers. Throughout this section, the references to parents also include the other important caregivers in a youth's life. Many of the strategies are equally important for youth with and without mental health issues and co-occurring disorders, and thus are appropriate for the Plan as well as the juvenile justice system as a whole.

Strategy 7: Family Navigators and Advocates

In the 2005 Framework, the importance of family advocacy was emphasized as a result of the provider and family focus groups. Consistently, the focus group participants emphasized the role that advocacy and navigation play in successful outcomes for families with youth involved in the juvenile justice and mental health systems. Additionally, system stakeholders, families, and youth alike expressed the fact that family advocates and navigators helped systems to become more responsive and better to adapt services and programs to the needs of youth and families. During the 2006 interview and community engagement process the same theme was consistently heard. Participants explained that the Colorado juvenile justice system overwhelms families and youth with

requirements and expectations that are complex and often inadequately explained. This can be an even more significant problem for those families whose youth have mental health needs and other co-occurring disorders (including substance abuse and developmental disabilities). When the parents also have complex needs, such as developmental disabilities, it is also critical to teach them in a clear and explicit manger how to safely and securely navigate their own family.

For some participants, the problem is about more than just overwhelming families. Rather, the existing system lacks a youth- and family-focus that they believe can achieve better outcomes for youth with mental health issues, their families, and communities. The concerns of Colorado participants are reflected by the experience nationwide. Family advocacy has been found to be an important part of achieving a family-centered system that results in the best possible outcomes for youth and their families in programs throughout the country.

Description: Family advocacy and navigation strategies are implemented in a variety of different ways, but they generally include a few basic components:

- Paraprofessionals or other non-therapist advocates who often have experience as family members or consumers in the mental health and other systems;
- Significant one-on-one contact between the advocates and families, including everything from participating in staffings or joining the family in court to helping families and youth get to doctor's appointments or probation meetings; and
- Training for the advocates so that they understand the juvenile justice and mental health systems and can help families more successfully navigate them.

Family Advocates exist within the Colorado juvenile justice system using different models and funding streams. For example:

- Mental health centers around Colorado have chosen to include family advocacy in their menu of services, drawing on consumers and family members of consumers to develop their advocacy programs;
- Colorado Cornerstone System of Care Initiative is a federally funded project located in Clear Creek, Denver, Gilpin, and Jefferson Counties. The project serves youth who have a mental health issue and are involved or at risk of involvement in juvenile justice and their families. It involves the use of family advocates, service coordinators, and wraparound teams to develop, implement, and monitor individualized service plans. Family advocates, working as paid staff, team with traditional case managers to help youth and their families with a wraparound case planning process. The advocates combine this work at the individual level with system wide advocacy on planning and decision making boards. This project is in its last federally funded year and some of the communities are continuing one or more family advocacy components of the project using other funding sources.
- The Minority Family Advocacy Programs are funded by the Juvenile Justice and Delinquency Prevention Council federal grant funds. These advocacy programs connect paid minority advocates with minority families in the juvenile justice system. Mesa County has had success decreasing minority youth commitment and detention numbers as a result of the program (Colorado Juvenile Justice and Delinquency Prevention Council, 2003). In Denver, Family Agency Collaboration and the Mental Health Center of Denver are specifically focusing on minority youth with mental health issues who are involved in the juvenile justice system and their families.

- Project Respect and the truancy program in Pueblo School District 60 utilized community advocates tied to the school system. Project Respect attributes much of their success in securing services across multiple agencies for youth in need to the use of these community advocates. Community advocates provide assistance with referring, providing, and leveraging support, including: tutoring, work program, mental health referrals, health services, transportation, and family support;
- The Arc of Colorado pays advocates on behalf of individuals with disabilities at the family and systems change level;
- Court Appointed Special Advocates (CASA) in the child welfare system provide advocates to speak on behalf of abused and neglected children. The privately funded, statewide network of CASA volunteers are paired with children to gather information and speak on their behalf in court;
- Guardian Ad Litems (GALs) are appointed to represent the best interest of the child in all dependency and neglect cases and may be appointed in delinquency cases in certain situations. They are licensed attorneys who file motions and advocate for the best interest of the child. These services are paid for by the state through the Office of the Child's Representative (OCR), an independent state agency, that oversees attorney services in all 22 judicial districts and all 64 counties in the state;
- The Legal Center for People with Disabilities advocates for students to receive a free and appropriate education and enforces IDEA (Individuals with Disabilities Education Act). The Center also investigates incidents of abuse and neglect of juveniles with disabilities, including mental illness and developmental disabilities, in juvenile justice facilities.
- Victim advocates in the justice system are another example of an extensive, paid advocacy model in Colorado, where advocates are available throughout the state at the local level and receive support from a statewide organization. Unlike the previously mentioned advocacy models, Victims Advocates in Colorado are supported by a governmental organization, the Office for Victims Programs in the Division of Criminal Justice. The Victims Rights Act ensures victims receive notifications of court processes, have opportunities to be heard, receive specific types of information and support, and are treated with fairness, respect, and dignity (24-4.1-301, C.R.S.). Local communities rely on a combination of paid and volunteer victim advocates to meet the requirements of the law.

Target Population Served: The family advocacy strategies of interest to the Plan are targeted towards youth in the juvenile justice system with mental health issues and co-occurring disorders and their families. Additionally, the Minority Family Advocacy Program is focused on minority youth and their families in the juvenile justice system.

Systemic Support: Systemic support for family advocacy varies across Colorado and across state wide planning efforts. Although many communities have family advocates in place, the families who participated in the 2006 research process were much more likely to give a high priority to advocacy than the systems participants, who were more likely to mention advocacy as one of many important strategies. In some communities, the use of brochures, videos, and other educational materials on the juvenile justice system complimented their advocacy programs or created alternative means for support for families who could not access advocates.

Infrastructure and Financing: As noted above, a variety of different mechanisms are used to fund family advocates. One of the only ongoing, non-grant funded mechanisms in use in a variety of

communities was the inclusion of an advocate in the mental health center. It is important to note that when there is an advocate in the mental health center, they may be supporting populations in need other than youth in the juvenile justice system. The costs of advocates varied, dependent largely on the cost of living in different communities. In a paraprofessional role, advocates are less expensive for the system to hire than therapists, but they do require supporting resources. For example, nationally, costs related to family advocacy have been found to range from $25,000 per year plus benefits to $12.50 to $15.50 per hour (Osher, deFur, Nava, Spencer & Toth-Dennis, 1999).

Evidence-base: Family advocacy is not an evidence-based model, but it is included on nationally respected models with differing levels of demonstrated success. In Illinois, for example, families enrolled in the *Community Wraparound Initiative,* a SAMHSA funded system of care initiative, reported that after six months of working with a Family Resource Developer, whose responsibilities are similar to those of a family advocate or systems navigator, their needs significantly decreased in a number of areas. Families there credited the Family Resource Developer with helping them secure public financial assistance through Medicaid and Supplemental Security Income, and receiving short or long-term respite care so that they could attend to household chores and errands, or take a much needed break. They also reported having less of a need for help in getting counseling or therapy for their child, themselves, or other family members (Osher, et. al., 1999).

Outcomes: In Rhode Island, family service coordinators are credited with the success experienced by the statewide system of care initiative, which included youth with mental health issues who were involved in juvenile justice and their families. Families were found to respond better to family service coordinators because the coordinators had experienced many of the same challenges they had in raising a child with mental health issues. As a result, youth and families became engaged in the wraparound process that helped to transition youth to the community and sustain a positive life style, dramatically reducing the recidivism rate and improving outcomes for children and their families (Osher, et. al., 1999).

Family/System Support for the Strategy: Family advocacy was one of the two legislative priorities in the 2005 Framework, due to the extensive support for advocacy in both provider and family focus groups. In the 2006 family focus groups, advocacy continued to be a top priority and many participants identified the personal relationships and support of advocates or staff that provided advocacy-like services as the most important supports they received while involved with the juvenile justice system. The community meetings with systems stakeholders also identified the use of advocates and navigators as a critical tool and strategy in programs for improving outcomes for youth with mental health issues and co-occurring disorders in the juvenile justice system and their families.

Strategy 8: Family and Consumer Empowerment in Service Planning

Description: Families are at the core of the ecological system that supports a youth, and they serve as the primary socializing force. In their role as a support system, some families may need external help to meet fully the needs of their youth, particularly those youth with a mental health issues and co-occurring disorders. When parents do not receive the support they need to help their children, or when they are unable to be supportive of their children, the juvenile justice system may become involved. In fact, studies have found that many of the girls in the juvenile justice system have a

history of fragmented families, including placements in multiple foster homes (Ambrose & Simpkins, unknown; Beyer, 2001).

While the family may play a role in the behavior of a youth, rather than viewing this as a family failure, successful systems may engage families fully in the treatment process, reopening the opportunity for the family to be the primary support for their youth. Engagement of families is not an easy process for many systems, as traditional approaches tend to view families as part of the problem and highlight their noncompliance or inability to meet the needs of their youth. Treatment providers may also recognize that the parents themselves may have mental health issues and co-occurring disorders. Finally, involvement of families in the youth's treatment process may be hindered due to out-of-community placements, timing of treatment, or transportation limitations (Trupin & Boesky, 2001).

Despite these challenges, involving families in the treatment process and ensuring they remain at the core of their youth's lives is an important part of safely transitioning a youth with mental health issues and co-occurring disorders out of the juvenile justice system and back into the community. Families know their child best and can provide information that is critical to keeping the child stable and safe. This is particularly true when a youth with a mental health issue and co-occurring disorder becomes involved with the juvenile justice system.

Family advocacy organizations like the Federation of Families for Children's Mental Health ~Colorado Chapter have put forth principles for family involvement that include:

- Ensuring family members are equal partners in the planning, implementation, and evaluation of services;
- Viewing the youth as a whole person and the family as a whole unit, rather than emphasizing the disability;
- Empowering families and youth to make decisions about their own lives; and
- Encouraging innovative programming that increases the options and promotes the integration of services.

In addition, juvenile justice experts are beginning to recognize families as partners in making decisions for their children with mental health needs as an underlying principle of juvenile justice reform (Skowyra & Cocozza, 2006).

One Colorado example of family empowerment in service planning is the Colorado Cornerstone System of Care Initiative. Cornerstone focused on youth with mental health issues involved or at risk of involvement in the juvenile justice system and their families in Clear Creek, Denver, Gilpin, and Jefferson Counties. These four contiguous counties that comprised the Cornerstone System of Care represented a broad, diverse region generally reflective of the entire state. These counties have low-income, middle class, and affluent areas, and have substantial African American, Anglo, Asian, Latino, and Native American populations. The four-county site also spans the range from inner city, urban and suburban areas in Denver and Jefferson Counties to exurban and rural mountain communities in Jefferson, Clear Creek and Gilpin Counties.

The family organizations in these Cornerstone counties played a critical role in advocating and supporting youth and families at all levels of the system of care. The organizations included Families United in Clear Creek and Gilpin Counties; the Family Agency Collaboration in Denver; and the JeffCo Family Support Network in Jefferson County. At the service delivery level, family advocates from these organizations worked with youth and families to ensure that they were full and

active participants in developing their service plans through the wraparound process. The wraparound process, which is covered in the section on other system-wide strategies, is a comprehensive child-centered/family-focused way of assessing and planning services. It involves a shift away from the traditional service delivery model where service providers are viewed as experts, to seeing families and service providers as partners (Malysiak, 1997).

In the past, families were historically blamed for their child's mental health issues and problem behavior (Stroul & Friedman, 1986). Today, however, agencies and systems are increasingly recognizing the value of involving youth and families as partners in the service planning and delivery process to improve outcomes for youth and families. Yet, this practice is somewhat mixed in Colorado with some communities actively engaging youth and families in service planning and delivery while others are relying more on interagency staffing structures without youth and family involvement on the team.

Target Population Served: Youth with mental health issues and co-occurring disorders come into contact with the juvenile justice system for a variety of reasons. Sometimes it is their behavior that draws them to the attention of the police. Other times, schools refer youth because they are truant. Sometimes, families refer their child because their behavior is "beyond the control of parent" and they are looking for help in accessing necessary services and supports.

According to a national survey conducted in 1999 by the National Alliance of the Mentally Ill (NAMI), 36 percent of the families surveyed reported that their child was in the juvenile justice system because they could not access mental health services outside of the system. Twenty-three percent stated that they were told they would have to relinquish custody of their child in order for them to access mental health services. Finally, 20 percent reported having relinquished custody to obtain services for their child (Osher & Hunt, 2002).

Infrastructure and Financing: Families often are confused and alarmed when their child becomes involved with the juvenile justice system. They may be worried about their child's safety as well as the loss of their decision making power as regards their child. Families may also be in a state of crisis when their child comes into contact with juvenile justice. Therefore, one of the first things that families need to help allay their fears is information about the court process and juvenile justice system (Osher & Hunt, 2002).

Trainings, such as those developed by the by the Jefferson County Juvenile Justice Behavioral Health Council can provide families with much needed information about the court process and the juvenile justice system and its various stages. This training was developed by families whose children had been involved with the juvenile justice system along with agency representatives from mental health, juvenile justice, and others in Jefferson County.

Evidence-base: High fidelity wraparound requires that families have maximum voice and choice and be active members of the wraparound team. Nationally, the research shows that high fidelity wraparound produces significantly better outcomes than traditional approaches for children and families with significant needs. These can include increased permanency and stability for children, decreased restrictiveness of residential placements, and improved behavior and mental health symptoms. The wraparound process is discussed in the section on other system-wide strategies of the Plan.

Outcomes: One study examined the success of families with children with emotional and behavioral issues and the providers who worked with them to learn which services and approaches helped youth and families achieve their goals. The researchers determined that these promising approaches and services could be grouped under three functional categories. These were:

1. *Engagement* where children and families were connected with and maintained involvement with services;
2. *Delivery of Clinical Services* where effective family/provider relationships were developed; and
3. *Structural and Operational Characteristics* where services demonstrated values, such as flexibility and a family and community-based focus.

Throughout, however, strong bonds between families and providers were found to be critical. Families relied on these providers, which included case managers, therapists, and family advocates, for help in making decisions, locating resources, and receiving crisis assistance (Worthington, Hernandez, Friedman & Uzzell, 2001).

Barriers in Development and Ongoing Implementation: Barriers to active engagement of youth and families in service planning include factors such as, the stigma associated with mental health and juvenile justice involvement; attitudes about families being the cause of their child's problems; and policies and procedures that do not support family participation. Other barriers that families face are a lack of knowledge about the system, and the resources necessary to enable their participation in service planning and delivery. By strengthening the family, the system increases its ability to provide effective services and reach positive outcomes for youth with mental health issues and co-occurring disorders (Osher & Hunt, 2002).

Strategy 9: Family and Consumer Empowerment in Systemic Decision-Making

Description: The system of care approach to mental health services recognizes the role of the family on behalf of both their own youth and all youth in the system. This approach emphasizes that family members should be involved at the policy level, management level, and service level. At the policy level, families can participate in the development and governance of a system. At the management level, family members can work actively on improving the day to day operations of a service delivery system, including evaluating its successes. At the service level, families can be engaged in their own youth's case planning, receive services and supports to stabilize the whole family, and may additionally serve as advocates for other families. System of care approaches recommend that families be invited to work with the system at all three levels, trained to allow for full participation, and supported in their roles (Pires, 2002).

The policy and management levels of family empowerment are recognized as important in multiple state statutes through requirements such as the inclusion of "families of persons with mental illness" (Section 27-10-129, C.R.S.) and "the parent of a child who has mental illness and has been involved in the juvenile justice system" (Section 18-1.9-104, C.R.S.) in planning boards and task forces. Other mandated programs, like HB04-1451, encourage, but do not require, the involvement of family advocates or family members on system planning boards. Grants like the Advancing Colorado's Mental Health Project also encourage the empowerment of families.

In local juvenile justice systems, this movement toward family involvement in decision-making has taken on many different forms. The most resource intensive and supportive model that is directly tied to the juvenile justice and mental health systems is in Jefferson County. The Jeffco Family

Support Network's Family Leadership Institute is a 12-week training class for families who will be participating on boards and committees. The costs of the class are covered in part by the systems who wish to engage family members on their boards, resulting in a braided funding stream for the program. A less extensive approach to family empowerment on boards includes providing stipends, childcare, transportation vouchers, and other basic supports to allow family members to be compensated for the time and expenses that come with participating in systemic decision-making. The least resource intensive model encourages family participation, but does not provide any stipends or other resources, or any training opportunities.

Infrastructure and Financing: Depending on the type of family involvement program in a given community, the financing and infrastructure needs will vary greatly. A program like the Jeffco Family Resource Network's Family Leadership Institute costs approximately $500 per family member and prepares family members to serve successfully on boards and committees. Arguments for providing stipends and covering expenses begin with the recognition that system personnel are paid for their time at meetings, but family members may be taking time off work or from other parts of their lives to participate. Similarly, the argument for providing training to family members emphasizes the difference between systems personnel who deal with the service system and decision-making meetings everyday, where family members are taking time out of their lives to learn the system and participate in its decision-making process. National groups such as The Federation of Families for Children's Mental Health recommend including these resources and supports for family members participating in policy group work (Federation of Families for Children's Mental Health, 2001).

Outcomes: Although limited research has been done in Colorado specific to family involvement on decision-making boards, nationally researchers have found the family-involvement, family-focused approach to system design and service delivery positively affects outcomes for the children, youth, and families involved in formal systems. For example, the following list of professional behaviors and skills were found, across multiple studies, to be an important part of effective mental health service delivery (Worthington, Hernandez, Friedman, & Uzzell, 2001):

- Knowledge about early intervention;
- The adoption of a family centered approach including establishing effective rapport and working relationships with families;
- Supportive of families; and
- A positive attitude or outlook.

A second study found that the following professional abilities affect parent perceptions of the success of mental health services (Worthington, et al., 2001):

1. "Creating a supportive environment;
2. Demonstrating a total commitment to the family;
3. Establishing rapport with the family;
4. Reinforcing positive aspects of the child;
5. Demonstrating sensitivity to family issues;
6. Sharing information and building parent's confidence;
7. Clarifying team members' expectations; and
8. Listening and responding to parents."

Partnerships of family and system were found to be most effective when they included respect for the skills and abilities of everyone involved, clearly defined roles and decision-making, voluntary participation in the collaboration, and honesty and trust building (Dinnebeil, & Rule, 1994). Increased parental involvement through collaboration with treatment providers has positive impacts on both the parents and their youth including improved role modeling by parents, decreased lengths of stay in out-of-home placement, and positive impacts on treatment outcomes for youth, resulting in cost savings.

Parental involvement in their individual youth's case also has systemic impacts. It has been found to increase collaboration between systems (e.g. mental health, education, juvenile justice, etc.) as providers become more aware of the complexities facing the individual family. Parental involvement in case planning has also led to more flexible, adaptable systems as traditional approaches are found to be inadequate and new approaches are explored (Worthington, et al., 2001).

Barriers in Development and Ongoing Implementation: During the community meetings, multiple participants noted the difficulty of recruiting and sustaining involvement of family members and consumers on their boards. They emphasized the role that stigma plays in this challenge and requested more information on how to overcome the barrier. National family advocacy organizations have developed strategies for recruiting families. These include contacting family organizations, parent support groups, and child- and family-serving agencies to establish a connection with families, and then meeting with families interested in serving on policy boards and committees to explain about the group's work and to find out what families would need to become involved (The Federation of Families for Children's Mental Health, 2001).

Strategy 10: Services for Parents and Families

In both the 2005 and 2006 family focus groups, participants emphasized the need for supports and services to parents/caregivers and families. In system focus groups as well as interviews, many participants pointed out innovative or successful programs that provided services to parents/caregivers concurrently with services for youth. Consequently, this Plan and its strategy of services for parents/caregivers includes multiple approaches for successfully meeting the needs of not only youth, but also their families. The strategies for meeting parent's/caregiver's needs briefly described below include:

- Respite care;
- Parenting classes, support groups, and skill building; and
- Mental health and substance abuse services.

Strategy 10a: Respite Care

Although respite care was often mentioned as a resource that used to be available in Colorado communities, it is not widely available at this time. Respite care refers to the short-term care of a youth with serious emotional disturbances or other disability, allowing the family to take a short break from the daily routine. Less commonly, respite care is also used with youth who are beyond the control of their parents, regardless of mental health diagnosis. This can be important for families of high-needs youth to decrease stress, prevent abuse, neglect, and crisis situations, as well as support family unity. Respite care for youth should be provided by trained staff and can be

provided in the home or in another setting. Respite care may be anything from a couple hours to a day or more; it may be a one-time service or a periodic service depending on the family's needs.

Jefferson County's Respite House was an example of a comprehensive approach to respite, with a home-like environment where families could receive respite services, access to therapists, and other services and staffings to discuss the needs of their youth. Though the center was primarily used by families in the child welfare system, some of the clients were juveniles and their families. Other communities purchase respite care from community-based service providers through core services dollars, grant dollars, or other funds.

Nationally, respite care has been used not only for youth with serious emotional disorders (SED), but also with the families of youth who commit status offenses. As a tool for de-escalating crises, avoiding longer term out-of-home placements, and connecting youth and families to services, respite care is a short-term option available to families in Connecticut (Bridge Over Troubled Waters), California (Huckleberry House), Washington (Youth-Family-Adult Connections), and New York (Kids Oneida). Referrals into these programs can happen from child welfare or probation and results in an intensive assessment process in combination with the respite care services (Quraishi, Segal, & Trone, 2002). Much like the Colorado model of a juvenile assessment center, the respite care programs combine a holding period with connection to services, but allow for longer than the six hour hold.

Family/System Support for the Strategy: During the 2005 family focus groups that led to the development of the Framework, families emphasized that though juvenile assessment centers were appreciated for their assessment function, the six-hour hold was insufficient to de-escalate crises. The reality that not all kids are picked up after the six hours are up, resulting in social service placements, reinforces this concern.[2] In the 2006 family focus groups, when families were asked to talk about what worked, many of them brought up the out-of-home placements that were made available to their family, suggesting a need for separation of parents/caregivers and high-needs youth during times of crisis. The respite model was rarely mentioned by parents, but this might be in large part due to the lack of respite care available to many families in the juvenile justice system.

Based on the findings on respite in Colorado programs, national programs specifically addressing juvenile delinquency, and the needs expressed by families, respite care programs in Colorado may be a viable alternative to longer-term out-of-home placements, detention, and deeper penetration into the juvenile justice system.

Strategy 10b: Parenting Classes, Support Groups, and Skill Building

Parenting classes are relatively common services available in a variety of programs across Colorado, including through SB94 dollars in many communities. Parenting classes take many shapes in Colorado, from a traditional class targeted at a general audience of parents, to parenting classes for special populations, to culturally specific classes, to more comprehensive approaches with in-home services. In Larimer County, Strengthening Latino Families combines a parent support group with skill building for parents. The county also has a six-week parenting curriculum for Latino families that focuses on navigating the formal systems on behalf of their youth, with topics like how to get

[2] Though the six-hour hold limitation is the result of federal regulation, if assessment centers had adequate facilities and staff, they could function as a staff secure facility that allows for more than a six-hour hold.

an Individual Education Plan, how to provide good behavioral support, and problem management. The Family Nexus support groups are similarly focused on helping parents to better understand and parent their youth, recognizing that part of their parenting role includes navigating various formal systems. The extensive curriculum that is included in Family Nexus covers everything from understanding how the brain works to de-escalation techniques and effective treatment for youth with co-occurring mental health and substance use disorders.

Some of the system of care communities also include support groups for families of youth in the juvenile justice system, such as the Jefferson County group run by the Jeffco Family Support Network. Also in Jefferson County is the HOPE Initiative that provides one on one parenting services to parents and caregivers with developmental disabilities (also see *Strategy 21: Integrated Services for Youth with Co-occurring Developmental Disabilities*). Individualized parent education in the home is better suited for parents with developmental disabilities than support groups because these individuals often find it difficult to absorb information presented in a group.

Family/System Support for the Strategy: Common among many of these formal groups and services is the inclusion of childcare, food, transportation stipends, and/or participation stipends for the parents/caregivers. By providing resources, the organizers of the services make them more accessible to families and address some of the barriers to receiving services.

Family members in the 2006 focus groups were asked to describe what worked for them when their youth were in the juvenile justice system. Most brought up at least one, if not more, examples of how personal relationships and having someone who understood what they were going through was very important. Although often underrated, families find peer support to be one of the most important elements of their journey. Also, the support group format, that often includes an educational component, is helping to meet this need throughout Colorado. As stated by one family member: "when families have the tools that work for them, they will use them."

Strategy 10c: Mental Health and Substance Abuse Services

As would be expected, the juvenile justice system does not generally have resources available to provide mental health and substance abuse services directly to parents/caregivers. However, many of the agencies involved in the juvenile justice system also provide services to adults or have partner agencies that provide services. For example, mental health centers, workforce centers, many community providers, and child welfare agencies all serve both adults and youth. When interagency staffing models or policymaking teams are created with diverse partnerships, the opportunity for meeting the needs of youth through meeting the needs of their families is increased. The wraparound model is the best example in Colorado of an approach to case planning that considers the needs of the family as well as the youth. This process looks at all of the different life domains that families have. Families then identify the areas of their life on which they would like to focus. These life domains or areas include many that relate to family needs, not just youth needs, such as family, friends, safety, school, recreation, home, health, employment, and others.

Strategy 11: Positive Youth Development

Description: For many years, the mental health system has focused on addressing and mitigating the effects of a mental illness, rather than promoting the development of good mental health (Peterson,

2004). The cultivating of psychological health is a strength-based approach to addressing the needs of youth and can be seen in the broader approach of the Positive Youth Development model. Positive youth development is a research-based strategy for structuring services, systems, and supports for youth to develop the skills and competencies necessary to transition successfully to adulthood. Grounded in the concept of resiliency, positive youth development seeks to help youth overcome or deal with risk factors in their lives. It also seeks to take advantage of opportunities presented by the various stages of adolescent development to influence behaviors, attitudes, and self-esteem (Positive Youth Development, 2003).

The youth development approach is most successful when it goes beyond programs, encompassing the community-wide approach to meeting the needs of youth. It is not separate or different from intervention and prevention programming, but rather an approach to doing both. It emphasizes the protective factors and developmental assets that prepare youth for successful lives. This asset-based approach can also be combined with a risk reduction approach for successful interventions and prevention. Community-wide use of positive youth development has been found to decrease risks and improve positive outcomes for youth. Having diverse programs with many opportunities for youth to become involved enhances this outcome, creating more opportunities for engagement and brain development (CSR, Incorporated, 1997).

In its application to the youth with mental health issues in the juvenile justice system, the positive youth development approach has implications for assessment tools, case management practices, and intervention programs. Assessment tools that include a strength-based element are an important first step when a youth enters the juvenile justice system. Identifying the youth's protective factors is helpful not only in determining whether a youth should be referred into detention or not, but also in determining what up-front interventions will be most successful at encouraging prosocial behavior and preventing future delinquent behavior. Colorado's selection of the MAYSI-2 as an assessment tool for the juvenile justice system reflects the positive youth development model, as the tool includes a strength-based component.

Case management practices, including staffing approaches, can be conducted with a positive youth development approach as well. The youth development model has a broad understanding of the context of the child, including the full range of community interactions with parents and family members, neighbors, other community members, peers, and school personnel. By understanding the youth's context as inclusive of all these elements, the youth development model identifies many strengths that can support a youth (Damon, 2004). As a staffing approach, wraparound also has a broad definition of the context of the youth and family, identifying many life domains that occur throughout school and community settings as important. In general, the application of a positive youth development model to case management and staffing includes an emphasis on having positive expectations a youth while emphasizing and drawing on the strengths or protective factors the youth already has in place as well as seeking to develop new ones.

Many programs already in place in Colorado communities follow the positive youth development model, sometimes intentionally and other times intuitively. Programs that are staples of many communities, including YMCAs, Boys and Girls Clubs, 4-H programming, and others are examples of positive youth development. Programs connected to the juvenile justice system can also be based in a positive youth development model, such as the restorative justice programs across Colorado that seek to identify and build on the skills and interests of the youthful offender. In Denver, as part of its Minority Over Representative project, Family Agency Collaboration and the Mental Health

Center of Denver have a youth empowerment and leadership component for youth with mental health needs who are involved in the juvenile justice system.

Many of the evidence-based programs in use in Colorado, such as Multisystemic Therapy, use a positive youth development model as well. Finally, the system of care approach that has been explored by many communities includes the individualized, strength-based approach that fits into the positive youth development model.

Barriers in Development and Ongoing Implementation: The positive youth development model is clearly a strength-based approach that seeks to build skills and capacity in youth while valuing what they can give to the community. It resonates with restorative justice programs and many treatment approaches. It may not resonate as well with more traditional, punitive, or reparative juvenile justice responses. Consequently, a barrier for systems transitioning to a more positive youth development approach for youth with mental health issues and co-occurring disorders will be developing support for the approach across all relevant system partners, including district attorneys and court officials.

Family/System Support for the Strategy: Families in the 2005 focus groups asked for a more strength-based approach to serving their youth with mental health issues and co-occurring disorders. Strength-based approaches also came up in 2006 family focus groups, though less often than the 2005 groups. Finally, in the 2006 groups, the most frequent feedback was the importance of the positive, supportive relationships with staff in the system, which is very congruent with the positive youth development approach.

Strategy 12: One on One Contact

Description: Throughout the two years of family focus groups, families shared that the most positive experiences they had while their youth were in the juvenile justice system were the result of the relationships developed with key therapists, case managers, or other system staff. The one-on-one contact was an important part of understanding what was happening to their family, making good choices, feeling supported instead of overwhelmed, and ultimately reaching good outcomes for their youth and family. These one-on-one contacts and relationships came in the form of:

- Family advocates or navigators who attend case staffings, Individual Education Plan meetings, court dates, and other important meetings with the family and youth;
- Case managers who provide intensive case management with multiple contacts per week and low caseloads;
- Mentors who meet with the youth on a weekly basis or more often;
- Therapists who have intensive contact in the home with families or help families not only with the mental health issues, but also accessing services in the system;
- Wraparound facilitators who help families access the system; and
- Others who go above and beyond their traditional roles in the system to provide support and build relationships with families in need and their youth.

The importance of this intensive, one-on-one contact is supported by the many evidence-based models that include a similar component. For example, Therapeutic Foster Care has at its core the development of a relationship between families of origin, foster care families, and the youth. Big Brothers/Big Sisters is an evidence-based mentoring program that expects twelve or more hours of contact between the mentor and youth during the month. Multisystemic Therapy includes many

hours of in-home therapy, where the therapist develops a relationship with the youth, his/her family, and their natural support. Functional Family Therapy, similar to Multisystemic Therapy, creates a relationship between the youth, family, and therapist.

Infrastructure and Financing: Although one-on-one contact can be expensive, a number of Colorado programs have demonstrated low cost or high-cost/high return models for providing this strategy. Programs that used paraprofessionals such as advocates, mentors, and foster families to provide more intensive interaction, rather than case managers, resulted in low costs. For the Mentor/Advocate/Tracker program in Gunnison County, the cost was $11.00 per hour for the paraprofessional staff who worked with youth anywhere from three to four hours a week to as many as twenty hours a week.

Family/System Support for the Strategy: Other programs in Colorado also include intensive, one-on-one contact, such as the Mentor/Advocate/ Tracker model in Gunnison or the foster care models in multiple counties, but this strategy comes less from these programs and more from the families who participated in the research process. Providers were much less likely to emphasize the human contact element than the families, suggesting that it may not be prioritized in planning and program development efforts. Given the priority that two years of family focus groups placed on this element of the juvenile justice system, it is a strategy that is important to consider helping families who are in crisis as their youth with mental health issues and co-occurring disorders move through the juvenile justice system.

Strategy 13: Opportunities for Prosocial Activities

Description: Whether at home, in school, or in out-of-home placement, youth in Colorado are being given multiple opportunities to engage in prosocial activities. These activities are essential to the success of youth with mental health issues and co-occurring disorders. For example, Jefferson and Denver Counties have drop-in youth centers, The Road and The Spot, where socializing is combined with services to create a friendly, safe, and supportive environment. Many communities refer youth into wilderness retreat programs that combine skill and self-esteem building with prosocial activities. Case staffing can result in passes to recreation centers and other community centers that offer prosocial activities and groups for youth that help to develop positive peer groups. After school programs often have the goal of providing a prosocial environment with supervision to keep kids safe and to reduce the temptation to act out.

Evidence-base: The use of prosocial activities to help youth develop strengths and skills is not anything new, but may be important for communities to consider in enhancing the juvenile justice system for youth. The risk and protective factor research has identified involvement with positive peer group activities as an important protective factor for youth. Dozens of evidence-based programs in the Office of Juvenile Justice and Delinquency Prevention database include activities specifically targeted at that protective factor, including: Aggression Replacement Therapy, the Bullying Prevention Program, the Caring School Community Program, CASASTART, Families and Schools Together, Girl's Circle, and Job Corps. The wilderness program included in the same evidence-based practice database also targets development of prosocial skills and involvement in positive peer groups, similar to the Colorado programs.

Family/System Support for the Strategy: Participants in both the provider and family focus groups in 2005 indicated that recreation centers and community-based programs for youth need to be further developed to strengthen the community based supports for youth, families, and communities. Participants in the 2006 focus groups brought up wilderness programs and other social activities as important tools in their services to youth. The support for prosocial activities and opportunities was consistent across both years.

Strategy 14: Individualized Services

Description: Many of the other strategies in the Plan create the basis of an individualized approach to meeting the needs of each youth and family. Youth with mental health issues and co-occurring disorders may need an individualized approach more than other youth in the mental health system, as the services and supports that will help ensure positive outcomes must be matched to the needs and strengths of the youth and family.

Individualized service plans are tailored to the unique needs of the youth and family and respect difference in culture, age, gender, family structure, legal status, and medical and physical health, including wellness promotion such as nutrition, exercise, smoking cessation, and stress relief. The interagency staffing and family empowerment models explored in this Plan support development of an individualized case plan. The flexible funding mechanisms explored earlier in the Plan help systems to provide the services included in an individualized plan. The broad partnerships recommended in the first strategy, interagency collaborations, may also allow for more flexible and creative services and supports as systems draw on the resources of partner agencies.

Target Population Served: Individualized services are appropriate for every youth, but developing an individualized case plan does not always mean a full wraparound process. In the Diversion Council in the 6th and 22nd Judicial Districts, the interagency staffing structure considers the individual needs of each youth as well as the family and victim before referring them into one or more of many possible programs including such things as private probation, victim-offender mediation, teen court, or other diversion programs. This type of community team structure on the system level is also a component of the wraparound process. The team develops and monitors the referral network for identifying and screening youth and families considered for wraparound. While not individualized at the level of a wraparound plan, that approach is still considering the needs of the youth first and the cost, availability of beds, or other system concerns second.

Evidence-base: Many evidence-based programs depend on individualized approaches, such as the Wraparound Milwaukee model, Multisystemic Therapy, Functional Family Therapy, and others. Part of the emphasis on individualized approaches comes from the increasing understanding of the role risk and protective factors in the outcomes for youth. An individualized approach allows for services to be tailored to build upon the protective factors a youth already has in place, be they related to family, community, school, or peer issues, while addressing specific risk factors in any of the same settings.

Strategy 15: Incentives for Youth

Description: In Colorado and nationally, many programs are based in the belief that motivating youth to succeed includes both punishments for failing to meet expectations as well as incentives for

succeeding. For example, the National Youth Project Using Minibikes in Larimer County exchanges hours of riding time on minibikes with successful completion of goals and meeting program expectations. Nationally, many of the programs written up by the Office of Juvenile Justice and Delinquency Prevention include incentives for youth, such as a school-based probation programs in Pennsylvania, Indiana, Virginia, and California that recognize youth are more likely to attend and succeed in school when there is a mix of youth-oriented control, supervision, and incentives. Incentives in these programs vary from providing school-credit for community service to decreased community service for following education plans (Stephens & Arnette, 2000). Other programs, like the Youth Arts Program in Oregon, use food and gift certificates as incentives to youth to participate in the program (Clawson & Coolbaugh, 2001). Across Colorado and national programs, the theme is consistent – youth are more likely to avoid problematic behavior and make good choices when they face not only graduated sanctions, but also incentives that motivate them for success.

Chapter 5: System-wide Culturally Competent Strategies

Nationally and in Colorado, demographic shifts are resulting in an increasingly diverse population (Hernandez, Isaacs, Nesman, & Burns, 1998). Additionally, minorities are disproportionately represented in the juvenile justice and mental health systems. In the juvenile justice system, "the over representation of minority youth is amplified at each stage in the juvenile justice system, from arrest through secure confinement. Minority children are more likely than white children to be treated in a manner that moves them deeper into the juvenile justice system" (Mental Health Treatment, 2004, p. 10). Additionally, socioeconomic status, education, health and other factors contribute to the likelihood that minority youth will enter the juvenile justice system (ibid.).

Colorado's data on minority representation in the juvenile justice system show a clear pattern of overrepresentation at multiple points in the system. For example, Table 1 shows the percent of the total population of at-risk youth, arrested youth, youth put into secure detention, and adjudication by race/ethnicity. Black/African American youth only account for 5.2% of the total youth in the at-risk population (defined as youth between the ages of 10 and 17), but they account for 14.1% of the juvenile arrests, 16.4% of the secure initial detentions, and 11.3% of the total adjudications. Hispanic youth are similarly overrepresented, although they account for far more of the arrested youth and youth in secure detention than the adjudicated youth, suggesting they may be arrested for unsubstantiated offenses.

Table 1: Youth in the Juvenile Justice System by Ethnic Group, Arrests through Adjudications, FY 2004-5

	Total Youth	White	Black or African-American	Hispanic/ Latino	Asian / Native Hawaiian/ Pacific Islanders	American Indian/ Alaska Native	Other/ Mixed
% of total At Risk Population	100.0%	69.3%	5.2%	21.9%	2.7%	0.9%	0.0%*
% of total Juvenile Arrests	100.0%	47.4%	14.1%	36.8%	1.1%	0.0%*	0.4%

% of total Secure Initial Detentions	100.0%	43.2%	16.4%	37.2%	1.0%	1.3%	0.0%*
% of total Adjudications	100.0%	67.9%	11.3%	15.6%	0.68%	0.7%	0.36%

The data in Tables 1 to 3 are statewide, provided by the Division of Criminal Justice in the Colorado Department of Public Safety, for the reporting period July 1st, 2004 through June 30th, 2005.

* Data is incomplete. It shows as zero in the Division of Criminal Justice's data, but there had to be some youth in this category, since there were members of that ethnicity in Colorado who were further along in the juvenile justice system.

Overrepresentation in the juvenile justice system continues as youth move deeper into the system, when they face sentencing alternatives after adjudication (Table 2). Although white youth account for 69.3% of the at-risk population, they only account for 43.9% of the youth in Division of Youth Corrections commitments. In contrast, Black/African American youth account for only 5.2% of the at-risk population, but they account for three times that percentage (16.8%) of committed youth.

Table 2: Youth in the Juvenile Justice System by Ethnic Group, Sentencing, FY 2004-5

	Total Youth	White	Black or African-American	Hispanic/ Latino	Asian / Native Hawaiian/ Pacific Islanders	American Indian/ Alaska Native	Other/ Mixed
% of Total At Risk Population	100.0%	69.3%	5.2%	21.9%	2.7%	0.9%	0.0%*
% of Probation supervision	100.0%	68.7%	9.7%	16.6%	0.7%	0.7%	0.3%
% of Probation-sentence detentions	100.0%	59.4%	15.0%	19.4%	1.1%	0.8%	0.4%
% of Commitments to DYC.	100.0%	43.9%	16.8%	35.7%	0.9%	2.3%	0.0%

The overrepresentation of minority youth in the Division of Youth Corrections is particularly clear when the total adjudications for each racial/ethnic group are examined by the type of sentence received. Three of the most common sentences are included in Table 3, with each column representing the percent of all adjudicated youth in each racial/ethnic group who received each sentence. Only 8.5% of white youth adjudicated in the juvenile justice system went into the commitment system while 19.5% of black youth adjudicated and 29.9% of Hispanic youth adjudicated went into the commitment system.

Table 3: Youth in the Juvenile Justice System after Arrest by Ethnic Group, Sentencing, FY 2004-5

	Total Youth*	White	Black or African-	Hispanic/ Latino	Asian / Native	American Indian/	Other/ Mixed

			American		Hawaiian/ Pacific Islanders	Alaska Native	
% of Adjudications by Race/ Ethnicity that became Probation Supervisions.	58.8%	59.5%	50.2%	62.5%	57.1%	57.7%	46.2%
% of Adjudications by Race/ Ethnicity that became Probation-Sentence Detentions.	10.2%	9.0%	13.6%	12.7%	16.3%	11.5%	11.5%
% of Adjudications by Race/ Ethnicity that became Commitments to DYC.	13.1%	8.5%	19.5%	29.9%	18.4%	42.3%	0.0%

* The columns in Table 3 do not add up to 100% because the table does not include all possible sentence alternatives, just the three most common.

Although minority youth are over-represented in the juvenile justice system, they are under-represented in the community-based mental health treatment system, including in public mental health services. Consequently, they are more likely to receive their first mental health treatment while in the juvenile justice system (Mental Health Treatment, 2004). This highlights the need for early identification and treatment of mental health needs when a youth enters the juvenile justice system, a strategy discussed later in the Plan. Other strategies in the Plan also align with the cultural strategies, including the need for individualized, family-centered, and community-based services, all of which can contribute to more culturally competent services and supports.

It is important to note that the cultural strategies included in this section are only the first steps in Colorado's work to increase the cultural responsiveness of the juvenile justice system. The mandate for the Task Force in 2008 includes the study of "the identification, diagnosis, and treatment of minority persons with mental illness, women with mental illness, and persons with co-occurring disorders, in the criminal and juvenile justice systems" (Section 18-1.9-104, C.R.S.). The sections to follow hope to give an introduction to some of the current strategies in Colorado for addressing cultural issues, but are not comprehensive in their coverage of all the best practices in cultural responsiveness.

Part of the goal of the strategies within the cultural competency section to follow is not only to target specific cultural issues, but also to provide insight into the continuum of cultural competency in the juvenile justice system. Organizations and even systems can fall in many places on the continuum of culturally competent services, from a *culturally destructive* organization to an organization with *advanced cultural competence*. As organizations or systems increase their cultural competency, they become more likely to recognize that not all people are the same and understand the importance of providing culturally specific and competent services. The more competent system is also more likely to hire diverse staff, try new approaches for treating minority youth, and provide cultural competency training. As organizations and systems progress on the cultural competency continuum, they begin not only to recognize, but also to accept and embrace differences, actively seeking out minority communities to learn from and collaborate with. They are continually assessing their competence and adapting their services as needed, as well as evaluating their success in providing culturally competent services (Cross, Bazron, Dennis, & Issacs, 1998). The strategies to follow are drawn from Colorado's existing approaches to enhancing the cultural competency of the

juvenile justice system, drawing on practices underway in local communities across the front range and western slope.

Strategy 16: Recruiting and Supporting Bilingual/Bicultural Staff

Ethnically diverse staff who reflect the population served can be an important strength for the juvenile justice and mental health systems (Isaacs & Benjamin, 1991). Throughout the interviews and community meeting processes, juvenile justice staff emphasized the importance of hiring bilingual and bicultural staff, but they also repeatedly noted the difficulty of recruiting and keeping diverse staff. Some of the causes, in Colorado and nationally, of the limited pool of bilingual and bicultural staff include the often non-competitive salaries in the justice system (Isaacs, 1998) and the difficulty of recruiting and maintaining staff in general, regardless of minority status. Some of the rural areas, such as the San Luis Valley and the southwestern corner of the state had fewer concerns. As one interviewee noted, the community is so overwhelmingly diverse, it would be hard not to hire Latino staff. For those communities with less diversity, but still high numbers of minority youth in the juvenile justice system, this strategy is intended to help provide insight on how to recruit and retain bilingual and bicultural staff.

Description: A couple of approaches appear to be useful to Colorado communities and nationally in recruiting and retaining bilingual staff. First, many Colorado communities compensate bilingual staff at a higher level than equally qualified staff who do not speak a second language, a practice that is also in place in other states (Isaacs, 1998). Second, Colorado programs like the Weld County Multicultural program invest resources into helping cultural and linguistically diverse individuals gain the qualifications to work as mental health and other professionals in the juvenile justice system. The approach in Weld County has been used elsewhere in the country with success, including statewide programs in Florida, Ohio, and Virginia (ibid.).

Infrastructure and Financing: With tight budgets across all the juvenile justice partner agencies, providing additional compensation for bilingual staff may not always be easy to accomplish. One means of better supporting bilingual staff that requires less financial cost is to develop culturally specific staff groups. For example, the interview process revealed a staffing group in Boulder County of Latino caseworkers who troubleshoot issues for Latino youth and families in the juvenile justice and child welfare systems. Not only does a staffing group of this nature provide support for diverse families moving through the system, it also creates a peer group for staff whose culture may not always fit comfortably with the mainstream culture of the system.

Strategy 17: Building Cultural Competency

A culturally competent staff is an important part of any workforce that serves a culturally diverse population. According to the United States Department of Health and Human Services, cultural competency is:

> A set of attitudes, skills, behaviors and policies that enable organizations and staff to work effectively in cross-cultural situations. It reflects the ability to acquire and use knowledge of the health-related beliefs, attitudes, practices and communication patterns of clients and their families to improve services, strengthen programs, increase community participation, and close the gaps in health status among diverse population groups. Cultural competence also focuses its attention on population-

specific issues including health-related beliefs and cultural values (the socioeconomic perspective), disease prevalence (the epidemiologic perspective), and treatment efficacy (the outcome perspective) (Cultural Competence: A Journey, 1999, p. 3).

To extend this definition into the juvenile justice arena, cultural competency also includes population specific values and beliefs around justice, crime, mental health, substance abuse, and other juvenile justice related issues. Unfortunately, interviews in Colorado suggested that cultural competency training is not sufficient in Colorado to ensure a culturally responsive staff. The same issue exists nationally, with a lack of cultural competency training in the juvenile justice system (Isaacs & Benjamin, 1991).

To further complicate the issue of cultural competency training, much of the national research suggests that cultural competency requires far more than a series of training efforts. A cultural competency training approach in an organization needs to involve far more than just the training. It should also include (Isaacs, 1998):

- Support from top leadership in the organization;
- Organizational assessments of cultural competency;
- Needs assessments to understand the cultural groups being served by the organization;
- Culturally diverse individuals in an advisory capacity;
- Redefining mission statements, definitions, policies, and procedures to explicitly state values related to cultural diversity and competency;
- A strategic plan with goals and measurable outcomes related to culture;
- A commitment to recruiting and retaining diverse staff;
- Targeted service delivery strategies for cultural groups; and
- On-going cultural competency training, skill development, and certification for staff.

In part, this comprehensive approach to developing a culturally competent and responsive system is needed because there is not a single model or approach that fits all organizations and all cultures (Isaacs & Benjamin, 1991). Rather, cultural competence is much like the youth development process that systems attempt to influence in each youth and family. It requires a long-term approach with consistent and ongoing interventions, developing skills and capacity over time (ibid).

Description: A systemic, ongoing approach like the one described above is not fully implemented anywhere in Colorado, but Colorado communities are taking important steps in that direction. Some communities have in place multiple efforts to train staff, including using specific models like the *Framework of Poverty* that has a very broad definition of culture. Other communities are using the system of care approach to cultural competency that emphasizes an individualized planning process that increases the ability of the system to respond to cultural needs. Some communities are also undertaking varying levels of needs assessment to identify and understand the population they serve. The next step for all Colorado communities is to ensure the multiple efforts that can help in developing a culturally competent and responsive system are aligned within a given community and result in long-term capacity building.

Strategy 18: Linguistic Competency

Description: The juvenile justice and mental health systems in Colorado are approaching linguistic competency in multiple ways. When possible, bilingual staff are hired and may help not only in

working with their own caseload of monolingual youth and/or families, but also may help translate for other caseworkers. When bilingual staff are not available, translators or the AT&T Language Line are used. As translators in Colorado are not certified or otherwise regulated to ensure quality, translation services may or may not be of sufficient quality to ensure that diagnosis and treatment information is accurately relayed. Language barriers and waiting for translators may also cause problems for the court process or result in missed information and misinformation prior to or in a court hearing.

The only linguistic competency strategy recommended here is to encourage communities to continue to recruit and retain bilingual staff and ensure translators are well trained in mental health and justice processes and vocabulary. National research has shown that linguistic competency and high-quality translators do make a difference, resulting in clients seeking more preventive services and improving adherence to treatment regimes (Branch, Fraser, & Paez, 2005).

Strategy 19: Culturally Specific Services

Description: Although services can be provided by culturally diverse or competent providers in multi-cultural settings, one theme in many Colorado communities highlighted the importance of providing culturally specific services. As used here, a culturally specific service is a service designed for youth from a specific cultural group and engages them in group activities with other youth from similar cultural backgrounds. Culturally specific services offered in Colorado communities are for Asian, Latino, African American, and Native American youth. The culturally specific services researched for this Plan used a variety of different strategies including those seen elsewhere in the Plan, such as support groups, prosocial activities for youth after school, Multisystemic Therapy, and restorative justice processes. One example of this is Las Chicas in Mesa County, which provides prosocial activities that are culturally relevant for young Latinas from monolingual Spanish speaking families and families with limited English proficiency. Its population focus is young Latinas who are at-risk in school and those who have had initial contact with the juvenile justice system. Aside from providing pro-social activities, Las Chicas helps the youth with community service and ensuring the they appear in court.

Culturally specific services are justified in the national best practice literature in a couple of ways. First, research has found that minority clients, both youth and families, are more comfortable receiving services from minority counselors and professionals, as occurs in many of the culturally specific programs in Colorado. Additionally, services that are designed and provided by culturally similar staff are more likely to respect the language and customs of the youth and family (Briscoe, Henderson, & Sedberry, 1995). For example, the traditional pattern of a Native American family is different from dominant culture, with generations of family members involved in multiple parental functions (Isaacs & Benjamin, 1991). A culturally specific program in the Native American community would recognize the different family structure in both the individual and group treatment settings, drawing on that strength.

Chapter 6: System-wide Strategies for Serving Specific Populations

The previous section discussed specific strategies for meeting the needs of culturally diverse youth and families in the juvenile justice system. This section continues that theme, focusing on different subgroups within the system. The strategies to follow are specific to youth:

- With co-occurring substance abuse needs;
- With co-occurring developmental disabilities;
- Who are female; and
- Who are below age 12.

Other subgroups exist within the juvenile justice population, but these four groups were brought up repeatedly by participants in the 2005 and 2006 meetings and interviews and are often noted as areas for improvement in national literature. One group that was brought up, but is not included, is youth that are homeless. The group was not included because the research team was unable to schedule and conduct interviews with key programs serving this population; however, it is important to consider that homelessness can be one way that youth enter the juvenile justice system. Housing has been identified as a significant issue that prevents youth who are homeless from achieving self-sufficiency, including those who leave the juvenile justice system. Therefore, this is an area that requires further exploration in order to adequately plan for this population.

Another group that was brought up later during the comment period was youth diagnosed with Conduct Disorder and the need for specific strategies to address their needs. The strategies could include training and public awareness about the impact that chronic stressors and trauma have on youth and the need for appropriate assessment and treatment both before, during, and after a youth has become involved in the juvenile justice system.

Strategy 20: Integrated Services for Youth with Co-Occurring Substance Use Disorders

Description: Youth with mental health needs who have co-occurring substance abuse issues (also called dual diagnosis) are particularly challenging for the juvenile justice system. Not only do they account for two thirds or more of substance abusing youth in the juvenile justice system (Mental Health Treatment, 2004), but diagnosing and treating a mental health issue when a youth is abusing substances can be difficult as the two interact heavily. For example, according to National GAINS Center for People with Co-Occurring Disorders in the Justice System, substance abuse can (Working Together for Change, 2001):

- Create mental health issues that would otherwise not have existed, such as depression as a result of heavy alcohol use;
- Trigger a mental health issue in a youth who is predisposed to mental illness;
- Exacerbate an existing mental health issue, leading to extreme behaviors such as suicide;
- Mimic a mental health issue, such as paranoid delusions after extended use of methamphetamines;
- Mask a mental health issue until the substance is removed from the system;
- Be unrelated to the mental health issue entirely; and/or
- Be the result of a youth's attempt to self-medicate a mental health issue.

The complexity of the relationship between mental health and substance abuse in youth is not fully understood, and the treatment of the co-occurring disorders can be very challenging. Best practices in juvenile justice treatment suggest that "integrated treatment is superior to sequential or parallel treatment" (Mental Health Treatment, 2004, p. 9). Integrated treatment refers to the use of one team or clinician to provide both the mental health and substance abuse treatment. The integrated

model avoids the problems often found when co-occurring substance use disorders are at issue, including contradictory treatment, substance abuse or mental health providers refusing to treat due to the complicating factors of the other disorder, and inappropriate treatment, as it does not take into account the other issue. The latter problem arises when substance abuse treatment includes confrontational approaches or emphasizes the avoidance of all drugs, including prescription medications (ibid.). As Drake, Essock, Shaner, Carey, Minkoff, Kola, Lynde, et al. (2001) note, "the fundamental task is to begin recognizing and treating substance abuse rather than ignoring it or using it as a criterion for exclusion" (p. 474).

In Colorado, at least two mental health centers are moving toward the model of integrated treatment. The San Luis Valley Mental Health Center (SLV) and Jefferson Center for Mental Health (JCMH) are both licensed as Alcohol and Drug Abuse providers by the state. At the SLV, they are currently providing training to their mental health therapists to receive certification from the state as certified or licensed addiction counselors. Synergy, a program in the University of Colorado Health Sciences Center, also provides integrated mental health and substance abuse treatment for adolescents by providing both services on-sight as part of day treatment or residential treatment programs, although they note that mental health needs are only addressed if the substance abuse issue is primary (Addiction, Research, & Treatment Services, 2006).

Systemic Support: Drake et al. (2001) explored the implications of integrated mental health and substance abuse treatment services and found that "Successful implementation of dual diagnosis services within mental health systems will depend on changes at several levels (p. 474-475):

- Clear policy directives with consistent organizational and financing supports;
- Program changes to incorporate the mission of addressing co-occurring substance abuse;
- Supports for the acquisition of expertise at the clinical level; and
- Availability of accurate information to consumers and family members."

The changes they recommend to move toward more integrated services are substantial and require systemic support. For example, system level strategies that the authors have seen work in other states have included implementing structural, regulatory, and reimbursement changes that support providing services in one setting for both needs; developing standards for co-occurring treatment; specifying a model for how co-occurring treatment will be provided in the state; and even funding demonstration projects or training initiatives (Drake et al., 2001). The Colorado Committee on Adolescents with Substance Abuse and Mental Health Disorder's 2001 report agrees with the emphasis Drake et al. place on providing training. The report recommended that "mental health and substance abuse systems should improve their knowledge of co-occurring disorders and their ability to provide coordinated care for adolescents appearing in both systems" (Wells & Bane, 2001).

Based on successful practices in other states, Drake et al. (2001) recommends the very specific shift in practice to having mental health systems, at the policy and service delivery level, be responsible for substance abuse services in the case of co-occurring disorders, in partnership with the substance abuse authority in the state. This shift is intended to aid mental health providers in recruiting dually trained staff, accessing reimbursement for co-occurring treatment, and institutionalizing the development of co-occurring treatment capacity.

Infrastructure and Financing: In one of the communities where integrated mental health and substance abuse treatment is underway, one of the advantages they shared was the power of leveraging mental

health and substance abuse funding to increase access to both services. By providing services in an integrated fashion, the clinician is able to provide a more comprehensive mental health and substance abuse approach then either would be independently. This advantage may be initially offset by the challenge of recruiting and training staff to provide both services, however. In the national literature, blending funding for substance abuse and mental health services has not been successful due to fears that it will result in inadequate funding for single diagnosis treatment (Drake et al., 2001). However, braided funding where mental health providers are able to access funding to cover the dual diagnosis treatment they provide is a more successful option.

Evidence-base: Few evidence-based practices successfully address co-occurring disorders in youth in the juvenile justice system. Those that are recommended for dual-diagnosed youth are programs like (Working Together for Change, 2001):

- Motivational Enhancement Approaches that help youth recognize the problems caused by their substance abuse;
- Cognitive-Behavioral Skills-Based Interventions to help youth manage both the mental health and substance abuse issues;
- Multisystemic Therapy to address environmental issues;
- Therapeutic Communities, modified to directly address the co-occurring issues;
- Multicomponent Behavior Therapy that targets the substance abuse issue more than the mental health issues; and
- Functional Family Therapy to build family capacity to address the co-occurring needs of the youth.

Although specific models like those above are suggested for co-occurring treatment, the research on dual diagnosis consistently returns to the concept of integrated treatment instead of parallel or concurrent treatment (e.g. Grella, Hser, Joshi, & Rounds-Bryant, 2001; Working Together for Change, 2001; Drake et al., 2001).

Barriers in Development and Ongoing Implementation: At the national level, one obstacle in recognizing and treating youth with mental health issues and co-occurring disorders in the juvenile justice system is the lack of screening and assessment tools. As Cocozza and Skowyra (2000) note, all youth in contact with the juvenile justice system should be screened and, when necessary, assessed for mental health and substance use disorders. Yet not all jurisdictions screen for both needs, have appropriate screening tools to address both needs, or train staff on the use of such screening tools. In Colorado, the MAYSI-2 does screen for both substance abuse and mental health needs, but as it is not always conducted early in a youth's involvement with the juvenile justice system, the co-occurring needs may not be identified in a timely manner.

Strategy 21: Integrated Services for Youth with Co-Occurring Developmental Disabilities

Colorado does not appear to be currently tracking the number of developmentally disabled youth in the juvenile justice system. However, the prevalence of the youth in the juvenile justice system can be seen, in part, by the energy that went into the development and passage of the juvenile competency legislation in 2005 (House Bill 2005-1034), addressing competency issues related to developmental disabilities and severe mental illness.

From what was learned in the research process and community engagement throughout the state, Colorado is not presently doing an effective job of coordinating the three systems needed by youth with mental health issues, developmental disabilities, and juvenile justice involvement. First, the Community Centered Boards that coordinate many of the services for the developmentally disabled are not required to provide services for youth between 3 and 21, with the exception of Family Support Services for which there are long waiting lists. Community Centered Boards, however, do provide some form of case management or service coordination for all youth. Service coordinators or case managers are sometimes aware of and collaborate with other agencies involved with the youth and family, including special education programs at schools. At minimum, there is annual contact with these agencies. The Foster Care Transition program provides transition activities and funding for youth, typically at 21, in out-of-home placement that have mental health issues and/or juvenile justice issues. Tracking children and youth who may be eligible begins by age 14 and is a major activity of the Community Centered Boards.

However, many of the 20 Community Centered Boards in the state do not have a behavioral health component. A few exceptions, such as the Developmental Disabilities Resource Center, the board serving Jefferson, Summit, Clear Creek, and Gilpin Counties, do exist, where behavioral health services are integrated with other services. Integrated services are provided by individuals with training in developmental disabilities including special educators, therapists in related areas, and out-of-home service providers for the CHRP Waiver (Children's Habilitation Residential Program). CHRP is exclusively for children and youth who meet the developmental disabilities criteria. The CHRP providers have experience with children and youth with developmental disabilities and complex needs, including mental health issues and juvenile justice involvement.

One important element to consider in serving individuals with developmental disabilities is the length of time allowed for services. Many organizations outside the developmental disabilities system want these youth and their families to complete a program in under a year. The organizations measure significant progress in the same way they measure progress in non-disabled individuals. Individuals with developmental disabilities, however, learn at a different rate and in a different manner than their non-disabled peers. Significant progress occurs when the involvement in a program is not constrained by an arbitrary time limit and the measurement of success is determined according to the unique challenges that face this particular population. For this reason, programs that focus on the needs of individuals with varying levels of developmental disabilities are essential to serving youth involved in the juvenile justice system.

Similar to co-occurring substance abuse issues, when integrated services are not available, youth face situations where mental health professionals and developmental disability professionals are not comfortable in treating these co-occurring disorders, which is problematic. Additionally, the school districts' responsibility to address the individualized education needs of disabled youth brings a third system into the mix and creates additional debate over who is responsible for serving the youth. While this is not true in every community, the problem does exist for many youth in Colorado.

To further exacerbate the problems for youth in the juvenile justice system, the developmental disability programs contacted as part of the research process were largely separate from the justice system, engaged in limited coordination. Though a few communities have developmental disability providers on their interagency juvenile justice boards, this is not the standard practice in Colorado. While Foothills Gateway in the 8th Judicial District is regular member of the Larimer County Oversight Committee (the combined SB91-94 and HB04-1451 oversight committee), Southeast

Diversified Services in the 15th Judicial District may partner with the justice system on a case by case basis, but is not routinely involved in any of their collaborative systemic boards. This risks the integration of services (that could provide early intervention and diversion from the justice system) not occurring until the youth has penetrated deeper into the system.

In addition to meeting the needs of youth with developmental disabilities, it is also important to address the needs of parents with similar issues. The HOPE Initiative in Jefferson County provides education to parents and caregivers with developmental disabilities, helping them to meet the needs of their youth with mental health issues and co-occurring disorders. It provides individualized parenting education and life skills training to parents/caregivers with developmental disabilities or learning difficulties. HOPE and other organizations like it present information in a manner that is concrete, one-on-one, and systematic, allowing individuals with disabilities to maximize their ability to receive and comprehend information. Educating parents with developmental disabilities minimizes out-of-home placement for juveniles and overcomes many other obstacles that negatively influence the family.

Nationally, services to youth with co-occurring mental health issues and developmental disabilities are also generally lacking. Although the Office of Juvenile Justice and Delinquency Prevention has issued bulletins with information about assessing developmental disability needs in the juvenile justice system, little attention has been paid to co-occurring developmental disability and mental health issues.

A description, financial outcome, and other detail on a strategy for meeting the needs of youth with co-occurring mental health and developmental disabilities in the juvenile justice system are lacking from this section. The fact that the research process did not identify successful, integrated, and ongoing strategies in this area suggests that either they are largely absent in the state or not well known outside of the providers most closely working with this population. However, community meeting participants often brought up issues related to developmental disabilities in the juvenile justice system, indicating a need for this type of strategy to be available around the state. A recommendation for development of more integrative services for this population is included in the final section of the Plan.

Strategy 22: Specialized Services for Girls

Current research on girls in the juvenile justice system with mental health issues and co-occurring disorders is relatively limited compared to the research on boys. However, from the studies available, a pattern is emerging that shows the majority of girls in the juvenile justice system meet the criteria for at least one mental health disorder. In some studies, mental health issues are more prevalent in girls than boys (Veysey, 2003). They are also are more likely to suffer from depression and anxiety (Beyer, 2001), regardless of juvenile justice involvement. Finally, studies have found that an overwhelming percentage of girls in the juvenile justice system have experienced physical and sexual abuse, resulting in significant and long lasting mental health issues, self-harming behavior, acting out, violent behavior, depression and anxiety disorders, running away, substance abuse, and other high-risk behaviors (Veysey, 2003). As a result, "scholars have consistently identified victimization—physical, sexual, and emotional—as the first step along females' pathways into the juvenile and criminal justice systems and as a primary determinant of the types and patterns of offenses typically committed by girls and women" (Acoca, 1999, p.5).

Finally, adolescent girls entering the juvenile justice system may also be facing interpersonal challenges due to pregnancy, motherhood, and separation from their young children (ibid.). Yet, oftentimes services are designed to meet the needs of boys and may not adequately address the needs of girls. This is particularly true as girls have different developmental paths than boys, including placing higher priority on peer relationships, relationships to adults, and connections to others (Beyer, 2001).

Colorado's trends match the national literature, with girls demonstrating higher needs than boys. For example, in FY 2004 – 20005, "almost 70% of the females were assessed as needing substance abuse treatment versus 53% of the males, and 60.3% of the females were assessed as having high-moderate to severe mental health treatment needs versus 39.5% of the males" (Juvenile Justice and Delinquency Prevention Council, 2006, p. 60). Girls in the juvenile justice system are also more likely to run away and be in an out-of-home placement. With girls representing 25% of juveniles in detention, 22% of juvenile prosecutions, 21% of juveniles on probation, and 15% of commitments to the Division of Youth Corrections (ibid.), there is ample justification for the development of gender specific strategies.

Description: Specialized services for girls are not widely available in Colorado or nationwide. Although some Colorado communities have one or two specialized services available, many more communities rely upon the same services for girls as boys. Sometimes this works well, as many evidence-based programs like Multisystemic Therapy are proven successful for both boys and girls. However, not all programs are equally appropriate for boys and girls. Additionally, while a program may meet needs that both boys and girls have, it may fail to address additional needs that are gender specific or address the trauma issues so prevalent in girls involved with the juvenile justice system.

The Office of Juvenile Justice and Delinquency Prevention defines gender specific programs as those that:

- Are designed to meet the unique needs of female offenders;
- Value the female perspective;
- Celebrate and honor the female experience;
- Respect and take into account female development;
- Empower girls and young women to reach their full human potential; and
- Work to change established attitudes that prevent or discourage girls from recognizing their potential.

Few programs in Colorado are gender specific according to these criteria. Girl specific programming as identified by interviewees included some support groups, an evidence-based program called Girl's Circle, a transition program out of commitment and other out-of-home placements for girls, and a few programs funded by Juvenile Justice and Delinquency Prevention Council grants. The lack of beds for girls in detention centers has also resulted in some communities creating alternatives to detention (e.g. foster care programs) that serve girls, but are not designed specifically for girls. Additionally, the Division of Youth Corrections, in partnership with the Excelsior Youth Center, developed a girl specific program, called Rite of Passage, for girls once they are committed. The program provides a comprehensive, gender-specific secure residential treatment program tailored to the specific needs of girls. The program incorporates strength-based strategies, cognitive behavioral approaches, an educational component with a gender-responsive best practice approach, and recreational and vocational activities tailored to the specific needs of girls. The Rite

of Passage program takes a holistic and integrated approach to plan, track and report girl's progress and fosters healthy interactions through female-focused activities and community mentors to serve as positive role models.

Nationally, model programs for serving girls are almost as limited as Colorado programs. The evidence-based practice, Girls Circle, is a good example of a program designed specifically for the developmental pathway of girls instead of boys. The theoretical and research underpinning of the program suggests that a girl's connection to others is the central feature of her psychological makeup. The program focuses on these connections and reduces risk factors for delinquent behavior while increasing protective factors and resiliency (Irvine, 2005).

The Juvenile Justice Evaluation Center has recommendations based on research for addressing the needs of girls when current programming is primarily appropriate for boys. They include:

- Tailoring programs to the unique needs of girls;
- Involving girls in service decisions;
- Using female staff;
- Connecting girls with mentors;
- Providing staff training on gender-specific programming; and
- Addressing the needs of pregnant/ parenting girls.

Obviously, creating this type of tailored approach within existing programs will at least cost additional resources for start-up, including recruiting female staff if needed and training existing staff. However, the outcomes from gender specific programming suggest that there is significant value in creating these specialized programs.

Systemic Support: Some studies suggest that girls specific programming is not sufficient and recommend instead addressing the problem through a systemic approach that includes policy, planning, and service delivery. For example, Minnesota has a statute for parity in girls services, an ongoing legislative task force to examine the status of women in the criminal and juvenile justice systems, a statewide conference on women and girls in the criminal justice system, opportunities for girls' voices to be heard in the planning and policymaking process, state dollars for model program grants for gender specific services, and cross disciplinary planning and partnership to address girls' issues (Guiding Principles for Promising Female Programming, 1998). Girls' issues are also systemically supported in Colorado, as the Task Force's legislative mandate for 2008 includes the examination of issues pertaining to women with mental illness, including those in the juvenile justice system.

Family/System Support for the Strategy: Interviewees and participants at the community meetings occasionally brought up issues related to girls' services, but it was not a high priority topic for participants. When girls' services were brought up, most participants had few examples of girl specific services to offer and instead discussed more mainstream programs that also served girls in their community. Some participants did highlight the need for better services for girls and a few mentioned the state support for girls services via the grant from the Juvenile Justice and Delinquency Prevention Council.

Strategy 23: Specialized Services for Younger Offenders

Description: Nationally, juvenile justice systems are facing an increasing number of younger offenders, with youth entering the juvenile justice system at age ten and other related systems as young as seven or eight years old (Loeber, Farrington, & Petechuk, 2003). In Denver, a survey found that 10% of youth between the ages of 10 and 12 had contact with law enforcement (Espiritu, Huizinga, Crawford, & Loeber, 2001). Statewide, communities are struggling with how to deal with younger offenders, as the services in place for older offenders may not meet their needs. Consequently, a successful juvenile justice system must have adequate programs and practices in place to handle a youth under twelve years old. In designing a strategy to meet the needs of younger offenders, juvenile justice systems need to recognize how these offenders differ from their older counterparts (Loeber, et al., 2003):

- Younger offenders have risk and protective factors that are different from those of older offenders. For example, younger offenders are more likely to have risk factors that are primarily individual and family related, such as aggressive and covert behavior as a child, antisocial parents, and substance abusing parents. The parental component is particularly important, with a recent study finding that three parental factors – large family size, poor parenting skills, and antisocial parents – were the strongest predictors of early-onset violent behavior.
- Younger offenders are particularly influenced by their peers, with the combination of peer rejection, association with antisocial peers, and association with peers who have deviant behaviors leading to more serious delinquent behavior in younger offenders.

As a strategy, addressing youthful offenders requires understanding the different risks and needs of this population. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) suggests a number of different strategies that are more likely to be successful with younger offenders, particularly those with mental health needs:

- Teen Courts: OJJDP has identified the Teen Court as a model appropriate for youth between the ages of ten and 15 who are charged with less serious offenses. The underlying assumptions of a teen court, that youth will respond better to their peers and that peer pressure from prosocial peers may lead to more prosocial behavior, may be particularly appropriate for younger offenders (Model Program Guide, 2006);
- Multidimensional Treatment Foster Care: as an alternative to detention, this evidence-based foster care model has been demonstrated successful with offenders with mental health issues as young as nine years old (Model Program Guide, 2006). In Colorado, the foster care program in the San Luis Valley has used a similar approach to meeting the needs of younger offenders, offering them an alternative to detention in a community-based setting while also providing services to the families of origin;
- Addressing mental health needs in the schools and through child welfare: Loeber et al. (2003) note the importance of access to mental health services and suggest that schools and the child welfare system are two places prior to the juvenile justice system for children to access needed services and be diverted from delinquent behavior;
- Providing treatment for conduct disorder in children: OJJDP has emphasized the treatment of conduct disorder in children as a means of preventing both early and later delinquent behavior. Programs with a heavy parent training approach and therapeutic services, rather than pharmacological services, have demonstrated greater success (Burns, Howell, Wiig, Augimeri, Welsh, Loeber, & Petechuk, 2003).

Systemic Support: Treatment of conduct disorder in children may not be widely available in Colorado, particularly in public sector services, as not all mental health centers consider conduct disorder as of sufficiently high risk or within the diagnostic criteria for which they provide services. If this is one of the means of addressing early delinquent behavior, additional approaches to treating younger children with conduct disorder may need to be considered. OJJDP is also encouraging a prevention oriented approach for working with younger offenders that includes services in early childhood. For this reason, the juvenile justice system should consider partnering with early childhood agencies to ensure prevention services are occurring prior to juvenile justice involvement, specifically mental health services to children exhibiting risk factors for childhood delinquency.

Chapter 7: Other System Wide Strategies

In addition to systemic strategies, family and youth oriented strategies, and strategies for specific populations, many other strategies in the juvenile justice system are appropriate at a variety of points along the juvenile justice process. Fundamentally, these strategies are about providing intervention options for youth with mental health issues and co-occurring disorders, regardless of whether they have just entered the system, are enmeshed in a court process, have been adjudicated, are on probation, or are transitioning out of the system. The strategies are important components of creating a system with a therapeutic, research-based approach that is likely to reach successful outcomes for the youth, their families, and communities.

Strategy 24: Mental Health Services

At its most simple level, the juvenile justice system can and should provide mental health services to youth with mental health issues and co-occurring disorders. Whether the services are individual, family, or group structured; evidence-based or promising practices; inclusive or exclusive of medication, mental health services must be available to youth in need. Colorado communities have pursued this strategy through a variety of means. With the MAYSI-2 assessment tool in use around the state, mental health needs are being identified, often times and ideally early in a youth's involvement with the juvenile justice system. Response to the identified needs occurs through a combination of private insurance, public mental health centers, grant funded programs, child welfare, and community-based services.

Throughout the Plan, many different models of mental health services are explored. The purpose of including a separate strategy on mental health services is to emphasize the need to make mental health services available throughout a youth's involvement in the juvenile justice system and to note:

- The importance of providing medication as a mental health service when appropriate; and
- The advancements in the mental health field that are relevant to the juvenile justice system.

One of the latest frontiers in the mental health field is the use of brain scans in the diagnosis and treatment of mental illness. Magnetic resonance imaging (MRI), computed tomography (CT) scans, single photon emission computerized tomography (SPECT) scans, and positive emission tomography (PET) scans are enabling scientists, researchers, and clinicians to understand the impacts of mental illness on brain activity and even beginning to provide a glimpse of how activity changes with treatment (Harvard, 2004). Advancements in these areas are demonstrating the

dynamic nature of the brain, from early childhood through adolescence, and providing insights into how the brain develops and changes throughout development (National Institute of Health, 2001). Furthermore, studies have begun to demonstrate the potential of using imaging techniques to not only identify and diagnose mental health issues, but also determine how distinct patterns of brain activity respond to treatment. These initial findings demonstrate the potential to use brain scans prior to treatment to tailor psychiatric care to the specific needs of the individual.

Further research and understanding of the use of brain imaging is needed as the technology has yet to definitively demonstrate consistent results; yet, the use of brain scans holds promise for accelerating the identification of both mental health needs and the most appropriate treatment for an individual, (Harvard, 2004). The research on brain development and the use of brain imaging has significant and far-reaching implications for the early intervention and treatment of mental health as it may create a roadmap to identify which interventions are most effective for specific types of mental and behavioral disorders. This research also has significant implications in the elimination of some of the stigma associated with mental illness. As the research becomes available and identifies a more physical and scientific basis for mental illness, it may be used to shape public and professional awareness and understanding of mental illness in much the same ways as diabetes, heart disease, or other medical illnesses.

Though perhaps not proven practices yet, introducing the research to and initiating the dialogue with different systems' professionals serving the population of youth with mental health issues and co-occurring disorders in the juvenile justice system may begin to create an understanding of what occurs in the brains of youth. It may result in the identification of the most appropriate course of action for the youth. Providing exposure to these concepts may enable professionals to better understand the dynamics of youth with mental health needs. Rather than placing blame on the youth or providing inappropriately punitive sanctions, professionals may be in a better place to understand the needs of youth and therefore be more willing to identify the most appropriate and least restrictive services for these youth given their individual needs and circumstances.

Strategy 25: Implementing Research-Based Practices

Description: Interventions at the prevention or treatment level that have been demonstrated through research to be effective are known as research-based practices. Research-based practices have demonstrated success through evaluations in one or more communities. They go by many names: evidence-based practice, best practice, model program, emerging practice, and promising practices. The more precise and structured models like evidence-based practices (EBPs) are disseminated to other communities through precise models, with specific training requirements, staffing structures, clinical practices, and evaluation requirements. Some research-based practices also include research on implementation challenges, helping communities develop and run new programs with a greater likelihood of success. As a strategy, the inclusion of research-based practices in the range of services provided by the juvenile justice system and its partners increases the likelihood of successful clinical outcomes for youth with mental health issues and co-occurring disorders.

Research-based practices are identified and disseminated from a variety of places, including the Center for the Study and Prevention of Violence, Substance Abuse and Mental Health Services

Administration, and the Office of Juvenile Justice and Delinquency Prevention.[3] There is no one set of criteria for determining if a program is research-based, evidence-based, promising, or a model program. To further complicate matters, some of the terms are used by some organizations, while others use the different terms for the same types of programs in another organization.

Examples of some of the evidence-based programs, as defined by the Center for the Study and Prevention of Violence and the Substance Abuse and Mental Health Services Administration, underway in the Colorado juvenile justice system to meet the needs of kids with mental health issues and co-occurring disorders include:

- Multisystemic Therapy (MST): This is an intensive program in home/family-based intervention for delinquent and/or substance-abusing youth that focuses on eliminating or reducing recidivism through behavior change and intervening in existing life systems.
- Dialectic Behavioral Therapy (DBT): A form of cognitive-behavioral therapy, this treatment was developed as a tool for those who struggle with self-harming behaviors and out-of-control emotions. The therapy involves individual psychotherapy and skills training group work.
- Cognitive Behavioral Therapy (CBT): This program focuses on youth's thoughts by educating them how their thoughts have an impact on their feelings and behavior. A cognitive therapist incorporates contingency management and reinforcement techniques to teach self-regulation and new ways of coping and problem solving. Youth are taught alternative ways of solving interpersonal conflict and problems through modeling, practice, rehearsal, and role-play.
- Bullying Prevention Program: The program is designed to secure a school climate that is conducive to teaching and learning and free from threat, harassment, and any type of bullying behavior. The program promotes consistency of approach and helps to create a climate in which all types of bullying are regarded as unacceptable.
- Functional Family Therapy (FFT): The program is an intensive intervention intended for high-risk youth between 11 and 18 and their families. It has been found effective in many settings, including with culturally diverse participants.
- Big Brothers Big Sisters of America: This program is designed to help children reach their full potential through professionally supported one-to-one volunteer mentoring relationships with measurable impact.
- Wraparound: This system of care approach to staffing and service delivery is appropriate for children and youth with mental health issues, including those in the juvenile justice system. It emphasizes a highly individualized, strength-based planning process that includes both the family and the youth.

An example of a promising program underway in Colorado that is not yet considered an evidence-based practice is CASASTART. It is a comprehensive prevention program that targets and supports youth at risk for substance abuse, violence, and school failure. CASASTART is aimed at high-risk

---

[3] For more information on evidence-based practices and descriptions of a wide variety of programs, please visit the Substance Abuse and Mental Health Services Administration toolkit at http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/default.asp, the Office of Juvenile Justice and Delinquency Prevention's online web database at http://www.dsgonline.com/mpg2.5/mpg_index.htm, the Center for the Study and Prevention of Violence's Blueprints for Violence Prevention website at http://www.colorado.edu/cspv/blueprints/index.html, and the Colorado Prevention Leadership Council's database of best practices at http://co.gov/bestpractices/index.html.

youth eight to 13 years old and brings together, under one umbrella, key organizations and agencies in a community (schools, law enforcement agencies, social service and health agencies). The program uses intensive case management to work with the youth.

An evidence-based program that is at least under discussion in Colorado, if not underway, is Multidimensional Treatment Foster Care. The program is an alternative to placement that meets the needs of youth with delinquent behavior and emotional problems. Similarly, some communities may be using Moral Recognition Therapy, a cognitive behavioral program typically implemented within a placement setting, and Aggression Replacement Therapy, a cognitive behavioral program designed to reduce anti-social behavior, typically implemented in placement settings.

Many programs in Colorado are implementing the elements of evidence-based and promising programs, even if they are not implementing the complete program. For example, a number of interviewees indicated they had in place "MST-like" programs, where the intensive therapy, home-based services, and advocacy elements of MST were in place, without all components of MST included in the program. Other interviewees talked about how they are currently adapting programs that developed in their community out of creativity, intuition, and responsiveness to the need. The adaptations are based on research-based programs without losing the original community-based model.

Target Population Served: Research-based practices are targeted at many different needs. In Colorado, they are being used to support youth with mental health issues at all ages. Some of the programs specifically address youth prior to entry into the juvenile justice system, such as Bullying Prevention Programs, while others intend to divert deep entry into the system, such as Multidimensional Treatment Foster Care. Yet other programs are appropriate at many different points in time in the juvenile justice system, such as Multisystemic therapy and cognitive behavioral therapy. These programs have been used to divert youth from detention, included as part of sentencing and treatment options once a youth is adjudicated, and added to transition services to help with step-down from out-of-home placements.

Systemic Support: The state is highly supportive of research-based practices, particularly those labeled evidence-based practices. For example, the Colorado General Assembly recognizes the value of evidence-based programs, as seen in their inclusion in the juvenile Community Accountability Program (Section 19-2-309.5, C.R.S.). The statute specifically identifies Multisystemic Therapy and Functional Family Therapy, two blueprint programs that have been found to improve outcomes for youth and families in the juvenile justice system. Additionally, state pilot programs in local jurisdictions have implemented a variety of evidence-based programming.

The Prevention Leadership Council supports the identification of these best practice programs by providing a website list of prevention and intervention programs that meet best practice standards (http://www.cdphe.state.co.us/ps/ipsp/index.html). Finally, funding streams available to local communities from the state often emphasize or require the use of evidence-based funds. For example, in a 2006 request for proposals to fund juvenile diversion programs, the following language was included (Office of Adult and Juvenile Justice Assistance, 2006): "Priority for funding will be given to those applicants who are requesting funding to implement evidence-based programs and activities." A child welfare funding stream in the Core Services Program has similar requirements, with a request for proposal process specifically for EBPs (Division of Child Welfare Services, 2006).

Local communities are also supportive of research-based practices and, specifically, EBPs. Not only are they implemented across the state, but many interviewees expressed a desire to include more EBPs in their own programs and communities. However, the discussions in community meetings indicated that support for EBPs is balanced by concerns about their implementation costs, inflexibility to adaptation, and difficulty of identifying the range of appropriate programs to address a given need in the different local community settings. The concern regarding adaptation can be understood in part by noting the consistent pattern among interviewees of explaining the importance of the flexible, adaptive structure of their programs during interviews on all types of strategies, yet EBPs, by their very nature, require close adherence to program elements and criteria in order to maintain high fidelity and ensure the successful outcomes associated with EBPs.

Infrastructure and Financing: Research-based programs in Colorado vary as regards infrastructure and access to financial resources. The financing of research-based programs range from grant to blended funding models to single agency support:

- Juvenile Justice/Delinquency Prevention Council grant dollars were the initial financial support for the Peaceful Spirit Youth Services MST Therapy program in the 6th and 22nd Judicial District;
- Division of Human Services Core Services dollars in the 6th and 22nd Judicial Districts supported La Plata Dialectic Behavioral Therapy (DBT), Southern Ute MST Therapy, and Larimer MST Therapy;
- Funding dollars from SB 94, Medicaid, Larimer County, and a United Way grant helped to sustain the Larimer MST program;
- Mental Health dollars helped support La Plata Dialectic Behavior Therapy (DBT) in the 6th and 22nd Judicial Districts;
- Functional Family Therapy (FFT) program in the 18th Judicial District collaborated financially with Substance Abuse and Mental Health Services Administration and Office of Juvenile Justice and Delinquency Prevention grants and HB 1451 financing;
- Greater Littleton Youth Initiative (GLYI) received $100,000 from the city of Littleton to accomplish program needs and sustains funding from other partners within the initiative;
- Wraparound program in Boulder County was originally funded with federal grants and then moved to funds from the Impact partnership through the Child Welfare and Youth Division contracts;
- For CASASTART at the state level, schools applied to the Colorado Department of Education for funding from the Expelled and At-Risk Student dollars (EARS). The EARS funding decreases by 25 percent per year so that by year five, local schools fund 100 percent of the cost of the program.

Outcomes: National research on various research-based practices notes the importance of a comprehensive approach with the integration of legal, health, recreational, and educational services. Research-based practices have demonstrated their effectiveness at the national level in reducing crimes, delinquency, substance abuse, and conduct disorders. Evaluations on research-based practice warrant attention and consideration when exploring program options within a community. National outcomes with evidence-based practices include the following (Mental Health Treatment for Youth, 2004; Mihalic, Irwin, Elliot, Fagan & Hansen, 2001):

- Multisystemic Therapy (MST) has demonstrated reductions of up to 70 percent in long-term rates of re-arrest; reduction of up to 64 percent in out-of-home placements; and

improvements in family functioning and decreased mental health problems for serious juvenile offenders.
- Functional Family Therapy (FFT) is effective in reducing recidivism for participating youth.
- Wraparound Milwaukee has been successful in reducing the use of out-of-home placements, and participating youth have shown significant improvements in social functioning abilities.
- Cognitive behavioral therapy for non-institutionalized offenders has been found to reduce recidivism by as much as 50 percent.
- Multidimensional Treatment Foster Care (MTFC) demonstrated success in a recent study, with youth spending 60 percent fewer days incarcerated and had fewer arrests than the controlled group in a recent national study. It has also been shown to be effective for youth ages nine to 18 leaving state mental hospital settings.
- From 1992-1994, the Urban Institute conducted a randomized control group evaluation with over 600 youth and found that youth in CASASTART were 20 percent less likely to use drugs, 60 percent less likely to sell drugs, 20 percent less likely to commit violent acts, more likely to be promoted to the next grade, and more likely to be associated with positive peers.

Available cost savings information at the national level was reported, but limited in scope. The cost benefits which were reported nationally include the following (Mihalic, et al., 2001):
- MST cost approximately $3,500 per youth at one out-of-state site which compared favorably with the average cost of the State's institutional placement at $18,000 per youth for 59 weeks during the same time period.
- Youth involved in the MTFC program spent fewer days in lock-up than youth who were placed in community based programs, resulting in a cost savings of $122,000 for the program in incarceration costs.
- On average, Functional Family Therapy costs between $700 and $1000 per family for a two year study period with the average cost for detention at $6,000 per youth, and the average cost of a county residential program at $13,500 per youth.

Outcomes with research-based practices in Colorado include:
- Throughout Colorado, CASASTART sites found 98 percent of CASASTART participants continued to the next grade; 75 percent of CASASTART participants increased their academic achievement; 73 percent of CASASTART participants decreased their suspension rate; and parent participation at the school level increased by 50 percent (Colorado Foundation for Families and Children, 2006);
- Peaceful Spirit Youth Services MST in the 6th and 22nd Judicial Districts found that further criminal involvement and substance abuse decreased; school performance including attendance, grades, and graduation increased; and an increase in home/family strengths; and
- MST programs throughout Colorado found reduced recidivism and improvements in school, work and at-home participation with participating youth.

Barriers in Development and Ongoing Implementation: A wide variety of barriers to the implementation of research-based practices, particularly EBPs, were identified during the development of the 2005 Framework, during the interview process, and in the community meetings. Many of these barriers exist despite concerted efforts by federal and state agencies to make EBPs more accessible. Barriers

to community level implementation of these practices identified in the Framework include (Goldman, Ganju, Drake, Gorman, Hogan, Hyde, & Morgan, 2001):

- Medicaid does not always cover evidence-based practices or places limits on coverage that creates barriers to implementing the practice with fidelity;
- Consumers, family members, direct care providers, administrators, and policymakers may not be aware of the existence and value of evidence-based practices;
- Available clinicians lack the skills and training to deliver evidence-based practices;
- Leadership for implementation and the continued high quality of evidence-based services is lacking.
- Evidence-based practices have not always been researched for their effectiveness with different racial and ethnic groups.
- Systemic infrastructure supports standard practice and not evidence-based programming.

Additional barriers identified during the 2005 research and community meeting process include:

- Partnership challenges such as a lack of communication, turf issues, need for immediate results or 'small wins,' information sharing challenges due to TRAILS and mental health databases, lack of trust, lack of dedicated time from each partner agency, and personality differences.
- A lack of understanding and education on EBPs for judges, magistrates, and district attorneys to help them understand why an EBP is sometimes preferable to an out-of-home placement;
- The traditionally negative, blaming approach of the system for families is not congruent with EBPs;
- Probation officers and caseworkers struggle with finding time and energy for the team processes involved in many EBPs;
- Services aren't always available at the right times when youth are "lost" in the system;
- Funding challenges including a lack of long-term funding, insufficient funds to expand the program to meet the need, frequent cuts in funding streams like SB94 and Juvenile Accountability Incentive Block Grant financial challenges with partner agencies, and lack of funding stability from schools due to financial instability;
- Program management challenges including the substantial paperwork for evaluations, high start-up costs to train staff, challenges with training staff due to lack of buy-in, therapist burn-out due to 24/7 requirements, and getting new staff up to speed after staff turnover occurs; and
- EBPs don't work in all settings; for example, they can lack flexibility, they may not be appropriate for many clients, they may not be designed to meet the needs of kids with severe mental illness or who are in crisis, and they may not be culturally appropriate for all groups.

Many of the barriers could be addressed in part or completely by helping communities to implement elements of research-based practices within their existing programs. For example, funding for existing programs may be easier to maintain then developing specific funding for a research-based practice. Additionally, adapting an existing program will require less retraining of staff, development of new paperwork and processes, and collaborative planning efforts than developing an entirely new program.

Strategy 26: Least Restrictive, Most Appropriate Services

Description: Colorado experience and national research have consistently demonstrated the advantages to youth, families, and systems of providing the least restrictive and most appropriate services. For youth and families, outcomes are more likely to be positive when community-based and in-home services are available, as explored in other sections of the plan (see *Strategy 36: Alternatives to Detention and Other Out-of-Home Placements*). For systems, preventing out-of-home placements, whether in residential treatment centers or detention, allows public dollars to be reinvested in early intervention and even prevention services (see *Strategy 2e: Systemic Funding Integration*).

Many communities recognize the value of less restrictive settings, as can be seen with the wide use of in-home services such as Multisystemic Therapy, the development of many different alternatives to detention, the use of community-based supervision programs, and the increasing use of wraparound models of case planning to engage a wide range of services and supports for both the youth and family.

Equally important in determining the least restrictive setting for a youth is identifying the most appropriate services through the use of screening, assessment, and mental health evaluations. Also, the engagement of youth and families in their own case planning can aid systems in determining what services are most likely to provide the necessary supports to the youth and family. Finally, the use of advocates in the system who help families access the services is an important part of not only identifying, but also engaging the most appropriate services for families.

Target Population Served: The justice system, in partnership with other agencies, has the opportunity to divert youth from long-term involvement and out-of-home placement by timely use of the least restrictive and most appropriate services. Consequently, this strategy is most valuable during a youth's initial entry into the system, though research suggests it should be applied to all youth in the justice system.

Systemic Support: Providing the least restrictive and most appropriate services requires the public systems to work together to ensure a range of community and home-based services are available. Currently, many communities first engage youth when out-of-home placement is needed as a result of dependency and neglect filings, delinquency charges, or HB1116 filings. A more proactive, preventive alternative in some Colorado communities engages child welfare or other service systems to allow voluntary requests for services from families prior to their youth requiring costly out-of-home placement. In addition to meeting the needs of youth and families, engaging services that do not require placements also avoids placing child welfare in the position of having to remove custody of the youth from the family. Arapahoe County Human Services uses a request for services to provide assistance and resources to youth and their families prior to a crisis situation where placement is needed, either through a dependency and neglect filing or through delinquency charges being filed. Services available to families may include intensive in-home services, respite care, drug and alcohol services, day treatment, interpreter and translation services, additional services for the developmentally disabled, psychological evaluations for children and/or parents and mental health services, life skills, intensive family therapy, economic assistance, and additional services by intra-agency teams to assist in addressing issues of reunification or permanency.

In the communities that emphasize least restrictive and most appropriate services, a systemic model of funding and planning are often in place. For example, both Joint Initiatives in El Paso County and IMPACT in Boulder County developed out of a focus on preventing out-of-home placements with leadership and partnership from the child welfare agency in the community. The HB1451 communities are similarly involved in systemic, collaborative efforts to avoid out-of-home placements and engage appropriate community and home-based services.

Outcomes: Less restrictive settings have many positive outcomes for youth and families. By keeping youth at home or in their communities, they remain connected to positive influences in their lives and avoid exposing youth to offenders with more serious delinquent behavior. Additionally, diverting from any type of institutionalization avoids some of the stigma associated with juvenile justice and mental health system involvement (Austin, Johnson, & Weitzer, 2005). Services in the home also benefit families, helping them to develop skills and coping strategies for supervising and supporting their high-needs youth (Stroul, 1988). Furthermore, providing opportunities for more home and community based services sets up realistic and sustainable support systems in the community where the child lives or would be returning. Leaving kids in their own communities with the most appropriate supports and services has not proved to be more dangerous to the community, but rather has demonstrated that when placed with the appropriate services, these youth have less recidivism than youth unnecessarily served in other more restrictive settings.

Barriers in Development and Ongoing Implementation: Traditionally, many juvenile justice systems nationally and in Colorado have depended heavily on out-of-home placements. For example, in the interests of safety, court officials may default to secure detention instead of community-based services. Yet, over one third of the youth in secure detention facilities have committed status offenses or technical violations of their probation and are of little risk to the community (Austin, Johnson, & Weitzer, 2005). Making the shift to community-based services requires not only a shift in thinking by court officials, including judges, district attorneys, and others, but also a shift in how resources are used. An important fiscal implication of least restrictive and most appropriate services is the engagement of child welfare dollars prior to out-of-home placement including accepting requests for services from families in need without opening a dependency and neglect case. The shift in thinking for the courts must then be matched by a shift in thinking from the child welfare agency.

Strategy 27: Mentoring

Description: The concept of mentoring is well known and is used in Colorado. During interviews with mental health centers and judicial districts, mentoring was the most frequently mentioned strategy to meet the needs of youth with mental health issues and co-occurring disorders. In Colorado, mentoring is used prior to and during juvenile justice system involvement. Given the prevalence of mentoring programs, there is little need to describe them in any detail in this Plan. However, not all mentoring programs in Colorado have been designed to reflect the practices found in evidence-based mentoring programs like Big Brothers/Big Sisters and Across Ages. Outcomes from evidence-based mentoring programs include improvements in family relationships including increased trust between youth and their parents, decreased likelihood of using drugs and alcohol, decreased physical aggression, increased school attendance, increased confidence in school ability, moderately increased grades, and improved peer relationships (OJJDP). The outcomes vary for different cultural groups, ages, and genders, but youth of all backgrounds have been found to benefit

from mentoring programs. However, researchers have also found that all mentoring programs are not alike and without certain practices in place, the benefits of mentoring may not be realized. Some of the essential practices include (Grossman & Garry, 1997):

- Frequent contact between mentors and youth, approximately four hours per meeting, three times per month, with additional contact by phone;
- The mentor acts as a friend, rather than a teacher or authority figure, with the goal of supporting rather than changing the youth;
- Thorough screening of all volunteers to ensure mentors have adequate time available and to prevent participation from adults who may be a threat to youth;
- Training for mentors on communication, limit-setting, relationship-building, and interaction skills;
- Assessment and matching that considers the preferences of everyone involved – youth, families, and mentors;
- Professional case managers;
- Intensive supervision of the mentors and youth, including regular contact with and support for the families, youth, and volunteers;

Based on the research findings that not all mentoring programs are equally successful, communities with existing mentoring programs that are not based in research may wish to revisit their program design. A mentoring program that includes the elements above may have greater costs than an existing program, but with significant benefits, the prevention of future problems may be worth the initial outlay of resources. For communities interested in exploring revisions of their mentoring program, they can examine evidence-based models like the Big Brothers/Big Sisters program, Across Ages (matching youth with older adults), and Let Each One Teach One (matching older students with younger students).

Strategy 28: Interagency Staffing Groups

Description: Interagency staffing exists in many forms in the juvenile justice and mental health systems. Although some practices, such as High Fidelity Wraparound, are evidence-based with demonstrated success, other staffing models are equally important to a high functioning juvenile justice system. The strategies to follow include:

- Individualized staffing like wraparound and team decision-making; and
- Systemic staffing like community evaluation teams, detention screening teams, and problem solving groups.

Both strategies have their place in the juvenile justice system, with specific needs met by each approach. In part, the value of the models lies in the need to appropriately assess which youth and families would benefit from a more extensive individualized planning process like wraparound and team decision-making that involve significant outlays of staff time to convene, facilitate, and manage on an ongoing basis, and which youth and families would benefit from a less resource-intense means of making decisions.

Strategy 28a: Individualized Staffing

Description: In an individualized staffing model, the participants in the interagency staffing meeting are specifically convened for the case being staffed. They may include representatives of different agencies and systems as well as the family, youth, extended family, community members, or anyone else identified by the family as part of their network of support. Two examples of individualized staffing approaches present in Colorado to meet the needs of youth involved or at risk of involvement with juvenile justice are the wraparound process and team decision-making. Although team decision-making is used in the child welfare system to make placement determinations, it is included here because some youth who commit delinquent acts find themselves involved with the child welfare system as opposed to the juvenile justice system.

Wraparound is a comprehensive child-centered/family-focused way of assessing and planning services for children with complex needs and their families. It involves a shift away from the traditional service delivery model where service providers are viewed as experts, to seeing families and service providers as partners (Malysiak, 1997). In wraparound, children and families are viewed as the key to solving problems, rather than being viewed as the problem itself (VanDenBerg & Grealish, 1996). The term "wraparound" came from the idea that youth could be best served by "wrapping" individualized services and supports around them in their homes and communities.

In wraparound, families identify the areas of their life that they would like to address, such as safety, legal involvement, school, recreation, home, health, employment or other life domains. Families also choose the members of their wraparound team. These teams generally consist of the four to eight people who know the child and family best. They include both informal supports, such as neighbors, friends, or relatives, and professionals from agencies involved with the family, such as schools, mental health, juvenile justice or child welfare. Ideally, wraparound teams are no more than 50% professionals. The reason for this is that professionals will come and go in a family's life whereas informal supports will generally stay with the family.

Together with their team, families develop their wraparound plans. These plans set forth a unique set of community services and natural supports that are individualized for each child and family based on their culture, strengths and needs (Burns & Goldman, 1999). The wraparound team meets periodically to develop, review, and adjust the plan as needed. Team decision-making is an approach used by child welfare agencies to involve families and communities in key child welfare decisions around placement. This includes decisions to remove a child from their home, any changes in the child's placement, reunification, or other permanency goals. Like wraparound, team decision-making values family participation on the team. This approach recognizes that all families have strengths and that outcomes can be improved by including families in decision-making (General Guidelines regarding Various Family Meetings, www.aecf.org).

In team decision-making, the family's social worker typically convenes the team to assist in making critical decisions around a child's placement. A trained agency facilitator then leads the group in a respectful, strengths-based, consensus-driven process. Families are always present and involved in the team meeting. Other team members include neighborhood members or other community partners, the child's caregiver if the child is already in placement, the facilitator, the extended family, and the caseworker. Child welfare, given its legal mandate, maintains responsibility for making the ultimate decision if consensus cannot be reached. Team decision-making was originally driven by the need to improve the quality and consistency of decisions around placement. Safety and risk issues are paramount in the team decision-making process.

Target Population Served: Throughout the country, wraparound is being used across all child and family serving sectors with education, juvenile justice and child welfare, as well as mental health taking a lead role (Burns & Goldman, 1999). In Colorado, wraparound started primarily to meet the needs of children and youth with mental health issues and their families. The Colorado Cornerstone System of Care Initiative used wraparound for those youth with mental health issues who were involved or at risk of involvement with juvenile justice. El Paso County is just starting to use the wraparound process as part of its HB 1451 project to address the needs of youth who would benefit from multiple agency involvement, including those who have encountered the juvenile justice system. In addition, Family Agency Collaboration in Denver is using the wraparound process to address the needs of youth with mental health issues who are involved with juvenile justice and their families through the Minority Advocate Program funded by the Division of Criminal Justice.

Systemic Support: In order for wraparound to be successful, there are certain conditions that must be present. According to researchers at Portland State University these occur on the individual team, agency/organization, and system levels. These conditions relate to the practice model, collaboration, and partnerships; capacity building and staffing, acquiring services and supports; and accountability (Walker, Koroloff & Schutte, 2003).

Agencies attempting to implement wraparound need to train, supervise, and support staff to ensure that there is fidelity to the wraparound model is being practiced. Further, there needs to be interagency collaboration at all levels and partner agencies need to support the values underlying the wraparound model, which include supporting youth and families as full and active partners in the process (Walker, Koroloff & Schutte, 2003).

Infrastructure and Financing: Wraparound requires the presence of a community team with interagency and family membership on it. This community team addresses broad issues and challenges, including gaps and barriers in service. Wraparound Milwaukee, a nationally recognized model, has a community team called the Partnership Council that is compromised of judges, district attorneys, probation, child welfare, public health nurses, mental health, schools, care coordinator supervisors, family members, and others (Burns & Goldman, 1999).

A key element of wraparound is the availability of flexible funds to pay for resources and supports needed by children and families that typically cannot be paid for through traditional funding sources. Therefore, funding policies need to be established that support flexibility in funding and the ability to pay for non-traditional services and supports. Finally, there also needs to be a quality assurance or accountability process in place to monitor fidelity to the model and to make any necessary midcourse corrections. Evaluation and quality monitoring can also help to document the data needed by policy makers and funders to continue to support wraparound (Walker, Koroloff & Schutte, 2003).

Cost data related to the wraparound process is limited in Colorado. On the national level, there are some wraparound initiatives where financial information is available. For example, Wraparound Milwaukee is financed by blending child welfare and juvenile justice dollars and a monthly capitation for each Medicaid child enrolled in the project. In the past, federal system of care grant dollars were also available through the Center for Mental Health Services (Burns & Goldman, 1999). Any dollars the Wraparound Milwaukee saves as a result of preventing residential or hospital care is reinvested to serve more children and families through the project
(Burns & Goldman, 1999).

Outcomes: Wraparound Milwaukee provides an example of the types of outcomes that can be achieved through the wraparound process. In the beginning, Wraparound Milwaukee devised what was known as the "*25 Kid Project,"* which was a pilot focused on returning youth to the community from residential treatment. Because of the pilot's success, Wraparound Milwaukee expanded to children identified by the Child Welfare Department or the Juvenile Court for residential placement, including children in need of protective services and adjudicated delinquent youth (Burns & Goldman, 1999).

In Milwaukee, wraparound has been credited with reducing the number of children in residential care from 360 to 240 a day and the utilization of psychiatric hospitalization from 23,000 days per year to approximately 13,000 days. This trend has also resulted in reduced costs (Burns & Goldman, 1999). Delinquent youth served by Wraparound Milwaukee have also shown significant improvements in functioning as measured by the Child and Adolescent Functional Assessment Scale (CAFAS). Also, recidivism rates for delinquent youth have also decreased significantly (Kamradt, 2000).

Barriers in Development and Ongoing Implementation: There are challenges to system collaboration that must be addressed in order for wraparound and other individualized staffing models to be successful in serving youth involved with the juvenile justice system. These include understanding and reconciling different agency mandates, confidentiality and sharing information, determining roles and responsibilities, securing flexible financing, addressing issues of community safety, and regular communication. Also, communities have found that wraparound can be a labor-intensive process. So, it is important for communities to identify which youth with complex needs and their family would benefit most by the wraparound process.

Strategy 28b: Systemic Staffing

Description: In a systemic staffing model, an existing group of agency representatives meet at a regularly scheduled time to staff multiple cases. Though a predefined set of actors are around the table, the specific participants during any given case staffing may vary according to the preferences of the family, the needs of the case, and any limitations around sharing case information. The role of the systemic staffing group may be to staff each case with the family and/or youth present, to discuss allocation of resources to specific cases, to conduct a staffing specific to a specialty court, and/or to problem-shoot cases with or without providing identifying information. For example, many Colorado communities noted the use of Community Evaluation Teams (CET), that assess a case when a youth is first entering into the juvenile justice system such as the Moffat County CET (CET provides screening for detention and access to intervention and mediation services for juveniles). The members of these teams often have the authority to allocate resources from their agencies to meet the needs of the youth and/or family, including mental health and substance abuse needs. Ideally, the youth and/or family are participants in the discussion, though some communities do not include them. In many communities, the Community Evaluation Team continues to staff the case as the youth moves through the system, but in others, it is a one-time staffing to initiate resources at first contact with the juvenile justice system.

The specialty courts, including drug courts, mental health courts, and family treatment courts, often use this type of staffing strategy, where the general actors involved in the staffing model are defined prior to each case. Some Colorado communities noted that such predefined groups allow for not

only the case staffing to occur, but also discussion between cases of the strengths and weaknesses of the court model and areas for improvement. Similarly, Colorado communities are also using trouble-shooting boards like the Tiger Transition Collaborative in the San Luis Valley that have broad membership and discuss cases without using identifying information to explore specific problems with the system and the resources available for the case in order to make systemic improvements.

The use of a systemic staffing model is certainly not the ideal in a system of care model or other approaches that emphasize individualized treatment and services. However, it is a model that allows for a greater number of youth and families to be served with fewer resources. It should be noted that this type of community team structure on the system level is also a component of high-fidelity wraparound. In the wraparound model, the team is comprised of all key stakeholders in the community, including public and private child and family serving agencies such as schools, child welfare, mental health, juvenile justice, and health as well as youth and families, business leaders, clergy, and others. The community team develops and monitors the referral network for identifying and screening potential youth and families for enrollment in wraparound and oversees the community's development and implementation of the wraparound process.

The staff involved in the systemic staffing may also have greater knowledge of resources available in the community than the smaller group involved in wraparound or other individualized staffing models. For families who do not wish or need to be engaged in the intensive process of wraparound, access to a system-driven model may successfully meet both their needs and respect the limited resources of the system. The wraparound literature does emphasize the important of having the more specific, individualized team available for families with higher needs, so this more system-driven strategy should not exist in isolation in any community.

Systemic Support: Systemic staffing is only a successful strategy when the system provides the appropriate mix of staff and access to resources. During community meetings and in interviews, participants in systemic staffing models consistently emphasized the importance of two features. First, the participants at the table must represent the range of agencies involved in the treatment of the youth and families. This not only includes the government partners in the juvenile justice, school, and child welfare systems, but also the mental health and substance abuse providers as well as workforce centers, developmental disability partners, and others who may have resources and opportunities for youth and their families. Second, the participants emphasized the need for the staff at the table to have the authority to allocate resources to cases, to allow for decisions to be made without waiting to receive approval from managers or others with spending authority.

Some participants also emphasized two other components of a successful staffing. They discussed the importance of having the right level of staff involved, not only to ensure the staff have the authority to allocate resources, but also to ensure that the staff involved are experienced at working with families. Having the right level of staff also means having staff that are not primarily responsible for resource management and program development, as that risks their priorities being system (and thus funding stream) focused instead of youth and family focused. They also discussed the importance of including the families and, when appropriate, the youth in these systemic staffing models, recognizing that an individualized case plan is best prepared with the family present. This brings the systemic model closer to the ideal of a wraparound model while maintaining much of the efficiency of the model.

Infrastructure and Financing: In the financing section earlier in the Plan, a discussion was made of braiding funding streams through interagency planning efforts. Systemic staffing is a strategy that enables that type of financing, where the multiple system staff at the table have the authority to blend their diverse services together to create an individualized plan, increasing the flexibility of their funding streams by drawing on the flexibility within each stream. Another financing advantage of an interagency staffing model that is highly diverse is its ability to overcome the limitations that result from eligibility requirements with funding streams such as Medicaid, by drawing on resources outside the Medicaid system for those families not eligible.

Strategy 29: Community Members as Supports

Description: Both rural and urban communities, as well as communities nationwide, have been drawing on volunteers and paid community members to provide supports and services to youth at risk of entering the juvenile justice system or in the system. While this practice is far from new and innovative as a whole, some Colorado communities have found unique ways of drawing on this important resource. With aging populations and an increasing number of retirees, Colorado communities have an increasing pool of potential volunteers who have life and job experience to bring to the services they can provide (Johnson & Schaner, 2005).

In Colorado, community members have taken on many different roles including:

- Mentors;
- Youth group and other community group volunteers;
- Participants on restorative justice boards and circles;
- Restorative justice circle facilitators;
- Wraparound and team decision-making participants;
- Participants on juvenile justice and mental health boards for system planning;
- Wraparound facilitators;
- Family advocates and minority advocates;
- Foster parents for youths in the juvenile justice system; and
- Mentor/advocate/tracker positions as part of SB94.

Some of these roles are unpaid, such as the mentors, volunteers in community-based activities, and participants in a variety of different staffing models. Other roles include stipends for the hours of activity and training, while others include salary or hourly pay similar to a traditional job. The community members range from young adults through retirees, with retirees coming from diverse jobs including service providers, preparing them well for the new roles they undertake.

Infrastructure and Financing: Although the community members may provide low-cost services and supports, the programs that engage them still require infrastructure. For example, the mentoring programs interviewed had staff providing training, oversight, and support to mentors and youth involved in the program. Restorative justice programs interviewed also had significant infrastructure to support their community volunteers. Having coordinators and caseworkers collaborating with the volunteer facilitators allowed the facilitator to focus on interviewing the participants in the circle and facilitating the dialogue. The use of coordinators also helped in ensuring the connection back to the justice system. For example, in the Jefferson County Restorative Justice Program, the use of a case manager provides support and coordination for the volunteer facilitators.

Wrap around facilitators and family advocates ware also roles that require significant support. First, both are usually paid roles, even though they draw from the community, particularly from those families who have experienced similar challenges. Second, the facilitators and advocates need training and support as they fulfill their role. Finally, high fidelity wraparound programs require community boards to help when the facilitators and families are facing challenges they cannot overcome alone.

The use of foster families as placement alternatives also requires significant infrastructure. In addition to licensing and training families, the program in Colorado that had the greatest success provided stipends that ranged from $30 - $75 per day when a youth was placed with a family and had a full-time caseworker to support the families. The Mentor/Advocate/Tracker (MAT) program in Gunnison also requires infrastructure to support for the recruitment and training of the paid community members who serve as MATs, the ongoing oversight of the program, and the management of referrals from the justice system and community evaluation team.

Outcomes: Given that all the programs utilizing community members as supports require infrastructure for oversight, coordination, and support to the volunteers or paid community members, the advantages of relying on non-traditional staff for services and supports is only partially due to decreased costs. Programs like the MAT do find decreased costs compared to out-of-home placements, but they are far from free services. Advantages include increased individual attention for youth, improved cultural competency by drawing on volunteers from cultural communities, and support for youth and families from others who have experienced similar situations. Additionally, some programs that utilize community volunteers are evidence-based programs with demonstrated successful outcomes, like the mentoring programs described in previous section of the Plan.

Barriers in Development and Ongoing Implementation: The primary barrier described by local communities was the difficulty in recruiting and maintaining volunteer and community member participation. A couple of communities, including restorative justice programs and the MAT program noted that an important part of sustaining involvement is the steady flow of activities and cases for community members. The foster care program in the San Luis Valley emphasized the importance of a dedicated staff member to support and recruit families and the value of having staff from cultural communities to help with recruiting diverse families.

Family/System Support for the Strategy: The most common theme across all the family and youth focus groups was the importance of one-on-one interactions and relationship building, as is noted repeatedly throughout this plan. Many of the programs that utilize community members as partners have a greater relationship building component than programs reliant upon traditional system staff. Consequently, this strategy is very well supported by the findings from family focus groups in both years, 2005 and 2006.

Strategy 30: Restorative Justice in Juvenile Justice

Description: Throughout the interviews and community meetings, participants brought up their communities' restorative justice processes as an important part of meeting the needs of youth with mental health issues and co-occurring disorders in the juvenile justice system. Although restorative justice is not a therapeutic approach, it does include some of the same strategies as therapeutic

programs. For example, many restorative justice approaches utilize a positive youth development model that emphasizes building on the interests and strengths of the youth.

Restorative justice is everything from a principle, to a program, to a practice within the court system. At its core, restorative justice is based on the belief that "crime is a violation of people and relationships rather than merely a violation of law. The most appropriate response to criminal behavior, therefore, is to repair the harm caused by the wrongful act" (Latimer, Dowden, & Muise, 2005, p. 128). In Colorado, the General Assembly recognized the value of restorative justice approaches when they passed legislation in 2001 to create a juvenile Community Accountability Program that includes restorative justice principles and programming (Section 19-2-309.5, C.R.S.). The Colorado Division of Probation Services also values restorative justice principles and uses a Common Ground Statement that reflects them:

> "Colorado Probation is committed to public safety, victim, and community reparation through offender accountability, skill and competency development and services to the communities of Colorado."

As a strategy within the juvenile justice system, restorative justice is broken out into three components in the Plan:

1. Principles of restorative justice within the practices of the juvenile justice system;
2. Restorative justice programs that are integrated into the juvenile court process; and
3. Restorative justice programs that exist external to the court process.

Many programs have more than one of the three components within them, but for the sake of clarifying how the strategy of restorative justice works in Colorado, the breakout is useful. Principles of restorative justice exist within the broader juvenile justice system when the court process, probation, community service, mental health, prevention programs, and other intervention services:

- Focus on the damage caused by the crime and repairing the damage, rather than focusing on retribution or reformation of the offender;
- Engage and provide support to community members, victims, and offenders in addressing the consequences of crime;
- Seek to reach "justice" through healing and repairing;
- Consider the unintended consequences of responses to crime; and
- Build skills and competencies in youth to prevent future offenses.

Restorative justice programs that are part of the court process can have an impact at many points in the justice system including pre-charging, post-charging, pre-sentencing, post-sentencing, and pre-revocation. For example, the Braided River Peace Project in the 6th and 22nd Judicial Districts is a diversion model to prevent court involvement for youth. It also fits into the category of being outside the juvenile justice system, as the schools can refer youth into the program who have no contact with the juvenile justice system. Boulder also has a diversion model for their restorative justice program, where the youth is referred prior to their first summons to court. The restorative justice programs in Jefferson County and Colorado Springs are more likely to be involved later in a juvenile justice case, before or after sentencing or to prevent a revocation. These programs create an opportunity for a more reparative response for juvenile cases after they have gone through much of the traditional justice system. Workout Limited, the Colorado Springs program, also incorporates a heavy skill-building component for youth, engaging them in providing a variety of services in the

community including working on construction sites and removing graffiti from their communities. The program also helps victims with supports and services such as home restorations and security upgrades. A final example, the Turning Point Restorative Justice Program in Larimer County, is an example of a treatment-based program, where the principles and practices of restorative justice are incorporated into a residential treatment center model.

Colorado's restorative justice programs do not focus on mental health issues, nor is there often any component that can specifically address the mental health needs of a youth. However, as a strategy for improving outcomes to youth with mental health issues and co-occurring disorders, restorative justice is very important. Due to the diversion model used in some communities, it can serve as an opportunity to respond to a criminal act in a manner that does not criminalize the mental health problem, but rather creates a supportive circle around the youth to address their behavior problems. Even when it occurs later in a case, the skill and capacity building focus of a restorative justice program is useful for its emphasis on preventing future crimes and creating opportunities for the youth to succeed. Also, mental health therapists or other practitioners can be part of the teams involved in circles, conferences, or other restorative justice staffing structures. In general, the non-punitive nature of restorative justice is appropriate given the concerns about the justice system criminalizing mental health and the mental health needs of offenders going unmet. When restorative justice is integrated into systemic practices, it creates the opportunity for all youth, including youth with mental health issues and co-occurring disorders, to develop skills and relationships that will support them.

Systemic Support: One interviewee who manages a restorative justice program in Colorado emphasized the importance of having the members of the different lead justice agencies on the board of the program. By including all of the systems in the design of the program, it was able to obtain the advantages of being a stand-alone program outside the justice system while also having the buy-in needed from the court system to work with youth throughout the court process including informing sentencing decisions.

Infrastructure and Financing: When restorative justice is a stand-alone program, it is financed in many of the ways that other services and supports are financed: through grants, fee for service contracts, fixed contracts with local agencies including probation, mental health, and child welfare, funding from schools and municipalities, and partnerships with other community providers. When restorative justice principles are integrated into existing infrastructure, the costs are less substantial, although the culture change may require some external support through training, providing information and materials to staff, and even having access to more intervention dollars for youth who move through a reparative process within the traditional system.

Outcomes: Research on restorative justice supports the belief that it does lead to better outcomes. Although the outcome research is relatively new, it has been fairly consistent across a couple of issues. A cross-study analysis of 35 different restorative justice programs, over half of which focused on juveniles, found higher victim satisfaction rates, generally higher offender satisfaction rates, substantially higher restitution compliance rates, and significant reductions in recidivism (Latimer et al., 2005).

Barriers in Development and Ongoing Implementation: One of the barriers to restorative justice brought up by the participants in the community meetings was the difficulty of recruiting adequate volunteers to facilitate circles or conferences. For the most part, meeting participants were familiar with the

concept of restorative justice as a stand-alone program, so there was little discussion of the barriers to implementing restorative justice principles within the traditional justice system.

Family/System Support for the Strategy: Focus group participants in the 2005 process prioritized the use of restorative justice programs, including emphasizing the need for more paid staff instead of primarily volunteer programs. They described restorative justice as a more appropriate model for protecting community safety than traditional justice system approaches. In the 2006 community meetings, participants in the Denver and Ignacio meetings brought up restorative justice repeatedly, not only to note the value of their existing programs, but to encourage development of additional restorative justice practices across the state.

Strategy 31: Telemedicine

Description: Many Colorado communities are relatively isolated from healthcare services, particularly to specialists such as child psychiatrists. One tool to ensure greater access to mental health services is telemedicine, a technology driven strategy that is already in use around Colorado for a variety of mental health and non-mental health applications. Two basic types of telemedicine exist: the sharing of information using technology and medical interaction and dialogue using technology. The former refers to the sharing of medical information, such as x-rays, CT scans, or MRIs, using technology, allowing for help in diagnosis from a specialist or otherwise facilitating the sharing of information across medical practitioners. The second, more interactive type of telemedicine is used when "face to face" consultation is necessary and difficult due to distance, lack of transportation, or other barriers. In a telemedicine interaction, a nurse practitioner or telemedicine coordinator works with the patient at one site while the specialist connects to the dialogue via videoconferencing.

In the mental health field, telemedicine has been researched and found successful in consultations with a psychiatrist. Less research is available on its outcomes when used for family therapy, but the practice is underway in numerous settings (Kuulasmaa, Wahlberg, & Kuusimäki, 2004). In Colorado, Centennial Mental Health Center and the Colorado Health Network, on the Western Slope, are using telemedicine in mental health care. Centennial has a centralized approach that connects satellite providers to a central clinician for help with diagnosis, intake, and prescribing psychiatric medications.

Systemic Support: Colorado has demonstrated support for telemedicine through two recent pieces of legislation. SB06-165 created a pilot program to explore treatment of chronic illnesses via telemedicine. However, the illnesses covered under the pilot program did not include mental health issues. SB04-004 charges the Department of Corrections to develop a report on the use of telemedicine in correctional facilities. It requires the report to cover many different types of medical care, explicitly listing some and leaving it open for others. Mental health care (including psychiatric, psychological, and other services) are not specifically mentioned in the bill, but neither are they excluded from the areas of study.

Telemedicine is an area of national interest and many resources exist for communities wishing to implement telemedicine models. National standards have been developed for the clinical and management aspects of telemedicine (http://www.atmeda.org/news/standards.htm) and guidance on Medicare and Medicaid coverage of telemedicine is available on the American Telemedicine Association website (http://www.atmeda.org/index.asp).

Infrastructure and Financing: Telemedicine was more cost prohibitive when it was first developed in the 1990s. At this point, with widely available broadband phone services and decreasing costs for the start-up technology, telemedicine is increasingly accessible. Additionally, grant resources to cover start-up costs are available from multiple sources. The federal government has a website with a list of resources for start-up costs (http://telehealth.hrsa.gov/grants/funds.htm) and a specific program for telemedicine resources including funding (http://www.usda.gov/rus/telecom/dlt/dlt.htm).

Family/System Support for the Strategy: In the community meetings, telemedicine was suggested as an option when participants brought up the lack of access to services and specialists. Most participants in the meetings were familiar with the concept, but had not seen it in use and were interested in learning more. Some participants had experience with telemedicine. Of those with experience, all were very positive about the outcomes of telemedicine in their communities and encouraging to other communities to develop similar programs.

Strategy 32: Specialty Schools

Description: The concept of specialty schools is far from new. Throughout Colorado and nationally, charter schools and alternative schools have been developed to address a variety of needs and to create new opportunities for youth. Alternative schools are generally defined as specialized education settings with low student to teacher ratios, individualized instruction and/or therapeutic services, and alternative educational approaches such as hands on learning and vocational classes (Raywid, 1983). In some Colorado communities, alternative schools have been or are being designed to address specifically the therapeutic or transition needs of youth at risk of entering the juvenile justice system or already involved in the system.

For example, the Emerson Street School in Denver County has as student to teacher ratio of approximately seven to one and serves expelled or adjudicated youth, helping them to collect college credits, develop career plans, and transfer back into "main stream" schools (Denver Public Schools, 2003). The youth at the school have been involved in hands on skill-building activities, CPR training, summer classes and other activities outside the traditional school curriculum. After one semester or a year, they transition back into the mainstream schools.

In Mesa County, a specialty school is under development as part of the HB1451 initiative. The Opportunity Center will be funded by multiple systems, including the child welfare dollars committed to the HB1451 initiative. It will provide therapeutic services including substance abuse treatment and family counseling for youth at risk of out-of-home placement, involved with the juvenile justice system, or involved with the child welfare system. Another specialty school with a similar approach is the Sobesky Academy Day Treatment Program in the Jefferson County school district, designed to meet specifically the needs of youth with severe mental health issues through a combination of crisis counseling, group counseling, parent services, case management, and coordination with other systems.

Systemic support: Specialty schools serving youth involved with the juvenile justice, mental health, or child welfare systems need to be coordinated across the systems. Additional partnerships with local businesses, community colleges, or vocational training programs may also be of use to students in

helping them transition to adulthood. Finally, coordination with Head Start programs can be helpful with schools that have young parents attending.

Outcomes: Although no outcome data was available from the Colorado schools, evaluations of alternative schools in other states have found some positive outcomes. Schools with low student to staff ratios, highly trained personnel, counseling and mentoring services, prosocial skills training, curriculums based on real-life learning, parental involvement, and early identification of student risk factors are more likely to result in good outcomes (Coffee and Pestridge, 2001) including increased school performance, improved self-esteem, and increased graduation rates (Cox, Davison, and Bynum, 1995; Kemple and Snipes, 2000).

Section 3: The Juvenile Justice Process

When a youth enters the juvenile justice system, many different paths can be taken. Much of the initial progress into the system as well as the long-term outcomes depends upon the level of assessment, evaluation, and communication between providers, as well as the range and quality of services available. In the sections to follow, the strategies are grouped by their timing in a juvenile justice case, with recognition that many strategies may be appropriate at multiple points in the juvenile justice system. The overarching theme of the strategies is that the juvenile justice system has the greatest opportunity for successful youth and community safety outcomes if it has a "cross-system commitment to the objective assessment, classification, and placement of youth" (Austin, Johnson, & Weitzer, 2005).

Chapter 8: Entry into the Juvenile Justice System

Initial entry into the juvenile justice system can occur in a variety of ways. The strategies presented address the need for crisis response, initial assessment and evaluation, multiple responses to law enforcement involvement, and a variety of initial placement, treatment, and monitoring options. It is important to remember that the strategies selected for inclusion have particular relevance to youth with mental health issues and co-occurring disorders. Consequently, many important strategies for the juvenile justice system as a whole may not be included, as their value is primarily for the general population of juveniles and not those with the highest needs.

Strategy 33: Crisis Response in the Juvenile Justice System

Description: Many different strategies might be used to respond to crisis in the juvenile justice system. Colorado communities appear to have two primary strategies in place and working successfully. The first, covered in this section, in the use of trained law enforcement officers followed by crisis teams, when available. The second, covered under the assessment and evaluation section, involves providing assessment at the first point of contact into the juvenile justice system.

The participants in the 2005 focus groups conducted when developing the framework highlighted the value of Crisis Intervention Training (CIT) for law enforcement officers. This program was seen as a strength in their communities in helping law enforcement to effectively deal with situations that pertain to mental illness. More than just training, CIT is designed to divert the mentally ill from the criminal justice system and into treatment programs. In addition to individual officers attending and passing the five day CIT class, communities that undertake CIT also begin a dialogue between law enforcement, mental health agencies, and hospitals to improve their understanding of the different systems and ensure that people with mental health issues receive the best possible response.

The CIT model is highly targeted to the needs of a first responder and includes training on mental illness, legal issues, civil commitment, mood disorders, thought disorders, communication and de-escalation skills, pharmacology, co-occurring drug and alcohol abuse, anxiety disorders, phobias, personality disorders, suicide, suicide by cop, elder issues, developmental disabilities, post traumatic stress syndrome, community resources, and tactical considerations. Additionally, the state is piloting a juvenile curriculum, developed through a grant from the Juvenile Justice and Delinquency Prevention Council. This two-day training is targeted for School Resource Officers and also includes a focus on enhancing the communication and collaboration between schools, mental health, and law enforcement.

Other communities in the country have also developed a range of crisis response options to address the needs of youth with mental health issues and their families. One such model is Contra Costa County's Mobile Response Team in California. Contra Costa County an ethnically and economically diverse county in northern California with urban, suburban, and rural areas. The Mobile Response Team is comprised of a clinician and a family partner whose role is to help families feel more supported and involved and to address the sense of helplessness that families had reported in their previous experiences with emergency services. The team is based at the county's centrally located mental health center, resulting in a response times of 30-40 minutes on average due to the county size (over 750 square miles) with the range being 15 minutes for nearby locations and up to an hour for remote areas. Over time, the team has evolved beyond emergency care to a broader and more proactive role, performing the following functions (Cohen, Engleby & McHugh, 2004):

- Providing crisis intervention services before a child needs psychiatric hospitalization or out-of-home assessment.
- Creating client and family "safety plans" to help caregivers stabilize the child, using structures in the home and other natural supports.
- Providing case management and transitional support services to link families to appropriate community-based resources.
- Participating in the planning process with families and their support systems to ensure continued success and stability.

The 18th Judicial District has developed a somewhat similar crisis team model that builds on their CIT program through the addition of a case manager who assesses clients and refers them to appropriate services. Depending on the needs of both the youth and adults with mental health issues, the case manager helps connect them homeless shelters, substance abuse or mental health treatment, club houses, food banks, and Medicaid and other public benefits.

Infrastructure and Financing: Colorado supports CIT through a grant-funded program housed at the Colorado Department of Public Safety. This statewide office has, over the last four years,

spearheaded the development of CIT regions, provided coordination and technical assistance to local jurisdictions, ensured consistency and quality of trainings across the state, and expanded the program to cover juveniles.

Local funding for CIT comes from a variety of sources. The statewide office has covered some training expenses including materials for local communities. Some communities fully cover all their CIT expenses and others collaborate with surrounding areas to decrease the expense of the training. In 2004, the Colorado General Assembly passed legislation requiring 20% of the fee collected from prisoners for committing and discharging to be used on law enforcement training. Training pertaining to crisis situations and mental health is included in the bill language as one of the optional uses of the funds (Section 30-1-119, C.R.S.).

Federal grant funds and Medicaid have paid for Contra Costa's Mobile Response Team. Similarly, the 18th Judicial District CIT program has received grants to cover its three case managers. They have not yet utilized Medicaid funding to pay for the services, but they do connect clients to publicly funded services.

Outcomes: Results from the Mobile Response Team's 2002-2003 include (Cohen at al., 2004):

- Overall, 358 different families received services from the Mobile Response Team during the year. The total number of episodes was 901.
- The team received 659 crisis calls and intervened 323 times in the community, an intervention rate of 49 percent.
- In 89 percent of these episodes, children were stabilized in the community. Most of these services were delivered in homes. Children were admitted to Psychiatric Emergency Services 11 percent of the time.
- The Mobile Response Team intervened 151 times at Psychiatric Emergency Services, 23 percent of the emergency room's crisis contacts.
- Of the children contacted at Psychiatric Emergency Services, 77 percent were able to return home. In 23 percent of these cases, the child remained at the emergency room or was admitted to a hospital.
- Overall, 88.7 percent of children in crisis were stabilized without hospitalization.
- A total of 90 percent of consumers rated their service as good or excellent, 50 percent rated service as excellent, and 40 percent rated it as good.

Strategy 34: Assessment and Evaluation

When a youth first enters the juvenile justice system, one of the important activities is the assessment of the risk and needs of the youth, followed by a more in-depth evaluation of the needs as appropriate. Different communities have different approaches to assessment and evaluation, but three clear strategies emerged. First, those communities with the most comprehensive approach utilized juvenile assessment centers with multiple services and purposes available in one place. Other communities had staff in various locations including as part of their SB94 staff and/or probation staff that provided assessments prior to adjudication. Finally, some communities were less likely to assess youth early in their involvement in the juvenile justice process, but did ensure assessment either in detention or once they entered probation. The most commonly used assessment tool in all these settings was the MAYSI-2 (Massachusetts Youth Screening Instrument),

a nationally respected, research-based mental health screening tool, with other tools including risk assessments and program specific assessments also in use.

The frequent use of the MAYSI-2 is due to the Colorado General Assembly passing statutes authorizing, but not requiring, the implementation of the tool in 2002 (Section 16-11.9-102, C.R.S.). In response, state agencies helped local communities to implement the tool, providing training across the state. However, the 2005 Framework found that the implementation of the screening tool was inconsistent across Colorado with judicial districts differing in the extent and timing of the use of the screening tool.

Yet all Division of Youth Corrections (DYC) facilities have implemented the MAYSI-2, including detention and commitment facilities. Consequently, youth who enter detention receive more consistent screening than other youth who enter the system. This raised issues of the fidelity of the implementation to the standards of the MAYSI-2 and the equity of the implementation for youth in Colorado's juvenile justice system. The families, providers, and agencies who participated in the 2005 focus groups highlighted the lack of a consistent, standardized screening process implemented across all systems and communities to identify mental health and substance abuse needs of youth. Families and providers further highlighted the need for strengths based screening tools, not just risk based screening tools. Additional issues included the lack of follow-up on initial screenings and the lack of information sharing once the screenings were completed.

Though the 2006 research process to develop the Plan did not focus on the MAYSI-2, when it did come up in interviews and meetings, the problems identified the year before were still present. For this reason, although guidance from the JJ/MH Subcommittee directed the Plan to focus less on assessment and evaluation, the following assessment strategies are included:

- Juvenile Assessment Centers; and
- Assessment and Evaluation at Initial Entry to the Juvenile Justice System.

Strategy 34a: Juvenile Assessment Centers

Description: Each community in Colorado with a juvenile assessment center has set different goals, developed different services, and partnered with a different range of agencies and community groups. Thus, there is no one model for a juvenile assessment center. Rather, the overarching strategy is the development of a single-point of entry to assess and begin to address behaviors that place a youth at risk of entry or deeper penetration into the juvenile justice system. A few frequently used practices in assessment centers are presented followed by four Colorado models, selected to represent the range of models in Colorado. Additionally, a national model is explored to note other ways of developing the single-point of entry strategy.

Some characteristics of the collaborative structures of most or all of the assessment centers in Colorado include:

- Multi-agency commitments to the operation of the centers including funding and in-kind contributions;
- Multi-agency co-located staff;
- Information sharing between different partners of the juvenile justice and youth serving systems;

- Opportunities for law enforcement to 'drop off' youth for assessment, providing an alternative to immediate release or detention;
- Six hour holds for youth, with custody upon release given to parents, guardians, or social services;
- Screening and assessment tools for risk, mental health, substance abuse, and other needs; and
- Services and referrals to services for both the youth and the family, varying in extensiveness by community.

The Jefferson County Juvenile Assessment Center (JCJAC) is an example of a justice system oriented center. Its purpose is to provide more effective, coordinated interventions for juveniles at risk of further involvement in the juvenile justice system. It was created to address the fragmentation, duplication, and lack of a centralized, single point of entry into the justice system for youth. Its goal is to prevent further delinquent behavior through assessments, referrals for services, and crisis intervention. It also includes a centralized database designed to support decisions in the justice system related to the need for arrest, detention, community service, etc. As part of this model, the JCJAC helps law enforcement get back out onto the street more quickly by providing them with a place where they can drop off youth. It helps youth by providing a variety of screening, assessments, tracking, and other services. Finally, the JCJAC helps families by providing a six-hour hold to help de-escalate crises as well as referrals to services in the community.

In contrast to the JCJAC, the Pikes Peak Youth Assessment Center (YAC) is focused on school disruption, chronic absenteeism, and truancy issues for youth. Parents are encouraged to bring their youth to the YAC for an hour-long assessment and evaluation followed by the development of an individualized service plan with referrals and recommendations. The YAC continues to work with the family as needed to help get the youth back on track. The truancy focus of the YAC ties into, but is not driven by, the juvenile justice system. It is intended to integrate "involvement of families, children, communities, and schools" in addressing truancy issues while allowing for "easy access to a continuum of services for children and families" (YAC, 2006).

The HUB in Larimer County departs from both of the models above to be a multi-system entry point where both child welfare and juvenile justice clients are referred and assessed. The HUB is a collaborative effort between Department of Human Services and Larimer Center for Mental Health. It provides assessment, evaluation, and other services for youth who are at risk or involved with the juvenile justice system as well as youth at risk of out-of-home placement, including situations involving youth who are beyond the control of their parents. In addition to "traditional" assessment center services, the HUB also provides mediation services for youth and their parents who are experiencing conflict. The HUB has a half-time mental health therapist for youth and parents in conflict where mental health needs have been identified.

The Link in the 17th Judicial District is another Juvenile Assessment model that focuses on youth at risk of entry into or already involved in the juvenile justice system. The Link provides on-site screening and assessment, referral to appropriate intervention services to prevent initial or repeat youth offenses and to seek alternatives to detention. Like the HUB, it also provides mediation for interested youth and families.

Nationally, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) has developed a community assessment center (CAC) model to bring together service delivery systems in a collaborative and comprehensive manner. The CAC model has four key elements, some of which are present in the Colorado models. These elements are (Oldenettel & Wordes, 2000):

1. 24-hour centralized point of intake and assessment for juveniles who have come or are likely to come into contact with the juvenile justice system;
2. Immediate and comprehensive assessments;
3. Management information systems (MIS); and
4. Integrated case management.

Target Population Served: The target population served varies across the different models in Colorado. However, all of the models have youth with mental health needs and co-occurring disorders entering their doors. Their capacity to address these needs varies by center, with some centers having onsite mental health staff and others primarily referring to services in the community. The combined strategies of crisis response and referral are commonly used, addressing immediate mental health or substance abuse issues while putting in place first steps for families to address the longer-term problems.

Systemic Support: The various assessment center models also come with different levels of systemic support. As noted above, however, assessment centers often include co-located staff from multiple agencies, demonstrating support across the system. Additionally, they are the result of many different funding streams coming together, both for the actual operation of the center as well as for the services provided through referrals. Finally, many of the assessment centers in Colorado are closely tied to the SB94 activities in their judicial district, with the assessment and immediate engagement of services or tracking serving as one means for decreasing the use of detention beds.

Infrastructure and Financing: As noted above, it is common to see multiple funding streams support a juvenile assessment center. For example, the JCJAC receives 14% of its funding from the school district, 46% of its funding from the Jefferson County agencies (District Attorney's Office, Mental Health Center, and Department of Human Services) and the final 40% from law enforcement agencies in the county. Similarly, the HUB is supported by multiple funding streams, with primarily Human Service dollars and smaller contributions from the local mental health center and law enforcement.

Evidence-base: Colorado's juvenile assessment centers are not highly evaluated, nor based directly on any evidence-based models. However, they do align with the national concept of assessment centers, including one assessment center in Colorado, the JCJAC, that used to be one of the national models.

Outcomes: The most easily demonstrated outcome is the time saved by law enforcement by having a location where they can drop off youth. Youth also benefit by having earlier access to screening and assessment of their needs through these assessment centers. On the national level, the National Council on Crime and Delinquency (NCCD) conducted an evaluation of the CAC model for OJJDP. Four sites were studied. Two of the sites were in the planning stage and two were already up and operating, including the one in Jefferson County. The national evaluators interviewed key community leaders and service providers who identified substantial savings in terms of law enforcement's time, quicker case processing, and increases in collaboration and cooperation among different agencies as major benefits of having a CAC in their jurisdiction. NCCD also looked at

recidivism as a key outcome measure for a CAC. Recidivism, however, was difficult to measure due to the lack of a centralized MIS at that time (National Evaluation, 1999).

Barriers in Development and Ongoing Implementation: Different assessment centers faced different barriers depending on the partners involved, the types of services provided, and the goals of the centers. Some of the more frequently mentioned barriers to implementing this type of strategy included:

- Finding an appropriate location that meets system, financial, and family/youth needs;
- Language barriers, both in dialogue and on paper;
- Lack of culturally specific resources to refer youth and families;
- Communication between the many systems involved;
- Educating individual law enforcement officers on the purpose and use of the assessment center;
- Maintaining sufficient funding to provide access 24/7;
- Maintaining enough funding to allow for full mental health evaluations on youth who are assessed and found to have mental health needs;
- Maintaining enough specialized staff to provide a range of assessment, evaluation, and service options;
- Meeting the needs of youth and family in crisis when limited to a six hour stay;
- Siloed budgets that limit the flexibility of services offered at the assessment center; and
- Decreasing SB94 funding that results in fewer services available at the center and a greater reliance on referrals.

Family/System Support for the Strategy: Community meeting participants whose communities have assessment centers, whether new or old, prevention focused or juvenile justice focused, consistently highlighted their centers as examples of successful strategies to meet the needs of youth with mental health issues and co-occurring disorders. The co-location of systems was clearly indicated as one of the benefits of the assessment model, along with the opportunity to provide assessment early in a juvenile's involvement with the justice system. Many of the centers were important to communities as they were the hub for detention screenings and identifying detention alternatives, while other communities highlighted the importance of assessment center staff familiar with the range of services available in the community.

Though assessment centers did not come up during most of the 2006 family focus groups, they were discussed in multiple family focus groups in the development of the 2005 Framework. Participants in those focus groups indicated that one of the values of juvenile assessment centers was the opportunity to remove a youth in crisis from the home, keeping both the youth and family safe. However, families felt the six-hour limitation on hold times in assessment centers failed to recognize the need for crisis intervention that lasts long enough to de-escalate the problem and ensure the youth and their family are safe when the youth returns home. Provider and agency focus groups also noted the need for more respite care options when families are in crisis, providing enough time for youth to "cool down" before returning home. For this reason, the partnership of an assessment center that serves as an initial crisis response with another type of crisis response option may be an important part of meeting family needs (see *Strategy 33: Crisis Response in the Juvenile Justice System*).

Strategy 34b: Assessment and Evaluation at Initial Entry to the Juvenile Justice System

Though the strategy of implementing juvenile assessment centers is appropriate for some communities in Colorado, it may not be the best model for all communities. This second assessment strategy focuses on ensuring assessment occurs at initial entry into the juvenile justice system, regardless of whether an assessment center exists in the judicial district.

Description: A variety of system staff can be trained to conduct assessments at first entry into the juvenile justice system. In Colorado, SB94 coordinators and staff are often used to conduct the MAYSI-2 with youth at first contact with the juvenile justice system. For some communities, the probation officers who conduct pre-sentence investigations are also trained to conduct the MAYSI-2, while for other communities no staff involved with the youth prior to sentencing are using the MAYSI-2 or other screening instruments beyond detention screening. Finally, any youth who goes into detention at initial contact with the juvenile justice system has access to MAYSI-2 assessments.

As explored in the strategy on juvenile assessment centers, conducting an assessment of strengths, risks, and needs at first entry into the juvenile justice system is an important part of identifying the right services, supports, and even sanctions to prevent deeper entry into the system. For Colorado communities not presently evaluating youth, a strategy to consider is the training and allocation of staff hours for upfront assessments using the MAYSI-2.

Systemic Support: Systemic support is necessary for this type of upfront assessment to be helpful for youth with mental health issues and co-occurring disorders. While the assessment is important, if the juvenile justice system as a whole is not responsive to the findings of the assessment, no changes in services, supports, and sanctions will result from the outcomes of the assessment. Thus, systemic support includes not only providing the infrastructure and financing for putting assessment in place, but also the ability to case manage, staff, and provide services to youth with mental health issues and co-occurring disorders identified as a result of the assessment process.

Strategy 35: Alternatives to Detention and Other Out-of-home Placements

While Colorado communities have been utilizing alternatives to detention for years, the recent bed cap has served as a catalyst to increase statewide interest in the variety of alternative placement programs that provide the least restrictive and most appropriate services for youth. Many alternatives exist, from therapeutic programs to home-based services to tracking programs using electronic and other means. The basic goals of these alternatives are the same as detention: to ensure youth appear at court hearings and to protect the community by decreasing the likelihood that the youth with commit another crime. Many of the alternative models have other, more therapeutic, goals as well, and they may be appropriate for diverting youth from detention and other out-of-home placements. As a result, programs that serve as alternatives to detention may not only meet community safety needs, but may result in better outcomes for youth. This is particularly likely given the wealth of evidence that suggests that detention does not have positive outcomes for youth (Austin, Johnson, & Weitzer, 2005).

Some of the more therapeutic strategies that serve as alternatives to detention are also appropriate as step-down or transition services from detention or commitment, allowing them to meet multiple needs within a community. Thus, while the strategies in this section were selected for their use in Colorado communities to divert youth from detention beds, they should be considered for other

uses as well. The six primary strategies identified for youth with complex needs, including mental health, substance abuse, and/or developmental disabilities to divert them from detention are:

- Community-based foster care;
- Intensive, home-based services;
- Staff secure facilities;
- Non-traditional tracking;
- Day treatment and intensive supervision; and
- Mental health and substance abuse services.

The common theme among these different strategies is the need for adequate resources to develop, implement, and sustain the alternative program. Also common is the belief in local communities, backed up by national best practices, that these alternative models can keep communities safe while meeting the needs of youth (Austin, et. al., 2005; Mihalic, Irwin, Elliot, Fagen, & Hansen, 2001; DeMauro, 2000; Chamberlain, 1998).

Strategy 35a: Community-based Foster Care

Description: Though foster care is often seen as part of the child welfare system, some of Colorado's communities have extended this service into the juvenile justice system, sometimes in partnership with child welfare and other times by recruiting and overseeing foster care programs through a mental health center. In the process of building an understanding of the use of foster care programs as alternatives to detention, three programs were studied. They ranged from a Temporary Holdover Bed program in the 12th Judicial District that had been fully implemented prior to funding losses to programs that were presently struggling to recruit sufficient families. The general theme of these programs was the use of a community-based placement with a foster family to provide support to the kids, address their special needs, and provide support to the families of origin as the youth transitioned home. The beds functioned as temporary, short-term placements, ranging from a few days to six months. The length of stay in the foster-care homes was based on the court process as well as an assessment of the kid's needs. Foster parents were licensed through a process similar to the practices in the child welfare system. All the families received basic training and some received additional training on treatment and specialized issues like transition.

Target Population Served: The programs placed both boys and girls whose ages ranged from 12 – 18. One community focused initially on girls, to address the lack of adequate detention beds for girls, but also opened the program up to younger and higher need boys. As their program progressed, they began to include any boy who they believed would do better in foster care. Kids in the 12th Judicial District program included youth in conflict, seriously mentally ill youth, youth with less severe mental health needs, youth who were victims as much as offenders, non-English speaking youth, and undocumented youth.

Systemic Support: Not every community approached the foster care model the same. In the 12th Judicial District the program began as a grant funded program and was successful while that funding remained available. Though the program was placed in a mental health center, other systems were engaged as well, including child welfare to license the parents prior to the mental health center taking on that role, schools who took in kids who moved into new districts during placement, courts who ordered kids into the foster care placement, and SB94, who eventually took on partial funding of the program. The integration of the program into the mental health center allowed for services to

the family beyond the foster home placement, including case management and family preservation services for the family, help with the reunification process, and coverage of transportation expenses for the families.

Infrastructure and Financing: The Temporary Holdover Bed program in the 12th Judicial District was most successful during the time it was funded by the Juvenile Incentive Accountability Block Grant (JAIBG). At that time, the program had a full time dedicated staff person who both recruited new foster families and provided families with 24 hour access to support and services. Recruitment occurred through radio spots, newspaper ads, and fliers as well as a Latino caseworker with connections into the cultural community.

The program originally had stipends for foster families of $75 per day per kid, based on the belief that the higher daily rate allowed families to spend more time with the kids. As the grant funding ran out, this stipend dropped down to $30 per day and recruitment of foster families became more difficult. The program transitioned to SB94 funding for bed days; unfortunately, supporting the program in this fee-based model did not cover the social worker to recruit families and support them, increasing the barriers to successful implementation. The mental health center has been able to pick up some of this expense in kind, particularly through connecting the program to their permanency services. The 12th Judicial District program differed from the other communities studied as it was the only one to include originally a full-time dedicated staff person and high daily stipends for foster families.

Evidence-base/Research-base: None of the programs studied were implementing evidence-based models; yet, the programs included elements from evidence-based programs. For example, Multidimensional Treatment Foster Care (MTFC), one of the Blueprints for the Violence Prevention series, places youth with foster families where they are closely supervised at home, school, and in the community. MTFC trains and supervises these foster families on behavior management techniques to provide youth with a structured therapeutic living situation and with at least one mentoring adult relationship. Further, family therapy is also provided for the youth's biological or adoptive families as well as instruction on the behavior management techniques used in the MTFC home (Mihalic, et. al., 2001).

Outcomes: Outcome data is limited on the Colorado programs studied for this Plan. However, the 12th Judicial District noted that in the five years they had the program fully implemented, they did not have a single kid run from the foster-care placement. National models for foster-care also suggest that youth can be successfully placed in the community as an alternative to detention. Evaluations of MTFC have shown that these youth ran away three times less often than youth placed in a residential group care program. They also had significantly fewer arrests during a 12-month follow-up than youth in group care. Two years after treatment and program completion, youth in MTFC spent fewer days in lock-up than youth placed in other community-based programs. This has resulted in a cost savings of $122,000 for the program (Mihalic, et. al., 2001; Chamberlain, 1998).

Barriers in Development and Ongoing Implementation: Across all communities implementing this strategy it has been difficult to find as many foster families as they would like to have involved in their programs. Two communities noted this was particularly problematic as foster families often prefer the younger kids, prior to juvenile justice system involvement. The 12th Judicial District's original program with the dedicated staff member and higher stipends for foster families is the only program

to have found significant success recruiting families. Currently, they are attempting to recruit families with a less substantial infrastructure in place and are experiencing difficulties similar to those of other Colorado communities.

Strategy 35b: Intensive, Home-based Services

Description: Home-based services are defined by the place they are delivered, primarily in the youth and family's home, and can be any type of appropriate service. They are also defined by the family-driven aspect of the services, where families help to identify what services they need and where they wish them to be delivered. Home-based services can also be delivered in another setting if the family chooses, such as a church, a park, a school, another person's home, or elsewhere.

Home-based services address a variety of goals that are important when keeping a youth out of detention. They are helpful in defusing crisis, strengthening families' coping skills, supporting and stabilizing families, preventing out-of-home placement, and helping children in placements reunify with their families (Kutash & Rivera, 1996). Home-based services are uniquely likely to meet these goals as the services help families to develop coping skills in the environment in which they will use them, the services draw upon natural supports, and they overcome barriers such as reluctance to attend office visits in mental health settings, childcare needs, and transportation challenges (Stroul, 1988).

The actual services delivered in the home can vary greatly. Nationally, home-based services have been defined to include individual, marital, and family therapy; skills development; (Stroul, 1988); family support services such as respite care; crisis intervention; care and service coordination to empower the family by involving them; and other therapeutic interventions (Lindblad-Goldberg, Dore, & Stern, 1998). In Colorado, home-based services have included all of the above, but seem most frequently to include therapeutic interventions such as Multisystemic Therapy, Functional Family Therapy, and other services. For example, Savio House provides a full range of home-based services in El Paso and Denver counties including services specifically designed to prevent out-of-home placement. Multisystemic Therapy is also available as a home-based, evidence-based service in many other counties, including a program tailored to meet the needs of Native American youth and their families (Peaceful Spirit Youth Services, in southwestern Colorado).

Target Population Served: Home-based services are particularly relevant for youth with mental health issues, as the concept emerged out of the mental health system. In juvenile justice settings, home-based services have been found successful at delaying out-of-home placement (Kutash & Rivera, 1996), and more generally, home-based services have been found to be at least moderately effective in preventing out-of-home placements for youth who are exhibiting truant, oppositional, or delinquent behavior (Fraser, Nelson, & Rivard, 1997).

Infrastructure and Financing: An important part of the infrastructure for home-based services is appropriately qualified and trained staff. The staff needs to be able to work in "unstructured, unpredictable, and potentially dangerous situations" (Stroul & Goldman, 1996, p. 458). It can be helpful to hire staff that have experience with crisis intervention, family therapy, parent training, and case management. In addition to professional staff, home-based programs can also include paraprofessionals who have life experience and other non-traditional qualifications that make them well-suited to deliver home-based services (Cohen, Engleby, & McHugh, 2004). For juvenile justice systems with diverse families needing services, paraprofessionals can be particularly important, as

they may come from the cultural groups within the community and be able to provide more culturally competent services (Cross, Earle, Hawk, and Manness, 2000).

Financing for home-based services in Colorado comes primarily from grant dollars and child welfare funds, specifically core services. With decreases in SB94 dollars, less intensive home-based services have been available through that funding stream. For some communities with system of care grants, home-based services have been more available. Such services are also available through Medicaid dollars on a fee-for-service basis.

Outcomes: Home-based services such as Multisystemic Therapy have been found to be very effective. In Colorado, the Peaceful Spirit Youth Services Multisystemic Therapy program has found decreases in further criminal involvement and substance abuse as well as increases in school performance, including attendance, grades, and graduation, and increases in home and family strengths and communication skills.

Barriers in Development and Ongoing Implementation: Home-based services face unique barriers such as the concerns of families that they will be judged for their home situation, distrust or dislike of human service workers by families due to past experiences, cultural barriers to in-home services, and concerns about losing their children due to the worker's requirement to report abuse and neglect. The barriers can be addressed in a number of ways. First, the home-based services should be voluntary, with other settings available if the family prefers. Second, home-based providers can be careful about waiting for the family's invitation to enter the home and respect any limits the family places on access to different rooms in the house. Finally, home-based workers can be upfront about requirements they face, such as reporting any suspicions of abuse or neglect, so that families can make informed decisions about whether to allow the worker into their home (Cohen, Engleby, & McHugh, 2004).

Strategy 35c: Staff Secure Facilities

Description: Staff secure facilities are unlocked placements that do not detain youth, but do provide them with a structured living environment and seek to decrease recidivism. They have multiple uses, including diverting youth from detention, providing a treatment oriented environment, and helping youth step-down from more controlled settings such as the Division of Youth Correction's commitment facilities. A staff secure facility can also be part of a substance abuse treatment model.

As a strategy for diverting youth from higher-end placements, staff secure facilities have a couple important advantages. Effective residential alternatives have strong internal programs where youth are involved in regular and structured activities. These activities typically include both educational and recreational activities. Cook County, Illinois uses a shelter program, which is a non-secure residential alternative, for lower risk youth for where there is no parent or family member available with whom the youth can live. In the past, these youth would have been placed in secured detention. Cook County's shelter program includes: 24-hour residential supervision; educational instruction; independent living skills; individual and group counseling; transportation to court and to other required appointments; and probation outreach to return the youth home. The cost per day for the shelter program is significantly less than secure detention. Youth at the shelter have had a successful completion rate of 96% making all court appearances and remaining crime-free while in the program (DeMauro, 2000).

In Colorado, at least two communities interviewed have staff secure facilities, the 7th and 15th Judicial District. Both are in rural areas where detention centers are well outside the local community. Due to staff turnover and difficulty accessing key staff, specific detail is not available on either of these staff secure facilities.

Strategy 35d: Non-traditional Tracking

Description: The juvenile justice system uses a variety of supervision and tracking models as alternatives to detention and other out-of-home placements. As the purpose of the Plan is to identify specific strategies for youth with mental health issues and co-occurring disorders, the strategy that is emphasized is the inclusion of intensive, one-on-one interaction via the use of highly engaged mentors as Mentors/Advocates/Trackers (MATs) in two Gunnison County programs. The broader strategy of intensive, one-on-one interaction was briefly covered in the system-wide family and youth focused strategies. This strategy is narrowed to examine specifically the use of intensive interaction to defer youth from out-of-home placements including detention.

The Partners Plus and Mentor/Advocate/Tracker programs in Gunnison County both used mentors who are involved with youth more frequently and intensively than the average volunteer mentor. The paid positions engaged community members in providing supports and services to the youth. Additionally, the Partners Plus program that was based in child welfare instead of juvenile justice had mental health and other services for the parents.

The MAT program is not unique in the country. Nationally, a program was identified that uses a similar model and has been found to have successful outcomes. In the community advocate program a community-based agency is typically hired to supervise youth for 15-30 hours each week. Advocates work intensively with no more than four youth at any one time. Philadelphia has operated a community advocate model of home detention successfully for several years. In it, youth advocates typically live in the same community and share the same racial and ethnic background as the youth they are supervising. They provide intensive, individualized supervision. Advocates make home visits, collateral contacts, and telephone calls to ensure that youth comply with curfews, attend school, and appear at all court dates. They also spend direct time with youth after school and in the evenings in educational, vocational, and recreational activities. Advocate staff accompany youth and their families to all court appearances (DeMauro, 2000).

Target Population Served: In Gunnison County, the MATs were matched with kids in the juvenile justice system, either pre-adjudication or post-sentencing, or youth referred by the Community Evaluation Team (CET). The PLUS+ mentors are assigned to youth whose families are involved with child welfare and are at risk of being placed out of the home. As this is a small, rural community, the numbers served have not been high, with seven kids in the MAT program in the last two years and seven kids in the PLUS+ program in the last year.

Infrastructure and Financing: The mentors involved in the MAT and Partners Plus programs are paid positions, at $11.00 per hour. This rate would obviously have to be reconsidered for any community with a different cost of living than Gunnison. However, the Gunnison program noted that with a per-youth per-day cost of $150 to place youth in detention, the MAT cost was significantly lower. On average, MATs spent three to five hours a week with the youth, with weeks of 10 or even 20 hours when the youth was in crisis.

In Philadelphia's Youth Advocate Program, a not-for-profit organization screens, hires, and trains community residents to be youth advocates. Advocates are supervised by full-time professional staff. The cost of the advocate depends upon the amount of supervision ordered by the court. For 15 hours per week, the cost is approximately $225 and for 30 hours, approximately $325 (DeMauro, 2000).

Evidence-base: The MAT program rests on the assumption that including mentoring at a higher level will reap the benefits of mentoring, a research-based approach to serving kids, while also addressing other needs, including tracking for the juvenile justice system. Mentoring programs have been heavily evaluated throughout the country and have demonstrated success.

Outcomes: Gunnison County has found the MAT program to be helpful in decreasing recidivism and out-of-home placement. However, the program has not been evaluated per se, with only recidivism numbers for youth in the program being tracked. Recidivism has been around 10% for the program, however the low number of youth in the program results in significantly different recidivism rates on a year-by-year basis. In Philadelphia, youth participating in the Youth Advocate Program had a 92% successful completion rate of making their court hearings and remaining arrest-free while in the program (DeMauro, 2000).

Barriers in Development and Ongoing Implementation: One of the primary barriers for the MAT program is recruiting, training, and keeping MATs available. Part of the problem for the Gunnison program is the lack of consistent need for the MATs, with the small juvenile population leading to surges and declines in youth in the program. This suggests that larger communities may have an easier time maintaining this type of program, though it also has clear advantages for smaller communities with limited resources and system staff.

Family/System Support for the Strategy: This non-traditional tracking model with intensive one-on-one contact aligns very well with the discussions that occurred in the family focus groups in 2006. Families frequently mentioned the interpersonal interactions they had with advocates and other system staff who treated them respectfully and positively as one of the most important services they received in the juvenile justice system.

Strategy 35e: Day Treatment or Intensive Supervision

Description: In the 17th Judicial District, the ROC provides an alternative to detention that is based in a day treatment and reporting model. With a therapeutic focus, the model is particularly appropriate for youth with mental health issues and co-occurring disorders. The program includes Moral Recognition Therapy, a cognitive behavioral approach, and drug and alcohol treatment. For mental health issues, an anger management group, individual, and group counseling sessions, family therapy in the home, and medication evaluations are all available. A GED tutor is also available for youth who need educational assistance.

The ROC uses an individualized approach with assessment and development of case plans for each youth who enters the program. Over the course of four to six months, the youth complete their program, meeting the specific goals of their own plan. With primary goals of keeping kids out of detention or helping them successfully complete probation without revocations, the approach of the program is very therapeutic and helps youth develop coping skills and make good decisions.

Infrastructure and Financing: The ROC is primarily funded through SB94 as it is an alternative to detention, but it also receives some donations, grants from community businesses, and in-kind supports. It is run through the probation department with the facility, oversight, and some expenses covered by probation. At a cost of about $23 per day from the SB94 dollars, resulting in an average of around $1000 per kid to complete the program, the program does have significant cost savings as compared to a detention bed, estimated in the judicial district at $160 per day.

Evidence-base: Although this strategy is included in the Plan, at this time there is limited evidence available of the success of day treatment programs. The Office of Juvenile Justice and Delinquency Prevention notes that preliminary studies of day treatment programs have found them to be effective at decreasing recidivism rates, but an evidence-based model of day treatment has not yet been identified (Model Program Guide, 2006). However, within a day treatment program, evidence-based services such as moral recognition therapy can be included to increase the likelihood of successful outcomes.

Outcomes: The ROC does not have a formal evaluation in place for the program. Consequently, the only information available is anecdotal. They are finding that most kids who reach the fourth month have good attendance, have reduced substance use, and are able to find jobs. The program is small, with only nine to 12 kids participating at a time, so average outcomes vary significantly as a result of one or two kids doing well or poorly. Nationally, a day treatment program in Pennsylvania reported 5% recidivism rates, a decrease of 45% from the average in their community, but such outcomes are the result of a very small sample size (Model Program Guide, 2006).

Strategy 35f: Mental Health and Substance Abuse Services

Description: All of the communities contacted discussed some form of mental health assessment and services available in detention. At the minimum, MAYSI-2 screenings and part-time therapists are available at detention centers, providing individual or group services. As a strategy to address the needs of youth with mental health issues and co-occurring disorders, services in detention are important, but given the short involvement of youth in detention, providing screening, mental health services, and substance abuse treatment as an alternative to detention or when transitioning out of detention may be more important.

The Jefferson and Mesa County Turnabout programs are examples of services available to youth as alternatives to detention or as they exit detention. Although the program differs in the two communities, the basic strategy is the same: assessment and evaluation of youth needs followed by connecting youth to resources in the community, through human services, and through the mental health center. The services include a combination mental health services, substance abuse services, mentoring, group and individual counseling, and other services as needed and available through community partners. Turnabout also includes Functional Family Therapy, an evidence-based practice appropriate for youth with mental health issues in the juvenile justice system.

Systemic Support: MAYSI-2 assessments are available in all detention centers, but for this strategy to be effective as an alternative to detention, assessment needs to be done outside detention to identify mental health and substance abuse needs. Assessment capacity needs to be followed by service delivery capacity, which in the Turnabout model is in part the result of state funding for the two demonstration sites and in part the result of collaborative efforts on behalf of youth serving agencies.

Family/System Support for the Strategy: Focus groups with system actors and providers included many discussions of the need for basic mental health and substance abuse services to be available to all youth prior to out-of-home placements, regardless of ability to pay. As a means for diverting youth from detention, making these services available does address this concern, provided the services are available to youth who are both eligible and not eligible for Medicaid, private insurance, and/or any other coverage for the services.

Strategy 36: Therapeutic Diversion

Description: Therapeutic diversion establishes collaboration across the juvenile justice, mental health, substance abuse and other systems that assess the needs of a youth. The goal of this approach is to develop clear standardized procedures for defining and diverting the youth from further involvement in the formal legal system (Cocozza, Trupin, & Teodosio, 2005). Some youth offenders who encounter the juvenile justice system have issues that are related to delinquent behavior, mental health, substance abuse, or developmental disabilities. For some young offenders, these issues are interrelated, for others, co-occurring issues and offending behavior co-exist, but do not influence each other (Boskey, 2002). In addressing the needs of the youth, effective treatment engages active participation from a variety of individuals and systems to ensure the specific needs of the juvenile are being met.

Different strategies are used nationally as part of therapeutic diversion programs to meet the needs of kids with mental health issues and co-occurring disorders including (Boesky, 2002):

- Cognitive Behavioral Therapy – This evidence-based practice uses techniques and strategies related to changing youths' thinking patterns and behavior;
- Functional Family Therapy- A family focused treatment approach that is implemented in youths' homes, in clinics or in schools, this model is considered evidence-based practice. Treatment is centered on motivating juveniles and their families/caregivers to make positive changes by pointing out and developing the unique strengths of the families; and
- Multisystemic Therapy – A family centered approach with emphasizes the other social networks with which the youth and their families/caregivers interact. This approach has positive effects with youth who have mental health and substance abuse issues.

An example of a therapeutic diversion program underway in Colorado is the District Attorney Diversion program in the 18th Judicial District. It provides clinical therapy – including group, individual, art, family and specialized boy or girl focus – in partnership with other diversion activities to prevent further involvement with the juvenile justice system. In addition to the therapeutic pieces, more traditional components include Urinalysis (UAs), community service, and restitution. The community service component includes a therapeutic component and an outward bound wilderness option.

Target Population Served: Therapeutic Diversion programs are targeted at youth in Colorado with mental health issues and co-occurring disorders in the juvenile justice system. Treatment programs require a combination of various components which are tailored to the particular strengths and needs of the youth. Therapeutic diversion programs necessitate a comprehensive approach and may need to target psychological, biological, familial, social, environmental, academic, vocational, and substance-related issues (Koppelman, 2005).

Infrastructure and Financing: Therapeutic diversion can be funded in a variety of ways. In Colorado one model in the 18th Judicial District is the District Attorney Diversion Program. It is completely funded by county dollars from the District Attorney's Office, with the exception of a $100 fee for families that can be waived. This financing approach does not draw on the resources of the multiple systems that may need to be involved when a youth has mental health issues and co-occurring disorders. Thus, blended funding models may also be an appropriate mechanism for funding in a therapeutic diversion strategy.

Evidence-base: Diversion models for youth in the juvenile justice system are often tailored to one-size-fits-all diversion programs, regardless of the youths' needs. Therapeutic diversion models establish collaboration across the juvenile justice system and other systems to assess the needs of a juvenile offender. Therapeutic strategies can be provided to youth while they are in residential care and more easily provided to youth while they are in the community or in either context (Boesky, 2002). Therapeutic Diversion programs offer evidence-based programs that encompass cognitive-behavioral programs, family focused treatment approaches, and community based interventions (Cocozza & Skowyra, 2000).

Outcomes: Outcomes from the 18th Judicial District's Therapeutic Diversion program included reduce rates of recidivism with youth who participated in the program with an average length of stay at 4 to 6 months.

Barriers in Development and Ongoing Implementation: Barriers to implementing therapeutic diversion strategies were identified during the 2006 research and community meeting process and they include:

- Program management challenges such as that of program data on outcomes and costs;
- The expense of managing therapeutic diversion programs;
- The challenge of addressing co-occurring disorders in therapeutic diversion programs;
- The lack of grant opportunities for these types of programs;
- Frequent funding cuts from the state and the general lack of consistency with financial streams; and
- The lack of consistency with referrals to therapeutic diversion programs.

Strategy 37: Therapeutic Responses to Truancy

Description: Truancy is one of the entry points into the juvenile justice system, requiring a legal response when a youth is consistently absent from school. With legislation passed in 2006 to require students to remain in school until age 17 (SB06-073), truancy issues will become even more pressing for many communities to address. Strategies in Colorado are diverse, but some of the more innovative and successful strategies address truancy with a combination of support, advocacy, and services to the youth and/or the family.

For example, in Pueblo School District 60, advocates from Project Respect work with all youth who have had truancies or experienced any kind of court action. The advocate helps the youth and family identify services they need and then collaborates with different systems to secure those services. The strength-based model looks for interests that the youth may have, such as a sport or other activity, and engages them in after school programs that include their areas of interest. The advocates who work for the program also use their own strengths, running basketball, chess, and

video-game clubs and tournaments for the youth. The program also has a tutor who works with the youth as needed. Families are engaged through a variety of mechanisms, from family involvement nights to field trips to one-on-one supports, including help with transportation, clothing, and other basic needs.

A different therapeutic response to truancy can be seen in the community truancy board in the 11th Judicial District. Similar to the Pueblo model, multiple systems come together to identify and provide the services needed by youth and their families. Unlike the Pueblo model, an interagency board identifies and brokers the needed services instead of an advocate. The youth is involved in the truancy program for two semesters with the goal of diverting court involvement due to truancy. The program includes such services as mentors, mental health services, and connecting youth to natural supports. A grant pays for the only staffed position for the program, a part-time truancy officer, and the other systems involved donate their time.

Target Population Served: Truancy programs provide services to both youth at risk of entering the court system and youth already involved. Thus, they serve as prevention and early intervention programs. According to the Office of Juvenile Justice and Delinquency Prevention, truant behavior is a risk factor for many other problem behaviors including drug and alcohol abuse, violence, gang activity, vandalism, shoplifting, and graffiti. Programs that address family issues, drug and alcohol problems, illiteracy, and teen pregnancy as well as engage youth in learning activities they find interesting are more likely to succeed in keeping youth in school by addressing the driving factors for truancy (Model Program Guide, 2006).

Systemic Support: The success of the truancy program in Pueblo School District 60 is due in part to the success of advocates at securing services from other agencies for youth in need. With probation, individual judges, and social services all actively supporting the program, the advocates are able to effectively address the needs of the youth and families. Other truancy programs have similar collaborative structures. For example, CASASTART, a school-based prevention program that addresses truancy among other issues, includes case managers who work with youth and the other systems they are involved with, such as juvenile justice or mental health. The case managers also help connect youth to after school programs, mentoring, and tutoring services (Model Program Guide, 2006). CASASTART programs are not only nationally respected as model programs, but also underway in multiple Colorado communities.

Infrastructure and Financing: Project Respect, with its minority advocate and truancy programs, is funded by a combination of government grants, foundation grants, and community fundraising events. The program engages advocates to provide support to youth and families in combination with pots of flexible funds to address individualized needs of youth and their families. The primary expense is the advocates, who are paraprofessional staff. The truancy officer in the 11th Judicial District program is grant funded, but in other school districts around the state, truancy officers are funded by the schools or a combination of the schools and other sources.

Outcomes: Colorado's truancy programs have not been as thoroughly evaluated as national programs. Their intent is to increase school attendance and decrease juvenile justice involvement and problem behaviors in general. The approaches include programs like mentoring and advocacy that have been evaluated in other settings and found successful. Nationally known programs like CASASTART have been found to have positive outcomes beyond just increasing school attendance, such as

decreased use of drugs and decreased involvement in violent and criminal activities (Model Program Guide, 2006).

Chapter 9: Court Processes

Although many of the strategies for meeting the needs of youth with mental health issues and co-occurring disorders are related to treatment and intervention approaches, the court process itself can also serve to improve outcomes for youth. Three court strategies are particularly relevant to this population and already underway in Colorado:

- Model courts, where the focus is on improving the existing court process to result in better outcomes for children and youth in the child welfare system, including the target population of this plan;
- Specialty courts, such as drug, family treatment, mental health, and teen courts; and
- Informal adjustments as a component of a specialty court model.

Strategy 38: Collaborative Court Improvement

Some Colorado communities have approached court improvement through a collaborative, multi-system process. The Model Courts throughout the state engage child welfare, court partners, and others in a collaborative process of strategic planning to improve the court processes. In Colorado and nationally, model courts are focused on dependency and neglect cases, but they can also include youth involved with the juvenile justice system. When a jurisdiction undertakes to become a Model Court, it builds a collaborative partnership of key stakeholders to examine the impediments to timely, successful court processes including the services available to families, and then designs and implements changes to address those impediments. The changes may relate to the court process or to processes in partner agencies. Much of the model court approach is rooted in the concepts of strategic planning and continual improvement of court processes in pursuit of better outcomes.

Information on developing model courts for child abuse and neglect can be found at the National Council of Juvenile and Family Court Judge's website (http://www.ncjfcj.org). Many of the recommendations there have relevance to a juvenile court as well. The strategies underlying model courts, collaboration, planning, assessment, and improvement, are strategies that are appropriate for the juvenile justice system as it seeks to address the mental health issues and co-occurring disorders of youth in Colorado. They are also strategies that are relevant to any community seeking to undertake court improvement, whether through creating more effective generalized courts or specific specialty court models.

Strategy 39: Developing Effective Specialty Courts

Specialty courts, also called therapeutic courts and specialty dockets, have come to the forefront of juvenile justice reform initiatives, perhaps in part because many juvenile courts have had more of a therapeutic focus than the adult justice system (Griffin & Jenuwine, 2002). Outcomes from some specialty courts are very positive for both the offenders and the community, justifying the national interest in them. For example, a mental health court in King County, Washington decreased average inmate hospital stays from 18 days to three days and average jail stays from 85 days to 26 (Watson, Hanrahan, Luchins, & Lurigio, 2001). Other studies have found drug courts to decrease recidivism in some settings, while having little effect in others (Belenko, 2001).

Common features of specialty courts, in Colorado and nationally, include (Juvenile Delinquency Guidelines, 2005):

- Screening and assessments as individuals enter the juvenile delinquency court system;
- Well trained teams who work with the specialty docket, including the judge, prosecutor, counsel for the youth, probation officer, school liaison, case managers, treatment providers, and/or program evaluators;
- Comprehensive, accessible, and culturally competent treatment options and other services in the least restrictive setting;
- Dispositions that focus on treatment issues, including engaging families in treatment, not just youth;
- Close coordination of the treatment with the court process including monitoring of the youth's progress, urinalysis, etc.; and
- Frequent and timely court hearings, with both positive and negative reinforcements.

Other important features of some of the Denver based specialty courts include 24/7 access to advocacy for families and youth, one judge for all the open cases in a family, and incorporation of evidence-based practices, peer-to-peer models, and mentoring programs in the treatment planning. Denver's two juvenile-focused specialty courts, Youth Development Court and Juvenile Special Services Court, work with high-risk youth who have multiple offenses in municipal court with possible mental health issues or are high-risk non-violent offenders with co-occurring mental health or substance abuse issues. These two courts, similar to models nationally, combine best practices with local flexibility, adapting the program as feedback and experience suggest changes are needed.

As communities seek to improve outcomes including decreased recidivism and increased public safety, many implement mental health, drug, family treatment, tribal, and teen courts using a variety of different national and state-by-state models. Though national resources exist in varying amounts to support local communities who intend to implement one model or another, local adaptations have resulted in many different versions of the specialty courts. The existing models "operate somewhat idiosyncratically" (Steadman, Davidson & Brown, 2001, p.457), without clearly defined justifications for their design or even for the decision to create a specialty court. These idiosyncratic components of specialty court design can have significant consequences, such as the punitive drive of some drug and mental health courts that require a guilty plea to receive services or domestic violence courts that favor incarceration over other options as they attempt to keep victims safe (Davis, 2003).

The main thrust of this strategy is not to encourage communities to develop a specific specialty court, but rather to be thoughtful in the development of specialty courts. From assessing the need for a specialty court to identifying a model to adapting it to the local community, the development of a specialty court is a process with many opportunities for effective, or ineffective, decisions to be made.

Target Population: Different courts have different target populations. In Colorado, the populations include youth with offenses such as shoplifting, status offenses, and other misdemeanors in district or municipal court; youth with mental health issues and substance use disorders; youth who are at risk of out-of-home placement as a result of a dependency and neglect case; youth who are at risk of out-of-home placement as a result of a juvenile delinquency case; and non-violent youth with

multiple offenses. One of the challenges for local jurisdictions intent on developing a specialty court is to define clearly the population in need and mechanisms for meeting that need. Need and capacity assessments can be helpful in determining which type of court is most appropriate for a given jurisdiction.

Systemic Support: Denver participants in the interview process noted that creating the community's specialty courts and model courts required huge system reforms. The substantial changes included new roles and responsibilities for court personal and resulted in significant resistance until trust in the new processes was developed. However, now that the courts are well underway, they are demonstrating successful outcomes for youth, families, and community safety. For other communities considering implementing new court models, the lesson learned from Denver may be that it is important that adequate time is taken to develop systemic support prior to implementing a new model, and that one must build capacity in planning and funding in order to make significant changes to the court process in pursuit of better outcomes.

Infrastructure and Financing: Denver's Special Services Court and Jefferson County's Mental Health Court both developed with the resources available in the existing system. While the ability to develop a court on existing resources aids immediate start-up and ongoing sustainability, it may also decrease the system's capacity to plan for, evaluate, and adapt the program once it is underway. Denver's specialty courts have addressed this problem by identifying federal grants to fund evaluations of the courts, supporting ongoing improvement of the system as outcomes are tracked and reported.

Costs for the Denver Juvenile Special Services Court, Family Integrated Treatment Court, and Youth Development Court are all approximately $2,600 for treatment, court supervision, and ancillary services. The evaluations of the Family Integrated Treatment Court suggest that for every dollar spent, seven dollars are saved in out-of-home placements and other costs. Teen courts are less costly, as they do not include a treatment approach. The teen court in Durango costs approximately $10,000 to run a year, covering staff, training for youth, and miscellaneous costs. It serves only 25 kids per year on average, resulting in a cost of about $400 per youth. However, teen courts also provide opportunities for other youth to become involved in the process, serving in the different court roles. Consequently, while only 25 youth are served each year in the Durango court, another 125 participate in developing and implementing the court each year.

Evidence-base: Drug courts have been heavily evaluated and found largely successful around the country. However, the implementation of drugs courts across the nation has been supported by technical assistance and research from a national organization, the Drug Courts Program Office in the U.S. Department of Justice. This centralized hub of information has allowed for greater clarity on the core components of the model, even as local communities adapt it to fit their individualized need. The benefit of the technical assistance is evident in the outcomes from drug courts, yet no similar capacity exists for other court models, such as mental health, nor for specialty courts as a whole (Steadman, et al., 2001). Thus, newer models, such as mental health courts, are not yet considered model or evidence-based practices, even as an increasing number of drug courts are included in the Office of Juvenile Justice and Delinquency Prevention's Model Program Guide. Helpful resources for developing drug courts that contain many of the features demonstrated successful around the country include the Bureau of Justice Assistance's monograph, *Juvenile Drug Courts: Strategies in Practice* and National Council on Juvenile Court Models.

Outcomes: More outcome data is available on drug courts than other specialty court models. Yet, most of the research is on adult drug courts, not juvenile drug courts. With significant differences between the adult and youth courts, including the increased importance of the family context for juvenile drug courts (Bureau of Justice Assistance, 2003), the results from adult courts cannot be expected to transfer to juvenile courts. From studies specifically on juvenile courts, limited and preliminary outcome evidence is currently available. Recent evaluations and studies across multiple juvenile drug courts have found:

- Juvenile drug courts have provided services to some of the highest need youth with repeat contacts with the juvenile justice system, multiple treatment failures, and social problems and other challenges creating barriers to successful outcomes (Belenko, 2001);
- Although few recidivism studies have been conducted of juvenile drug courts, and some of those that have been conducted have had very small populations or limited follow-up time periods, the initial research suggests some juvenile drug courts do decrease recidivism rates (Belenko, 2001; Delaware Statistical Analysis Center, 1999).

Teen courts have demonstrated positive outcomes as well, with a recent study across four sites identifying statistically significant decreases in recidivism at six months for youth who participated in the teen court (Butts, Buck, & Coggeshall, 2002). Although recidivism is an important outcome, teen courts are also recognized as providing many other valuable benefits to the participating youth. Studies have found that they increase knowledge of legal processes and improve youth's attitudes to authority figures (Wells, Minor, and Fox, 1998).

Barriers in Development and Ongoing Implementation: Development of a specialty court comes with significant challenges. Each type of specialty court faces different barriers, some during development, and others during ongoing implementation. In general, specialty courts can become dependent on the particular judge who helped to develop it, creating succession problems when the judicial assignments rotate. Also, the high costs associated with the treatment aspects of a specialty court can be hard to maintain during fiscal downturns (Rottman, 2000).

<u>Barriers for Mental Health Courts</u>: With mental health courts, no commonly agreed upon model exists and the models in place are rough adaptations of drug court models that may or may not be the most effective design. The lack of outcome data from many mental health courts makes it difficult to know what structure is best for incorporating mental health interventions into a court setting. The lack of resources associated with many mental health courts also impedes evaluations as well as the ability of the courts to connect youth to appropriate services (Steadman, Davidson, & Brown, 2001). Mental health and other specialty courts can also be undermined in the development or implementation stages by a lack of key stakeholder involvement from judges, prosecutors, defense attorneys, pretrial and deferred prosecution staff, mental health providers, mental health advocates, and/or human services (Clark, 2004). Finally, mental health courts do not have goals that are as clear-cut as drug courts, as mental illness cannot be cured. Medications for mental illness are not always effective and may have unacceptable side effects that result in non-compliance (Davis, 2003), driving the youth further into the justice system.

<u>Barriers for Drug Courts</u>: The drug court model, by far the best understood and evaluated specialty court model, continues to face challenges. Not all drug courts institute aftercare planning into the treatment approach, which creates problems with recidivism and addressing the core issues individuals are facing. The aftercare need is not only for the system to provide services, but also for

the system to connect individuals back into the community where services are available after court involvement has ended (Herring, 2005). In juvenile drug courts, one of the challenges is understanding which of the widely varying models results in the best outcomes, as less standardization exists in the juvenile arena than in the adult arena. With little research to indicate which components of a given specialty court model are important for success, it is hard to determine how a juvenile drug court should be structured to ensure high quality outcomes (Roman, 2005).

In addition to other barriers, community meeting participants expressed concerns that drug courts could be difficult to institutionalize because their success often hinged on the personalities and commitment of leadership and judicial personnel. They also expressed fears that drug courts left the courts vulnerable to litigation for using non-traditional court approaches, suggesting that local communities need more information about the legal implications of a drug court model. Although it is unclear whether this is an issue, and if so, in what circumstances courts would need protections for the use of specialty courts, a review of the national literature did not suggest a need for the implementation of drug court legislation to protect the use of these specialty courts. Model legislation has been developed, however, by the National Drug Court Institute (Model State Drug Court Legislation Committee, 2004) with the purpose of "telling their lawmakers that drug courts are true and effective drug policy reform." While there may not be a legal justification for drug courts, drug court legislation may be valuable to support the institutionalization and longer-term support for these specialty courts. Colorado has two statutes relating to drug courts (Sections 16-11-214 and 18-1.3-103, C.R.S.), that sunset on July 1, 2006. The statutes included the support for demonstration projects in up to three judicial districts to participate in a study on the use of drug courts in Colorado. The drug courts demonstrated success. So, despite the fact that the legislation sunset, the funding was continued as it did not need a legislative mandate for continued support.

Barriers for Teen Courts: The teen court model has a very different set of barriers from drug and mental health courts. It is a more informal and less judicial process then the other types of specialty courts, conducted by teens and often overseen by schools or other systems other than the courts. As a result, one barrier is the challenge of coordination with the formal court system when referrals are received from the court. Coordination issues can result in long periods of time when the offense is committed and when the teen court date is scheduled, decreasing the connection between sanctions and offense. Teen courts also struggle with recruiting, training, and maintaining involvement of youth (Butts & Buck, 2000).

Interviewees expressed difficulties institutionalizing teen courts and wondered if specialty legislation was necessary for teen court implementation or could help support sustainability. They also questioned whether further support of teen courts could be strengthened by the creation of a state affiliate of a national association. The issue of whether enabling legislation is needed for the operation of youth court programs is an ongoing debate. The number of states passing some type of enabling legislation for teen courts has increased over the past ten years (Herman, 2002). As there are over twenty states that have teen courts but no legislation (Heward, 2002), legislation does not seem to be necessary. Colorado passed legislation in 2000 (Section 19-2-1101, C.R.S.) that authorized any supervising court to establish a teen court program in which any teen charged with a minor offense may receive a deferred judgment to participate in the teen court program. If a youth successfully completed the teen court program, all the charges against the teen would be dismissed by the court and would not constitute a conviction. The legislation in Colorado provided some structure and formalized support for the implementation of teen courts without providing a funding structure to support statewide implementation of teen courts. While it is unclear what the benefits

of affiliation with a national association would be, the National Youth Court Center (NYCC), operated by the American Probation and Parole Association, serves as a central point of contact for youth court programs across the nation and could serve as a valuable resource for local communities in developing and sustaining teen court programs. The NYCC serves as an information clearinghouse, provides training and technical assistance, and develops resource materials on how to develop and enhance youth court programs in the United States.

Strategy 40: Informal Adjustments

One of the critiques of specialty courts is that the requirement that juveniles plead guilty to the crime that brought them to court in order to receive services is an unnecessarily punitive model. When a youth has a mental health issue, the required guilty plea can be seen as criminalizing mental health (Davis, 2003). Some courts nationally and in Colorado have addressed this concern by using informal adjustment processes instead of deferred adjudications. Where a deferred adjudication results in a record on file of a juvenile pleading "no contest," an informal adjustment can result in the juvenile having no record of pleading to a crime. Courts that use this strategy, such as the Jefferson County Mental Health Court, are able to offer the informal adjustment as an incentive for completion of all the treatment and other requirements in the plan developed for the youth in the specialty court.

Chapter 10: Sentencing, Treatment, and Intervention Alternatives

Although the ideal juvenile justice model focuses on prevention of crime and early intervention, the system also needs to be prepared for youth who commit serious, violent offenses for which they will receive sentences that include commitment to the Division of Youth Corrections. It also needs to be prepared to serve youth with high-end needs that lead to residential placements other than commitment centers. This section explores strategies for high-needs youth within residential settings including commitment centers. It does not explore all the strategies that may be appropriate for sentencing options, as the previous strategies in the Plan explore them. For example, this section does not explore probation as a sentencing option, as the strategies that can be included as part of probation to meet the needs of youth with mental health issues and co-occurring disorders are elsewhere in the Plan. Strategies for high-needs youth within residential settings (including commitment centers) include:

- Intensive one-on-one contact;
- Prosocial activities;
- Individualized services;
- Incentives for youth;
- Services for specific populations (gender, age, culture, need):
- Mental health services;
- Evidence-based practices;
- Mentoring;
- Interagency staffing including wraparound;
- Restorative justice processes;
- Home-based services; and
- Other strategies already explored in the plan that could be included as part of a service array for a youth on probation with mental health issues and co-occurring disorders.

Specific to youth who require an out-of-home placement to meet their needs or ensure community safety, two types of strategies are included in this section:

- Mental health and co-occurring disorder services within the residential treatment system; and
- Mental health and co-occurring disorder services within the DYC commitment system.

Strategy 41: Mental Health and Co-Occurring Disorder Services in Residential Settings

Youth may be placed in residential care settings through a variety of mechanisms including:

- By child protective agencies;
- By public mental health agencies;
- After state hospitalization as a step-down into a less restrictive setting;
- Increasingly by school districts;
- By parents who have exhausted their community resources and exhausted themselves in efforts to care for their children at home; and,
- As a result of the juvenile justice system involvement, as an alternative to commitment, detention, or community-based services.

In Colorado, from July 2000-December 2002, 1,049 youth (65% of which were male) were placed in residential treatment centers (RTCs). The average age of youth in RTCs was 14.4 years old and nearly 34% of youth in RTCs had previous or current residence with a correctional or detention facility and 54% had previous or concurrent involvement with the juvenile justice system. (Coen, Libby, Price, Silverman, 2003).

Description: The goal of placement into residential settings in Colorado is to provide intensive evaluation and the necessary services and supports for the youth to ensure stabilization and then initiate a successful and safe transition back to the community and family. Historically, mental health treatment in residential treatment centers in Colorado has varied greatly. Depending on the center, youth could receive psychoanalytic, psychoeducation, behavioral management, and group therapies, as well as medication management, and peer-cultural services. Settings could be more structured, more closely resembling psychiatric hospitals, or more informal, like group homes. Youth could reside in residential settings for very short-term placements of a few days to longer-term placements of one plus years.

The residential treatment center model in Colorado is currently undergoing significant changes, including the levels of mental health treatment available in placements. In August 2005, the Region VIII Centers for Medicare and Medicaid Services (CMS) informed the Colorado Department of Health Care Policy and Financing (HCPF) that RTC mental health services funded through Medicaid would no longer be paid for on a per diem (daily rate) basis. As a result of the CMS prohibition on the continued use of Medicaid to fund RTC care, Colorado developed a new residential services program. Through the new residential program, individual Medicaid providers can bill Medicaid for mental health services limited to individual, group, and family therapy, psychiatric services, and medication monitoring on a fee-for-service basis only. Medicaid will no longer cover other services or costs, including any other rehabilitative services. Additional services will be partially refinanced through Title IV-E funds and may be funded through other funding

streams such as state general and county funds where necessary. The new residential program criteria went into effect as of July 1, 2006.

To address the need for mental health services in residential settings, an RTC redesign workgroup developed the following two levels of care that are consistent with the new federal regulations:

- Psychiatric Residential Treatment Facilities (PRTFs); and
- Therapeutic Residential Child Care Facilities (TRCCFs).

A third level of care, the community-based Residential Child Care Facilities (RCCF), is under development.

The PRTFs are the highest level of care in Colorado's out-of-home placement continuum. They are licensed residential childcare facilities that provide sub-acute psychiatric services to treat the highest need youth, under age 21, utilizing a medical model with physician/psychiatric supervision. Youth can be admitted by the Division of Youth Corrections as an alternative to commitment or by counties through the child welfare system. Criteria for placement into a PRTF include that the child must:

- Have a high level of psychiatric disability or impairment, scoring level "C" on the Colorado Client Assessment Record (CCAR) and 40 or less on a Global Assessment Functioning Score;
- Must be determined by the physician of the facility to require that level of care;
- Cannot be maintained at a less restrictive level of care; and
- Must be evaluated every 30 days by the Interdisciplinary Team to determine that the child/youth continues to meet the criteria.

Length of stay for youth may vary from a few days to several months as the treatment team seeks to stabilize and transition the youth to a less restrictive setting as quickly as is appropriate. It is estimated that less then 10% of the children or youth currently in RTCs will qualify for this level of care. Funding for PRTF will occur on a per diem basis.

Therapeutic Residential Child Care Facilities (TRCCF) are the next highest level in Colorado's new continuum of out-of-home placement. TRCCFs are licensed residential childcare facilities, certified to provide therapy by the Division of Mental Health. They provide therapy through licensed therapists billing Medicaid on a fee-for-service basis. All eligible youth will have a DSM IV Diagnosis, meet Medical Necessity criteria in Volume 8 regulation, and have a CCAR completed in the TRAILS system prior to or at the time of the placement. It is estimated that the majority of Colorado's youth currently in RTC will be served in this level of care.

Outcomes: There is a lack of conclusive research whether and for whom RTC care is beneficial. According to the 1999 Surgeon General's report on mental health, residential treatment accounts for 25 percent of all spending on mental health services, but it is only used by 8 percent of treated children. The report found that (Mental Health, 1999):

- 60-80 percent of youth in residential care experienced gains in clinical status, academic skills, and peer relationships;
- Sustainability of gains were dependent on the youth's post-discharge environment; and
- The benefits of residential care lasted from one to five years.

Yet, a long-term follow-up study of youth with serious emotional disturbance reported that 75 percent of the youth who had been discharged from publicly-funded residential treatment facilities had either been readmitted to a mental health facility (45%) or incarcerated in a correctional setting (30%) at 7-year follow up (Greenbaum, Dedrick, Kutash, Brown, Lariere, & Pugh, 1998).

Research suggests that supporting, enhancing, and maintaining family relationships during the period of residential care can benefit the youth in care, contribute to shorter lengths of stay, and increase the probability of successful transition (Kruzich, Jivanjee, Robinson, & Friesen, 2003). Not all RTCs do equally well at ensuring family involvement. Families may experience many different levels of involvement, from complete exclusion, to limited involvement as determined by the program staff, to ongoing maintenance of parent and family involvement in all aspects of treatment from start to discharge and including extensive family follow-up services. Despite this continuum, many families find that contact with their children and participation in service and transition planning is often limited and/or discouraged by policies at residential treatment centers. Studies have also shown that (Coen et al., 2003):

- Negative attitudes by RTC staff affect participation by family caregivers; and
- Staff with more experience and greater education tend to have more positive attitudes about family caregivers and their participation in treatment.

Barriers in Development and Ongoing Implementation: Given the importance of family involvement, as demonstrated in research, one of the ongoing barriers to successful RTC outcomes stems from institutional structures that do not prioritize family involvement. RTCs, regardless of which type they fall into under the new regulations, can address this barrier by:

- Creating more positive relationships and ties between residential care facility providers, youth, and families to address the long term complex needs of youth involved with the juvenile justice system; and
- Training providers in residential care facilities on methods of engaging and involving families throughout the care to improve chances for positive youth outcomes and successful transitions back into the community.

Statewide, another method for addressing this barrier may be to develop rules and regulations that encourage placements based on the youth's needs, matching the mental health services at a facility to the specific needs of a youth with mental health issues and co-occurring disorders.

Family/System Support for the Strategy: In the family focus groups in 2006, family members emphasized the importance of having out-of-home placement as an option for youth who are beyond control of their parent, a risk to their own safety, or otherwise in need of more intensive services. The focus groups highlighted the importance of recognizing the needs of the youth and their family when identifying the least restrictive setting.

Strategy 42: Mental Health and Co-Occurring Disorder Services in Commitment

Description: Nine hundred and fifty youth were committed to the Division of Youth Corrections in FY 2004 – 05. As DYC has reported that 40% or more of the youth they serve have moderate or severe mental health needs (Spiecker, 2004), nearly 400 youth with mental health issues were committed to DYC in the last year. DYC has multiple approaches to providing services for these youth. As their mission includes not only supervising juvenile offenders, but also building their

skills and competencies to help them become responsible citizens, these services are an integral part of the Division's work.

Nine dedicated staff provide mental health services in DYC facilities and another nine provide substance abuse services. Mental health services are provided at all the DYC facilities, including a mental health unit, the Cypress program, at Lookout Mountain and mental health services tailored for girls at the Betty Marler Center. A mental health unit with twenty beds is also planned for the Pueblo commitment center.

Family/System Support for the Strategy: Youth from Lookout Mountain's mental health program participated in a 2005 focus group. During the discussion, they emphasized the value of the mental health services available at Lookout, though they had concerns about the lack of information provided to them about their medications and the lack of access to psychiatrists and therapists. They also discussed how the highest need youth who acted out a lot or had developmental disabilities in addition to mental health needs often received the majority of the staff attention and mental health services, resulting in less care for other youth with needs. Overall, the youth were appreciative of the services available, but saw areas for improvement.

Chapter 11: Transition

Transition has many definitions in the juvenile justice and mental health systems. It can refer to:

- The movement between services or out-of-home placements;
- Re-entry into the community when a youth leaves an out-of-home placement; and
- The transition from youth to adulthood, as services and access to services change, as well as expectations about self-sufficiency

In the Plan, transition strategies are intended to address all of these, with particular focus on the successful transition to adulthood regardless of how deeply the youth with mental health issues and co-occurring disorders has penetrated the juvenile justice system. The first strategy, step-down services, is inclusive of many of the other strategies, but is highlighted separately as research shows that aftercare services from out-of-home placements need to be comprehensive and integrated across providers (Gies, 2003).

Transition is one of the more challenging areas to identify strategies that are successful in Colorado and nationally. National data has found limited success with many traditional transition services, not necessarily because the services have little value, but more likely because not much research has been conducted in this area. For example, the Office of Juvenile Justice and Delinquency Prevention notes that job training and GED programs, though considered important, have yet to show a substantial impact on recidivism or other juvenile justice outcomes (Model Programs Guide, 2006). In Colorado, few communities highlighted their transition services as an area of innovation and success, although some innovative programs that serve as early intervention are also being used as transition services. Even fewer communities were able to tie specific transition services to the target population of the Plan youth with mental health issues and co-occurring disorders. Consequently, the strategies in this section have less data to justify their selection and fewer examples from Colorado. Fortunately, multiple committees in Colorado are already looking into transition issues, so hopefully the lack of information will be addressed in the coming years.

Strategy 43: Integrated and Aligned Step-Down Services

Description: Youth who are transitioning from out-of-home placements into the community require specialized services to make the transition successfully. These services are sometimes called step-down services and other times referred to as aftercare services. Regardless, they are "reintegrative services that prepare out-of-home placed juveniles for reentry into the community by establishing the necessary collaborative arrangements with the community to ensure the delivery of prescribed services and supervision" (Altschuler & Armstrong, 2001 as cited in Gies, 2003). As a strategy, step-down services seek to maintain the gains made while a youth is in detention, keep the community safe, and decrease recidivism. Successful step-down planning begins before a youth leaves an out-of-home placement, aligning services in the community with services received while in out-of-home placement (Model Program Guide, 2006), and connecting the youth to a continuum of services in the community. It also includes intensive services while the youth is in commitment or out-of-home placements (Gies, 2003), a strategy discussed earlier in the Plan.

Step-down planning is an important part of the juvenile justice system, as commitment centers have not been found to be highly successful at decreasing delinquent behavior. Youth re-enter the same communities they left, including the same risk factors and peer groups. Step-down planning is an opportunity to build a network of services and supports so that the youth does not return to the same behaviors as he/she had prior to commitment or other out-of-home placement. According to OJJDP, step down services should not be thought about as a program, but rather as a systemic approach to meeting the needs of youth as they re-enter the community, and consequently reducing recidivism rates (Gies, 2003).

Outcomes: An OJJDP publication highlighted one of Colorado's programs, Intensive Aftercare Services, as an example of a successful step-down model for the youth at highest risk of re-offending, excluding youth with severe mental health issues. The program includes multiple levels of residential and non-residential programs and provides a mix of supervision and treatment activities starting 60 days prior to release. Services include such things as vocational skills training, individual counseling, parent orientation, experiential learning activities, and anger management and survival skills groups. Once back in the community, the youth has access to a variety of services and supports in addition to the supervision component consistent with traditional parole. The program has been evaluated and found successful at decreasing recidivism rates with the highest risk offenders (Gies, 2003).

However, this program does not specifically address mental health needs and does exclude youth with the most severe mental health issues. One of the concerns voiced by youth in the Lookout Mountain focus group from 2005 was the lack of access to medication and services after commitment and/or once their involvement with the juvenile justice system ended. The youth also talked about fears that once they were back in their communities, it would be difficult not to become involved in the same problematic peer and family dynamics that resulted in their juvenile justice involvement. Other youth said that they had learned the "rules" and had figured out how to function well within commitment, but feared that when they were released into a less structured environment that they wouldn't know how to react, cope, and adapt, and would therefore go back to the same anti-social behaviors, activities, and peer groups as before (often known as institutionalization). Transition programs are necessary to help youth with this adaptation back into

society that is much more chaotic and less structured, especially for youth with mental health and co-occurring disorders, who already have more difficulties with social functioning.

Evidence-base: In Colorado, the Division of Youth Corrections and local communities wanting to develop integrated and aligned step-down services appropriate for youth with mental health issues and co-occurring disorders can follow some of the best practice models around the country. For example, Lifeskills '95 is a promising practice curriculum that combines mentoring, conflict resolution, cognitive behavioral therapy, truancy prevention, and youth development services to decrease recidivism, increase youth's coping skills, and improve basic socialization skills (Josi & Sechrest, 1999). More generally, successful aftercare programs nationally (Gies 2003; Model Programs Guide, 2006):

- Include gradually decreasing levels of support, treatment, and supervision;
- Often begin with intensive services via day treatment or staff secure facilities and transition to independent living and home-based services;
- Include intensive contact between youth and a service provider or parole officer;
- Target the specific risk factors for criminal behavior;
- Are implemented with high fidelity by well trained personnel;
- Use cognitive and behavioral approaches; and
- Target offenders with the highest risks of recidivism, which can include youth with mental health issues and co-occurring disorders.

The strategies to follow include specific types of services that can be included in a step-down plan, such as supervision from transition specialists, aftercare substance abuse and mental health services, life skills and independent living programs, GED and employment programs, and systemic strategies including partnerships with workforce centers and local businesses.

Strategy 44: Mental Health and Substance Abuse Aftercare Services

Just as mental health and substance abuse services were identified by Colorado communities as an important strategy when a youth first enters the juvenile justice system, so too are they necessary when a youth is transitioning out. As noted in the chapter on initial entry into the juvenile justice system, Colorado already has models in place for successful aftercare services for youth with co-occurring mental health issues and substance use disorders transitioning out of detention. These services in the turnabout program include:

- Individual and group mental health and substance abuse treatment;
- Mentoring;
- Functional Family Therapy; and
- Other services as available through community providers.

Similar services are available for youth transitioning out of non-detention placements in Colorado. For example, Synergy's outpatient services for youth transitioning out of residential treatment include drug/alcohol treatment, family work, case management, urine monitoring, and treatment for co-occurring psychiatric disorders. For youth transitioning out of the Division of Youth Corrections, in addition to any mental health and substance abuse services available as part of the Intensive Aftercare Services program, DYC also has flexible funds for individualized aftercare services needed by youth.

Infrastructure and Financing: Much like early intervention services, mental health and substance abuse aftercare services can be funded by a variety of different systems. When a youth is transitioning out of residential treatment, the services may be included as part of the residential treatment program, funded by the same agency that covered the out-of-home costs. When a youth is transitioning from DYC, the services may be part of the flexible funds or other DYC funding streams. Another funding option that some Colorado communities have taken advantage of is the federal grant money that has been periodically available for transition services to youth.

Family/System Support for the Strategy: The youth in Lookout Mountain strongly encouraged the system to develop more consistent and comprehensive mental health services, including access to medication, after youth leave commitment.

Strategy 45: Specialized Transition Planning Capacity

For some Colorado communities, developing interagency and staffing capacity to specifically address transition needs of youth has been an important part of meeting the needs of youth with mental health issues and co-occurring disorders. This capacity is focused around identifying, developing, and connecting youth to the range of transition resources available in the community. In the San Luis Valley, two transition approaches used in tandem allow them to accomplish this strategy. First, the Tiger Transition Collaborative is an interagency trouble shooting and planning group that helps to identify transition resources, develop new resources, and address transition issues in the community. The participants on the collaborative include the local workforce center, the mental health center, the Board of Cooperative Education Services, public health, and juvenile justice agencies.

The second part of the San Luis Valley transition approach is a transition specialist from the local mental health center who helps connect youth to the range of services provided by the partners on the Transition Collaborative as well as others in the community. The transition specialist functions like an advocate whose specialized knowledge is in transition services. Given the challenges that youth discussed in the focus groups in finding adequate services and support when leaving the DYC system, a transition "advocate" may be a useful model for communities to consider.

Systemic Support: One of the challenges for transition planning, whether through interagency groups or individual transition advocates, is building partnerships with workforce centers, community colleges, faith-based organizations, and other non-traditional juvenile justice partners. Part of the value of a transition-specific planning group at the local level, even if it functions as a subcommittee of a larger juvenile justice board, is that it creates a natural setting for higher education and workforce partners to work with juvenile justice agencies. By linking to or becoming a part of existing groups, transition planning groups can build on system capacity while introducing new partners in the delivery of services to youth in transition.

Strategy 46: Helping Youth with Life Skills and Coping Strategies

Description: Life skills programs are widely available throughout the state in juvenile justice, education, mental health, and child welfare agencies. In Summit County, the Summit Outdoor Adventures Program strives to help youth build positive life skills including how to work together in

a team setting, completing goals, and improving social skills. The Right Track Program and Workout Limited in the 4th Judicial District include life skills that help in day-to-day independent living, such as vocational skills, daily living skills, and socio-personal skills.

Target Population Served: Although helping youth with life skills and coping strategies is included in the transition part of the Plan, it may be equally appropriate as a prevention and early intervention strategy, depending on the needs of the youth. Research has found that youth with bipolar and other mental health disorders have more difficulties with social functioning, suggesting a particularly strong need for life skills training for youth with mental health issues (Cannon, Jones, Gilvarry, Rifkin, McKenzie, Foerster, Murray, 1997).

Systemic Support: In most communities, life skills programs exist as part of a larger program or service being provided. As a result, the systemic support needed is the same as the support needed for the broader service. This can result in life skills programs that are effectively implemented as a result of multi-agency partnerships. For example, in Jefferson County, the youth drop-in center, The Road, is sponsored by the Mental Health Center and includes a partnership with child welfare to provide life skills training classes in a community-based setting.

Evidence-base: At least one life skills curriculum is an evidence-based practice that has demonstrated success at reducing alcohol and substance abuse (Botvin, Mihalic, & Grotpeter, 1998). Life Skills Training is an evidence-based program that is used as a prevention model more than a transition model, but includes many of the same skill building activities as the transition programs in place around Colorado including general social skills and self-control skills. The 3rd Judicial District has implemented this evidence-based practice using block grant dollars from the Alcohol and Drug Abuse Division and has found it to be successful. The same program is implemented as part of the Greater Littleton Youth Initiative as well.

Barriers in Development and Ongoing Implementation: One of the barriers noted by a community implementing the life skills curriculum in its schools was the difficulty of finding time within the school day for the additional curriculum. Although the program only includes a small group of pre-selected students in need of the additional curriculum, it has to be conducted during school hours because after school programs would require additional transportation costs to get the students home. Programs like the Summit Outdoor Adventure Program do not have this issue as the life skills program exists independent of the school system.

Family/System Support for the Strategy: Youth in the focus groups were supportive of life skills curriculum, even suggesting that it should be more widely available to all youth, not just those involved in the juvenile justice system.

Strategy 47: Helping Youth with Education and Employment

The Colorado Division of Criminal Justice has found that youth who have a job or are enrolled in school have significantly lower recidivism rates one year after discharge from commitment centers, with recidivism rates of 35% instead of the average of 44% (Juvenile Justice and Delinquency Prevention Council, 2006). Nationally, job skills training and placement programs have been found to have modest effects on recidivism rates and strong effects on employment, education, and skill building for youth (Model Program Guide, 2006).

Description: Vocational training is a commonly used strategy in Colorado, with skill-building opportunities available in commitment centers, alternative schools, and through workforce centers and community colleges. Some community-based programs like Workout Limited in the 4th Judicial District combine restitution, community service, and job skills building into one approach. Other programs, such as the vocational classes in the 1st Judicial District through the Tri-County Workforce Center provide are disconnected from the court process, but provide important transition resources to youth including developing skills in emerging industries and helping youth acquire jobs after the classes end.

Evidence-base: Various job training curriculum have been found successful in national studies at both increasing youth skills and decreasing recidivism. A job training program implemented in multiple sites, Community Restitution and Apprenticeship Focused Training (CRAFT) with a combination of job training, community services, and support services has been found useful in both decreasing offending rates and in increasing employment rates (Hamilton & McKinney, 1999).

Section 4: Prevention Strategies

The charge given to the JJ/MH Subcommittee by the Task Force was to focus on strategies for meeting the needs of youth who have entered the juvenile justice system. Consequently, preventive approaches were not prioritized as part of the research or community engagement process. Nonetheless, prevention was prioritized by many participants in the process, driving the inclusion of this section on community and school-based prevention strategies. A couple things are important to note about this section. First, the strategies within it are not as heavily researched as the juvenile justice strategies, as they were not the primary focus of this project. Second, while the strategies may fall outside the priorities areas of the Task Force, they may have relevance to other statewide planning groups, like the Prevention Leadership Council.

Chapter 12: Community-Based Prevention Strategies

Description: Throughout Colorado, community prevention programs are engaging youth in prosocial activities, connecting them to positive role models, and decreasing their risk of becoming involved in the juvenile justice system. The community prevention programs range from local models developed intuitively to adaptations of evidence-based programs to meet local needs. For example, Boys and Girls clubs are scattered throughout the state with new clubs opening each year. To differing extents, the clubs use elements of national evidence-based programs.

Other community-based prevention strategies are very similar to the strategies appropriate once a youth has entered the juvenile justice system. They include engaging mentors, ensuring access to mental health services, hosting youth job fairs, and otherwise using the resources available in a local community to address the range of needs for any youth as well as the needs of youth with mental health issues and co-occurring disorders. The Big Brothers Big Sister program uses an evidence-based practice available in many communities in Colorado, found to be successful in building strengths in Hispanic, White, and African American youth. Essentially a mentoring program, the national infrastructure that supports local programs ensures fidelity to the practice and helps in evaluating outcomes. Another community-based prevention program underway in Colorado is the Piñon project in Montezuma County. The Piñon project uses a variety of evidence-based prevention strategies for kids from early childhood through adolescence, working with both the kids and their families. The project goals include preventing juvenile delinquency and substance abuse.

Another community-based prevention approach is increasing access to recreation centers. Participants in both the provider and family focus groups indicated that recreation centers and community-based programs for youth need to be further developed to strengthen the community based supports for youth, families, and communities. These types of programs provide low or no-cost natural supports, safe activities to youth and their families, and help build self-esteem, social engagement, increased independence, and positive peer groups to keep youth out of the juvenile justice system. Additionally, these accessible, youth and family-friendly settings can be used to

provide resources specific to mental illness and co-occurring disorders, through co-location of services.

Recreation centers are generally community-based centers that offer a variety of scheduled and unscheduled activities, youth programs, and family programs. They also include space available for community meetings. Examples in Colorado include small cities like Durango that have one recreation center and networks of recreation centers in larger cities like Denver.

Community-based programs also include drop-in centers for youth, where socializing is combined with services to create a friendly, safe, and supportive environment. For example, Urban Peak's The Spot is a youth drop-in center that offers a safe place off the streets for high-risk youth (including those with mental illness and co-occurring disorders) while engaging in educational, recreational, and artistic programs. Youth at The Spot can also be connected to the full array of supportive services for high-risk youth available through Urban Peak and its affiliates, creating an extensive continuum of care. Urban Peak's affiliates serve young people in the community by offering a broad range of programs and services including:

- Street outreach;
- Health services;
- A 40-bed overnight shelter in Denver and another under development in Colorado Springs;
- Basic services such as nutritious meals, clothing and hygiene products;
- Case management;
- A GED program;
- Job skills and job placement;
- Computer education;
- Creative arts programs; and
- Housing options for homeless and high-risk youth.

Infrastructure and Financing: Community-based prevention programs are funded in a variety of ways, but the few examined in the course of this project appeared to be heavily dependent on grant funding with a small amount of municipal funding and fees for services as well. The community-based programs that were not directly serving youth in the juvenile justice system did not seem as likely to be blending multiple funding streams as deeper-end programs.

Chapter 13: School-Based Prevention Strategies

School-based prevention strategies, similar to community-based strategies, serve youth both in and outside of the juvenile justice system. The Greater Littleton Youth Initiative was created in a response to juvenile justice issues and has successfully implemented many evidence-based practices in the city and in the schools. Sustainability for the programs comes about a result of partnership building with service providers in the local community as well as the school district. A less extensive, but still preventive school-based model is the inclusion of classes on date rape, substance abuse prevention, tobacco-use prevention and cessation, and violence prevention in the schools. In Summit County, Spanish speaking prevention classes are available due through a partnership with probation. In other counties, the classes are part of the Safe and Drug Free Schools program or other initiatives within the school such as the statewide Positive Behavior Supports program.

Many schools around Colorado have developed partnerships with local providers to bring mental health services into the schools. For example, in Jefferson County, therapists from the Jefferson Center for Mental Health provide individual therapy, family therapy, parenting suggestions, and behavior management strategies to kids and their families. This is also seen in other communities, with therapists traveling between school districts in the San Luis Valley to provide services to the youth paid for by the schools. In the community meetings, participants discussed the partnership of some schools with private mental health providers to allow for services to be available onsite on a fee-for-service basis. Another model is a school-based health center that provides not only access to a therapist, but physical, dental, and/or psychiatric medical care as well.

Many of the school-based prevention models are not only important for preventing youth from entering the juvenile justice system, but are also appropriate for youth involved with the juvenile justice system. For example, having mental health services in the school may help to keep a youth in school and provide the school with support if the youth begins to act out. School threat assessments conducted by school personal can also include a mental health component if the appropriately trained staff are onsite.

PART III

Section 5: Conclusion

The Plan contained in this document provides a comprehensive snapshot of the successful and innovative strategies in use around Colorado that are supported by national research. Each strategy is important for meeting the needs of youth with mental health issues and co-occurring disorders at risk for involvement or involved with the juvenile justice system. The Plan also provides recommendations at the state level to the support capacity building and systems change needed to sustain local communities' systems improvement efforts. While the strategies are intended to provide an incremental process by which local communities may enhance their current juvenile justice systems, the recommendations are meant to guide the state in building state infrastructure, resources, and capacity to enable change at the local community level.

The intent of the Plan is to provide a clearly defined picture of the best of "what" the juvenile justice system could be in Colorado, leaving the specifics of "how" to accomplish this as a next step. The Task Force needs to take the leadership to ensure that the Plan is actively used to enhance and change the juvenile justice system. The Task Force with state, local community, and consumer partners need to utilize the Plan as a resource to guide the state for capacity building and systems change that may then enable local communities to better respond to and meet the needs of youth with mental health issues and co-occurring disorders involved in the juvenile justice system. Next steps involve:

- Prioritizing the recommendations and strategies in the Plan;
- Developing an action plan to identify tasks, partners to engage in accomplishing the tasks, the associated timelines, and the necessary resources, technical assistance, and support to ensure successful implementation and sustainability.

Without the leadership of the Task Force and statewide partners, the implementation of the strategies and recommendations will not be possible.

Section 6: Appendices

Appendix A: Research Methods

As noted earlier in the plan, the Task Force was mandated to create two documents over the course of 2005 and 2006:

> The adoption of a common framework for effectively addressing the mental health issues, including competency and co-occurring disorders, of juveniles who are involved in the criminal justice system or the juvenile justice system (Section 18-1.9-104 (2), C.R.S.).
>
> A plan to most effectively and collaboratively serve the population of juveniles involved in the criminal justice system or the juvenile justice system (Section 18-1.9-104 (2), C.R.S.).

To meet these two mandates, the Task Force began a two-year process of collecting and analyzing information on the juvenile justice system in Colorado. Ten focus groups hosted in 2005,[4] combined with targeted research on national best practices and a statewide survey of over 300 self-selected participants,[5] revealed 26 areas of concern resulting in recommendations for improving the juvenile justice system on behalf of kids with mental health issues and co-occurring disorders. These areas of concern included highly specific, legislatively actionable items, short-term non-legislative actions, and areas for further study and examination (Ingargiola, Lynn, & Updike, 2005). The Task Force adopted the framework of 26 recommendations[6] and began immediate legislative action on two items. Another 13 items were identified as issues to consider in the coming year and the decision was made to build the legislatively mandated plan around these priority areas. They are:

- Family involvement;
- Flexible funding for prevention and early intervention

---

[4] The focus groups included: five focus groups with providers and system officials, spread out across rural, urban, frontier, and mountain communities; one focus group with urban families whose youth have mental health needs and are involved in the juvenile justice system; one focus group with similar families and their youth, but who are also monolingual Spanish speaking; one focus group with similar families, but across the state through an anonymous teleconference; one focus group with youth currently committed to the state Division of Youth Corrections and placed at Lookout Mountain, a long-term commitment facility; and one focus group with youth transitioning out of the corrections system and back into the community. Professional participants were recruited through their juvenile justice planning bodies in each community. Family participants were recruited through family advocates at the state and local level. Youth participates were identified and recruited through staff involved with the youths' cases.

[5] The survey was used to help determine the external validity of the findings from the focus groups. The project, on a timeline of less than 3 months, did not have sufficient time to implement a survey with randomly selected participants and instead opted to widely disseminate the survey (to over 700 system actors and family members) and look for areas of alignment or discord with findings from the focus groups. The analysis found tremendous overlap between the key issues identified by survey and focus group participants.

[6] For a copy of the full report with all 26 recommendations, please visit: http://www.state.co.us/gov_dir/leg_dir/lcsstaff/2005/comsched/05MICJSsched.htm

- Best practices and principles of practices within best practices
- Barriers to implementing evidence-based practices
- Existing Colorado model programs
- Diversion programming
- Restorative justice programming
- Specialty courts in Colorado
- Information sharing
- Cross-agency accountability
- Timeliness of court processes
- Crisis intervention responses
- Positive youth development

Additionally, two other areas related to specific subsets of the broader target population were considered high priority for inclusion in the state plan, although they are also in the Task Force's mandate to examine in 2008:

- Cultural responsive/competent programs and practices
- Programming and practices to address co-occurring disorders (e.g. mental health needs with substance abuse problems or a developmental disability)

Faced with this overwhelming amount of information and areas of focus to consider in the development of the state plan, the subcommittee charged with developing the plan partnered with the Center for Systems Integration (CSI) and a family advocacy organization, the Federation of Families for Children's Mental Health ~ Colorado Chapter (Colorado Federation), to develop an approach that focused on the local communities and their innovative practices, rather than drawing on statewide dialogues or national best practices. This collection of stakeholders also determined that the 2006 plan should clearly describe the "what" of the system, e.g. the structures, practices, and outcomes desired. They chose to delay the development of the "how" of the plan, e.g. the management changes, personnel needs, and rule and regulation revisions. The process for developing the plan prioritizes:

- Designing a system that can realistically be implemented in a local control state with local, state, and regional levels of authority over various parts of the juvenile justice system;
- Identifying innovative strategies developed by local communities across urban, rural, frontier, and mountain regions;
- Understanding infrastructure and service delivery innovations, as well as practices that bridge those two areas to create more seamless systems; and
- Working in collaboration with local communities and family advocates to develop and revise the plan.

The result of these three important priorities was a research process that used innovations in local level public management to inform an innovative, statewide plan to drive public policy for the juvenile justice system in Colorado.

Developing the Research Approach

The research process to develop the Plan in 2006 focused on applying academic and practical knowledge on public management innovations to the study of the juvenile justice system. The approach was the result of the 2005 research process that developed the Framework, where during the process of collecting information, it became clear that innovation was a necessary focus of the Plan and that more needed to be understood about innovation in Colorado's juvenile justice system. As the focus of this Appendix is on the second round of research in 2006, specifically designed to elicit information about the innovative practices in Colorado and identify key strategies for inclusion in the Plan, the first exploratory year conducted in 2005 will be skipped other than to say it helped to lay the groundwork for an innovation focus.

While research on specialty courts, evidence-based practices, and the juvenile justice models from other states was important to developing the Plan, other academic learning was of great value as well. The body of literature that studies innovation in public management served as the guiding framework for the development of the research strategy, questions, and analytic framework. Innovation, in the workplace setting, has been defined as "…the intentional introduction and application within a role, group, or organization of ideas, processes, products, or procedures new to the relevant unit of adoption, designed to significantly benefit the individual, the group, the organization, or wider society (West and Farr, 1990, as cited in Henggeler, et al., 2002, p. 9). This definition emphasizes important aspects of innovation as relates to a juvenile justice system. Innovations are not just a technology and not just a court process or a set of rules and regulations. Innovations are also not only for the outcome of the youth and their family, nor only for the outcome of the system and community. Accordingly, innovations are defined for this study, then, as the *new practices, programs, and tools in the juvenile justice system that improve organizational, youth, family, and/or community outcomes.*

Though defining innovation helped to focus the study, the breath of research on innovation can serve to confuse the research focus. With authors such as Rainey (2003) and Greenhalgh, Robert, MacFarlane, Bate, and Kyriakidou (2004) noting the overabundance of different theories and empirical approaches to the study of innovation, academia is at risk of providing too many directions to be useful in guiding the development of systemic reforms. Fortunately, a few authors have taken on the challenge of creating conceptual frameworks that cross the many bodies of literature. For example, Rainey identified eighteen "attributes of innovations that affect their implementation" (p. 364). Such attributes as cost, efficiency, complexity, compatibility, and adaptability are useful in understanding what must be known about a juvenile justice strategy to identify if it will diffuse successfully to other local communities. Also, based on a review of 495 articles on public management innovation, Greenhalgh, et al. developed a conceptual framework of innovation diffusion that includes dozens of features, building from many varied lines of theoretical and empirical work. According to this framework, an innovation is more likely to diffuse if it demonstrates clear cost-savings or cost effectiveness; aligns well with the norms of the organization/adopter; is perceived as easily understood and used; can be implemented in small steps, allowing experience with limited parts of the innovation prior to full implementation; has visible benefits; is modifiable; is not perceived as a risky innovation to implement; and results in outcomes that are relevant to the performance expectations of the adopter.

Anderson, De Dreu, and Nijstad (2004) also reviewed the body of literature on innovation in the workplace. Their focus was on both public and private sector and like the previous authors, they also developed their own framework, building on the 30 years of previous studies. To guide future researchers, they created a "distress" framework of innovation that notes the three levels of distress

that drive the development of innovations: individual, group, and organizational. From these three levels of distress come three levels of innovations: some innovative practices may exist at the individual level, such as work processes to manage individual tasks; others may exist at the group level, such as models for staffing or sharing information; yet others may be innovations at the organizational level, with scopes as broad as organizational design and business processes. What is found lacking from Anderson, et al.'s model is interorganizational innovations, which could be argued to come from distress in the system or network of organizations rather than a single organization. This element was important to consider due to the wealth of research indicating that many public service organizations exist within a network of service delivery providers (Provan & Milward, 1995; Hajer & Wagenaar, 2003).

Though much research has been done on innovation, and a great deal of it in public sector organizations, very little of this research is found in the juvenile justice arena. Where juvenile justice innovation research does exist, it is on specific service delivery models, with a focus on the outcomes of the program, be it a specialty court, evidence-based practice, restorative justice model, or assessment tool (e.g. Krisberg & Austin, 1993; Henggeler et al., 2002; Bazemore, 1999; Burns & Hoagwood, 2002; Granfield et al., 1998). To the practitioner trying to understand a range of innovations, no juvenile justice literature will provide adequate guidance. That said, some learning is worth taking from the body of juvenile justice studies.

Studies such as Cuellar, McReynolds, and Wasserman (2006) highlight the most recent learning about the treatment options that help to divert youth from the juvenile justice system. Their article, specific to youth with mental health needs, suggests areas of learning for policymakers, from the outcomes of diversion programming to the issues related to voluntary versus involuntary services. Their article, in partnership with other articles with similar treatment focuses, unintentionally provides additional guidance to policymakers. A treatment oriented response to juveniles is found to be successful as compared to a punitive response, not unlike the results from well known evidence-based practices such as multi-systemic therapy and therapeutic foster care. This suggests a theme that providing treatment for mental health needs may be an important part of diverting youth from penetration into the juvenile justice system.

Leone, Quinn, and Osher (2002) also argue for treatment in the juvenile justice system. Building off work by Tolan and Guerra (1994) who argue that multiple strategies must be employed in concert to meet the needs of delinquent youth, Quinn and Osher make an argument for collaboration as an innovative approach to a successful juvenile justice system. Their model of collaboration attempts to address the frequently heard complaints of fragmented systems with categorical funding streams and inflexible policies and practices. The argument for systemic decision-making is far from new. It is a core component of such philosophies as system of care, a systems approach argued for, implemented, and studied by academics since the 1970s (Stroul, 1986). Quinn and Osher add to the knowledge of collaboration through their targeted focus on juvenile justice and the levels of care in a justice system, from preventing a youth from any system involvement to transitioning a youth from long-term commitment back into the community. The authors define collaboration in this context as "the process of individuals or organizations sharing resources and responsibilities to jointly plan, implement, and evaluate programs to achieve common goals (Jackson & Maddy, 1992, p.1 as cited in Quinn and Osher). To build upon the definition of innovative above, innovation in an interorganizational setting might be seen as *jointly planned, implemented, and evaluated processes*. From this brief review of innovations literature, the practitioner seeking a more innovative justice system can be guided on the questions to ask when identifying innovations (e.g. is the innovation complex?) to

the types of innovations to seek (e.g. individual, group, organizational, or interorganizational), to the importance of identifying treatment oriented innovations instead of punitive models.

The Research Design: Data Collection and Analysis Methods

To begin describing the research plan, the following terms were defined for the development of Colorado's juvenile justice plan:

1. *Innovations* as already noted above were defined as new practices, programs, and tools in the juvenile justice system that improve organizational, interorganizational, youth, family and/or community outcomes.
2. The *target population* of the plan was defined as youth in any part of the Colorado juvenile justice system with mental health issues and co-occurring disorders (substance abuse or developmental disabilities).
3. *Strategies* were defined as specific elements of the innovative programs and practices that can be isolated and implemented in other programs or communities.

The cross-sectional research design included three phases: (1) scoping; (2) narrowing and identifying; and (3) confirming and clarifying. The first phase, scoping, consisted of identifying innovative programs and practices. This was done through two means. First, the research team attended meetings from the key systems (Medicaid, probation, mental health, etc.) where middle-level managers were available to ask about the innovative practices they have in their communities or have heard about in other communities ($n = 10$). In each meeting, the respondents were asked to provide enough information for the analysis to consider the types of strategies being used in the innovation identified. Second, the research team conducted phone interviews with a criterion, non-random sample of key local managers who could help to identify the full range of innovative practices in the communities. All the mental health centers in the state were interviewed, targeting the child and adolescent coordinators ($n = 14$). The SB coordinators, a statewide, locally controlled program that provides dollars for diverting youth from detention, were also interviewed ($n = 23$). Finally, the coordinators of local HB1451 planning bodies were interviewed ($n = 5$).[7] The information collected from the meetings and interviews was entered into a loosely structured form that helped to identify innovations without limiting the amount of information collected. In most cases, information entered into the forms was word for word from the respondent, but some interviews and meetings resulted in more summarized notes than verbatim replies to the questions.

This information was coded in the qualitative data analysis program NVivo. Rather than coding all available information, selective coding was used to focus the information on the research goals. As this was the first stage of the research project, it was exploratory data collection and analysis. While this method is recommended by Strauss and Corbin (1998) for theory development, it also made sense in this study as the study had a very clearly defined and narrow purpose. The central coding category, "innovation," was selected as a sufficiently abstract statement to cover the full range of information needed to complete the analysis as it was broad enough to encompass a great deal of variation in innovation types as well as barriers and issues related to innovation. The codes under this central theme were developed using an abductive approach, with four sub-categories identified prior to the coding process and the codes within them developed during the coding process. The sub-categories and their codes were:

[7] Some SB94 Coordinators and HB1451 Coordinators were the same people.

1. *Service delivery innovations*, including such codes as mentoring, alternative court track, respite services for parents, and school-based mental health services;
2. *Infrastructure innovations*, including such codes as flexible financing, collaboration, information sharing, and cross-system training;
3. *Barriers to innovation*, including such codes as budget cuts, criminalizing mental health, and turf issues; and
4. *Program names*, a sub-category created to track the specific programs mentioned as relates to the innovation issues identified within them. Example codes include Boulder IMPACT, Turnabout, CASA Start, and the HUB.

The codes were analyzed using a combination of classical content analysis and constant comparative analysis. Classical content analysis is particularly useful as a precursor to constant comparative analysis to help identify frequent ideas that may result in important themes. Constant comparative analysis focuses on the themes that emerge in the data, arising from the grouping of different codes rather than simply the frequency of codes (Miles & Huberman, 1994). Consequently, the combination allowed for the identification of common themes and uncommon, innovative themes. The codes were grouped to reveal themes that served as the basis of the strategies of successful practices. The themes revealed not only those strategies frequently mentioned, but also those mentioned in the context of great need or great success in local communities, drawing on the codes related to barriers. The initial analysis, both the themes and preliminary strategies, was brought before the Task Force and its subcommittee to confirm that the strategies identified made sense in the context of the project.

Once the strategies were identified, the research team conducted a componential analysis on the data, with all of the programs identified as innovative used to populate the list of referents. A componential analysis is a systematic approach to understanding the attributes of a group of similar items (Spradley, 1979), such as the programs identified as innovative in Colorado. As you can see in Table 1, the vertical axis was the list of programs. The strategies identified through the themes and the research in the previous year were used as the components on the horizontal axis of the componential analysis table. Table 1 does not show the full list of programs and their strategies, but is an example of how the componential analysis provided a map of innovative programs and strategies. Once this map was created, one or more programs utilizing each of the strategies were selected for follow-up. They were selected to represent all of the judicial districts in the state, include programs with good evaluation data when possible, and represent a diverse mix of implementation approaches.

Table 1.
Sample componential analysis of successful juvenile justice programs

Program name and county	Case-specific staffing models	Systemic staffing models	Volun-teers	Non-tradi-tional partners	Hispanic	Native American
The Pilot Program, Mesa	Not sure	Not sure	No	No	Yes	No
Braided River Peace Project, Montezuma	No	Yes	Yes	Not sure	No	Yes

Mentor/Advocate/ Tracker, Gunnison	No	Not sure	Yes	Not sure	No	No
Multi-disciplinary Youth Assessment Team, Weld	No	Yes	Not sure	Yes	No	No
Family Options, Larimer	Yes	No	Yes	Yes	No	No
WRAP, Boulder	Yes	No	Not sure	Yes	No	No

The result of the componential analysis of the successful programs was a table that included at least one "yes" in each column related to a strategy. The table completed the scoping phase of the research, with a clear understanding of the prioritized strategies in the state and programs that used them. The narrowing and identifying phase of the research began with pulling a mixed purposeful sample of programs (N = 105) from the componential table, ensuring that every strategy was represented by at least one program in the follow-up interviews. The purposeful sampling also allowed for variations in the application of the strategies to be included in follow-up interviews. For example, where a strategy was used in multiple programs, programs from both a rural and an urban area might be selected for follow-up. A key informant was identified for each program in the sample, either by information in the previous interviews or follow-up calls to community contacts to find the right person to interview.[8]

The second round of interviews included questions intended to help understand the strategies within the programs, both how they were implemented and the factors likely to result in their successful dissemination to other communities. For example, questions to understand the strategies included asking about the steps a youth or family would go through as part of the program, the target population served, and the locus of power for the program. Questions to help understand the likelihood that the program would disseminate successfully included asking about the complexity of the program, how it had been adapted over time, the barriers in initial implementation and ongoing support, information sharing, collaboration of multiple systems, and staffing models. A third set of questions in the interviews covered key system of care strategies, to understand how they were being implemented within Colorado's innovative programs. Examples included family and youth involvement, community-based and individualized services, and engaging natural supports.

The interviews lasted between 30 minutes and two hours, depending on the number of programs an interviewee was asked to describe and the complexity of the programs. The interviews were typed up and analyzed using a conceptually clustered matrix followed by constant comparative analysis. Conceptually clustered matrixes are useful when several research questions need to be grouped together into a conceptually coherent analysis (Miles & Huberman, 1994), as was necessary in the analysis of strategies due to the many different aspects of innovations that were explored for each strategy. The concepts within the matrix were drawn straight from the interview questions that were based on Rainey's (2003) attributes of innovations. By transferring the interview information into

[8] In some cases, the key informants were not available to interview despite a minimum of six attempted contacts. When possible, alternative interviewees were contacted or written material on the program was obtained to help answer the research questions. Consequently, although 105 programs were identified, only 87 were included in the final analysis.

the matrixes, with each matrix representing a strategy, the cases within the study became the strategies rather than the interviews. The componential analysis was then conducted on each strategy, with themes emerging related to the strategies' descriptions, outcomes, financing mechanisms, barriers to implementation, integrative elements, and other innovation issues.

The third phase of the research, confirming and clarifying, included member checking on the various types of information collected. Due to limitations on both time and resources, member checking was not done on the interviews, though all interviewees received the full draft report for comment. Additionally, the validity of the findings were tested by bringing the information to six community planning meetings located across Colorado. The 178 attendees at the meetings provided input to the strategies and helped to clarify their goals and expectations for the plan and the juvenile justice system. Finally, the appropriateness of the strategies identified were further validated by bringing them before six family and youth focus groups around the state.

The community meetings were held in five regions of the state and included participants from 2/3 of the counties in the state. The meeting attendees were recruited via emails and announcements at meetings, with participation sought from all of the public service systems relevant to the juvenile justice process: public health, mental health, substance abuse, developmental disabilities, education, probation and the courts, diversion, district attorneys, public defenders, human services, workforce centers, early childhood, and community-based prevention, intervention, and treatment programs. In addition to geographic diversity, the attendees were racially and ethnically diverse and represented staff at all levels in their organizations, from line workers to program managers to executive directors. By the completion of the final community meeting, saturation was reached as the same issues emerged as had been discussed at the previous four meetings.

In each family and youth focus group, the participants were selected for their involvement in the juvenile justice system and they provided feedback on the strategies and innovative programs as compared to their own experiences in the system. These were confidential focus groups, held either in the communities or by phone, and included one Spanish speaking focus group with bilingual and monolingual families and youth and a Native American specific focus group. Four of the six groups were held in person and the remaining two groups were conducted using an anonymous teleconference model to allow for statewide participation of families who were not comfortable attending a meeting. The focus groups were facilitated by family advocates whose children have been through the juvenile justice system.

The final element of the research approach was a targeted literature review for each strategy in the plan. The literature review was intended to identify national programs or programs in other states that used the same strategies and demonstrated success. The literature review helped to demonstrate that "what works" in Colorado is not unique to Colorado and that strategies that have anecdotal support, but no evidence in Colorado, may have evidence elsewhere. Academic journals and reports from leading national organizations such as the Office of Juvenile Justice and Delinquency Prevention and the National Institute of Mental Health were included in the literature review.

Appendix B: Organizations Involved in the Oversight and Development of the Plan

Legislative Oversight Committee Members

Cheri Jahn, Chair
Representative, District 24

Judy Solano
Representative, District 31

Debbie Stafford
Representative, District 40

Sue Windels, Vice Chair
Senator, District 19

Ken Kester
Senator, District 2

Stephanie Takis
Senator, District 25

Task Force for the Continuing Examination of the Mentally Ill in the Justice System Members

Departments of Human Services

Debra Kupfer
Division of Mental Health

Maurice Williams
Division of Youth Corrections

Melinda Cox
Division of Child Welfare

Janet Wood
Alcohol and Drug Abuse

Michele Manchester
Colorado Mental Health Institute at Pueblo

Diana Dilka
Mental Health Planning and Advisory Committee

Practicing Mental Health Professionals

Michael Cugini

Carrie Merscham

Community Mental Health Centers

Harriet Hall
Jefferson Mental Health

Person with knowledge of public benefits and housing in the state

Christine Highnam

Department of Education

Michael Ramirez

Departments of Law

Jeanne Smith

Departments of Social Services

Cindy Dicken
Director of Human Services, Clear Creek County

Local Law Enforcement

George Epp,Director
Sheriffs of Colorado

Bill Kilpatrick, Chief
Golden Police Department

Colorado District Attorney's Council

Mr Steve Jones
Assistant District Attorney, 13th Judicial District

Colorado Criminal Defense Bar

Abraham Hutt
Private Practice

David Kaplan
Public Defender's Office

Person who is a practicing forensic professional in the state

Richard Wihera

Members of the Public

Kay Heil
Deirdre Parker
Steven White

Department of Public Safety

Carol C. Poole
Acting Director, Division of Criminal Justice

Juvenile Justice/Mental Health Subcommittee Members

Karen Ashby
Presiding Judge
Denver Juvenile Court

Bill Bane
Children's Mental Health Services
Colorado Division of Mental Health

Lily Boyce
Family Advocate
Colorado Federation of Families

Debra Cady
Director, Medical/Psychiatric Services
Colorado Division of Youth Corrections

Teresa Chavez
Supervisor
Arapahoe County, Department of Human Services

Susan Colling
Juvenile Programs
State Court Administrator's Office

Melinda Cox
Division of Child Welfare

George DelGrosso
Executive Director
Colorado Behavioral Healthcare Council

Nora Earnest
Associate Executive Director
The ARC of Colorado

Megan Floyd
Executive Director
Colorado Federation of Families

Margie Grimsley
Technical Assistance Coordinator
Colorado Federation of Families

Harriet Hall
CEO
Jefferson Center for Mental Health

Pilar Ingargiola
Center for Systems Integration

Anna Lopez
Grant Specialist
Division of Criminal Justice/Office of Adult and Juvenile Justice Assistance

Michele Lovejoy
Program Manager
Division of Criminal Justice/Office of Adult and Juvenile Justice Assistance

Jewlya Lynn
Center for Systems Integration

Denise McHugh
Center for Systems Integration

Tracy Kraft-Tharp
Project Specialist
Kid Connects

Pamela Wakefield
Chief Deputy District Attorney
18th Judicial District, District Attorney's Office

Meg Williams
Manager
Division of Criminal Justice/Office of Adult and Juvenile Justice Assistance

Juvenile Justice and Delinquency Prevention Council Members

Lindi Sinton, Council Chair
Volunteers of America, Colorado

Katie Wells, Council Vice-Chair
Alcohol and Drug Abuse Division

Katy Avila
Community Member- Youth

Bill Bane
Colorado Division of Mental Health

Steve Bates
Office of Children, Youth and Families

Steve Brittain
Chief Probation Officer, 6th & 22nd

Alison Bujanovich
Community Member- Youth

Susan Colling
State Court Administrator's Office

Jim Covino, Esq.
Attorney

Kayla Duran
Community Member- Youth

Regis Groff
Community Member- Former State Senator

Joe Higgins
Mesa County Partners

Larry Hudson
Greenberg Traurig, LLP

Representative Rosemary Marshall
Colorado General Assembly

Sheriff Gerry Oyen
Bent County Sheriff's Office

Stan Paprocki
Colorado Department of Education

Bob Pence
Community Member, former Law Enforcement

Sheriff Gerry Oyen
Bent County Sheriff's Office

Kathryn Prose
Community Member- Youth

Judge David L. Shakes
District Judge-State of Colorado

Crystal Talamante
Community Member- Youth

Judge Richard Toth
Senior Judge, Retired

Ted Trujillo
Division of Child Welfare

Dianne Pacheco Van Voorhees
Attorney at Law

Lowell Richardson
Chief, Estes Park Police Department

Pam Wakefield
Chief Deputy District Attorney

Debbie Wilde
Executive Director, YouthZone

Jeremy Wilson
Community Member- Youth

Division of Criminal Justice
Carol Poole, Acting Director

DCJ/Office of Adult and Juvenile Justice Assistance (OAJJA)- Staff
Meg Williams, Manager
Sue Bradley
Susan Davis
Carol Gould
Cindy Johnson
Anna Lopez
Michele Lovejoy
Kenya Lyons
Betty Shipton Mahaffey
Deb Ristow

Organizations Involved in the Development of the Plan
(Interviews and Community Meetings)

Adams 50
Adams County Social Services Denver
Alternatives to Family Violence Shelter
Arapahoe County Department of Human Services
Arapahoe County Guardian Ad Litems
Arapahoe Douglas Mental Health Center
Arapahoe House
Asian Pacific Development Center
Aurora Mental Health Center
Aurora Public Schools
Boulder Mental Health Center, 20th Judicial District
Braided River, 8th Judicial District
Bridging Cultures
Build A Generation
Caring for Colorado
CASASTART Community Reach
CASASTART, Durango
CASASTART, State
Catholic Charities, Denver
Cerebral Palsy of Colorado
Chaffee County High School Principal
Clinical Director, Project Recovery -The Council
Clinicia Campesina
Colorado Access
Colorado Association of School-Based Healthcare
Colorado Consumer Health Initiative, Denver
Colorado Department of Public Health and Environment
Colorado Health Foundation
Colorado Mental Health Institute, Fort Logan
Colorado Trust, Denver
Colorado West Regional Mental Health Center
Community Research Center
Conflict Center, Denver
Cortez County
Crossroads' Turning Point, 3rd, 10th, 12th Judicial Districts
Denver Children's Home
Denver City Attorney, Denver
Denver Health, Denver
Denver Human Services
Denver Indian Family Resource Center
Denver Juvenile Court
Denver Juvenile Probation
Denver Public Schools

Developmental Disability Council
District Attorney Diversion, 18th Judicial District
Division of Mental Health, 2nd Judicial District
Division of Youth Corrections, Denver
Early & Periodic Screening, Diagnosis, and Treatment, Department of Healthcare Policy and Financing
El Centro Esperanza
El Paso County Department of Human Services
El Paso County Public Health
El Paso Human Services, 4th Judicial District
Emerson St. School, 2nd Judicial District
Fairplay Cedar Elementary
Family Advocate, Denver, Denver
Family Agency Collaboration - Mental Health Center of Denver, 2nd Judicial District
Family Tree
Federation of Families for Children's Mental Health ~ Colorado Chapter
Flat Irons Academy Denver
Foothills Gateway, 8th Judicial District
Greater Littleton Youth Initiative
Gunnison/Hinsdale Department of Human Services
Halcyon Middle School, 20th Judicial District
Head Start Consultant
Health Educator
Healthcare Program for Children with Special Needs, Department of Healthcare Policy and Financing
Hinsdale Public/Community Health
House Bill 1451, Larimer
HUB/1451, Larimer
Ignacio School District
Indian Health Services
JAC - SB 94 Coordinator, 6th and 22nd Judicial District
Jeffco Family Support
Jefferson Center Mental Health, 1st Judicial District
Jefferson County Dept of Public Health
Jefferson County Family Support
Jefferson Family Support Network, 1st and 5th Judicial District
Jefferson Hills
Joint Budget Committee
Joint Initiatives, 4th Judicial District
Judicial, Denver
Juvenile Diversion & Teen Court
Kaiser Permanente
Keating Continuing Education Center, 9th Judicial District
La Plata County Department of Human Services
Lamar Community College Nursing
Larimer Center Mental Health, Durango
Larimer Center Mental Health, Durango, 8th Judicial District
Maximus

Mental Health Association of Colorado
Mental Health Center of Denver
Metro Community Provider Network
MiCASA
MiCASA - Lake/Cheltenham, Durango
National Alliance for the Mentally Ill
North Metro Community Services, Denver
North Range Behavioral Health
Office of Health Disparities, Denver
PATHS, 17th Judicial Districts
Peaceful Spirit Youth Services
Peer Assistance
Pikes Peak Mental Health, 4th Judicial District
Pinon Project
Pinon, 6th and 22nd Judicial District
Prenatal Plus Aurora
Probation Department, 2nd Judicial District
Probation, 11th Judicial District
Probation, 17th Judicial District
Probation, 5th Judicial District
Probation, 6th Judicial District
Probation, Larimer
Project BLOOM
Psychiatric Nurse Specialist, Denver
Red Ribbon Project
Risley Wellness Center
ROC/ Adams County Probation, 14th Judicial District
Rocky Mountain Youth Corps,10 th Judicial District
Salida School Nurse
Salida School to Work Alliance Program
San Juan Basin Health Department
San Juan Board of Cooperative Educational Services
San Luis Valley Mental Health Center
SB 94, 1st Judicial District
SB 94, 2nd Judicial District
School Nurse
Shiloh Home, Inc.
South East Mental Health Services
South Ute Health Center
South Ute Tribe
South West Colorado Mental Health Center
South West Open School Cortez
Southern Ute Community Action Program, Durango
Southern Ute Health Center
Southwest Colorado Mental Health Center
Spanish Peaks Mental Health Center
Summit County
Summit County Youth and Family Services, 5th Judicial District

Support Inc, Denver
Sycare, LLC
Synergy, 18th Judicial District
The Legal Center,
The Link, 17th Judicial District
Thornton High School, Denver
Treatment Accountability for Safer Communities Project, 2nd Judicial District
TriCounty Health Dept
Value Options
West Central Mental Health
Workout Limited
YouthZone

Appendix C: Programs Included in the Plan

The two lists of programs to following are intended to help communities identify programs for follow-up if they are interested in learning more about how a strategy has been implemented in Colorado or nationally. The first list includes all 163 programs mentioned in the strategies section of the plan (Part II) in alphabetical order. The second list includes the same programs listed by strategy instead of program name.

Both lists include the following information for each program:

- Strategies in which the program is mentioned;
- The name of the program or, when the program has no specific name, the name of the implementing agency;
- The judicial districts and counties implementing the program, when it is a Colorado program;
- A notation if it is a statewide program, including the implementing agency when known; and
- The other states or national organizations implementing a program or providing information about a program.

Strategy	Practice	Judicial District	County	Colorado	National
28a	25 Kid Project				Wisconsin
11	4-H Programming			Statewide	
27	Across Ages				National
9	Advancing Colorado's Mental Health Project			State - Mental Health Funders Collaborative	
13, 25	Aggression Replacement Therapy				National - OJJDP web site
2e, 26	Arapahoe County Human Services Voluntary Request for Services	18th	Arapahoe		
7	Arc of Colorado			Statewide	
5	Asian Pacific Development Center			Statewide - Office Denver/Metro area	
18	AT&T Language Line				National
41	Betty Marler Center	2nd	Denver		
12, 25, 27, Prvtn	Big Brothers Big Sisters			Statewide	National
1, 2e, 5,6, 26	Boulder IMPACT	20th	Boulder		
11, Prvtn	Boys and Girls Club			Statewide	National
30	Braided River Peace Project	6th & 22nd	Dolores, Montezuma, San Juan, La Plata, Archuleta		
10a	Bridge Over Troubled Waters				Connecticut
13, 25	Bullying Prevention Program			Center for Study and Prevention of Violence	National
13	Caring School Community Program				National
13, 25, 37	CASASTART			State	National
31	Centennial Mental Health Center	13th, 15th, & 18th	Logan, Morgan, Philips/Sedgwick, Washington/Yuma, Elbert/Lincoln, Cheyenne & Kit Carson	Offices in Akron, Burlington, Elizabeth, Fort Morgan, Holyoke, Julesburg, Limon, Sterling, and Yuma. Services available in Cheyenne, Wells, Wray, and Centennial	
21	Children's Habilitation Residential Program (CHRP)			Statewide - CDHS	
19	Circle of Care	2nd	Denver Metro		
25, 36	Cognitive Behavioral Therapy (CBT)				National
20	Cognitive-Behavioral Skills-Based Interventions			Statewide - Denver Metro Office	
2b, 8, 28a	Colorado Cornerstone System of Care Initiative	1st, 2nd, & 5th	Clear Creek, Denver, Gilpin & Jefferson	Division of Mental Health	
30	Colorado Health Network/ Colorado West Regional Mental Health Inc.	5th, 8th, 9th, 14th, & 21st	Eagle, Garfield, Grand, Jackson, Mesa, Moffat, Pitkin, Rio Blanco, Routt, & Summit		
34a	Community Assessment Center Model (CAC)				National - OJJDP web site
28b, 35d	Community Evaluation Teams (CET)	14th+	Moffat, Routt, Grand + other Counties		

Strategy	Practice	Judicial District	County	Colorado	National
47	Community Restitution and Apprenticeship Focused Training (CRAFT)				National
7	Community Wrap-around Initiative				Illinois
35c	Cook County Shelter Program				Illinois, Cook County
7	Court Appointed Special Advocates (CASA)			Statewide	
33	Crisis Intervention Team with Case Managers	18th	Arapahoe, Douglas, Elbert, & Lincoln		
33	Crisis Intervention Training (CIT)			State	National
1	Denver Collaborative Partnership	2nd	Denver		
4	Denver Juvenile Justice Integrated Treatment Network	2nd	Denver		
21	Developmental Disabilities Resource Center, the board	1st & 5th	Jefferson, Summit, Clear Creek & Gilpin		
25	Dialectic Behavioral Therapy (DBT)	6th & 22nd	Dolores, Montezuma, San Juan, La Plata, Archuleta		National
36	District Attorney Diversion Program	18th	Arapahoe, Douglas, Elbert, & Lincoln		
14	Diversion Council	6th & 22nd	Dolores, Montezuma, San Juan, La Plata, Archuleta		
39	Drug Courts	6th+	La Plata, San Juan, Archuleta	State	National
32	Emerson Street School	2nd	Denver		
5	Empower			Statewide	
13	Families and Schools Together				National
8	Families United	5th, 1st	Clear Creek & Gilpin		
3, 8, 11, 28a	Family Agency Collaboration (FAC)	2nd	Denver		
39	Family Integrated Treatment Court	2nd	Denver		
10b	Family Nexus Support Groups			State	
5, 8, 9	Federation of Families for Children's Mental Health, Colorado Chapter			Statewide - Office in Denver	
21	Foothills Gateway	8th	Larimer & Jackson		
6	Forum on Restorative Community Justice			State	
23, 29, 35a	Foster Care Program	12th	Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache		
21	Foster Care Transition Program	18th	Arapahoe		
17	Framework of Poverty				National
12, 14, 20, 25, 35b, 36	Functional Family Therapy (FFT)	Many	Many counties throughout the state, e.g. Mesa County		National
7	GALs			Statewide - Office of Child Representatives	
3	Gilliam Youth Services Center	2nd	Denver		
13, 22	Girl's Circle				National
2d, 25, 46, Prvtn	Greater Littleton Youth Initiative (GLYI)	18th	Douglas		
2e, 4, 26	HB 1451 & Collaborative Management programs	2nd, 4th, 8th, 19th, 20th, & 21st	Larimer, Denver, El Paso, Mesa, Weld & Boulder	State Coordinator	
31	Head Start Programs			Statewide	National
10a	Huckleberry House				California
43	Intensive Aftercare Services			State	National

Strategy	Practice	Judicial District	County	Colorado	National
5, 8, 10b	Jeffco Family Support Network	1st	Jefferson		
9	Jeffco Family Support Network's Family Leadership Institute	1st	Jefferson		
20	Jefferson Center for Mental Health	1st	Jefferson		
33a	Jefferson County Juvenile Assessment Center(JCJAC)	1st	Jefferson		
8	Jefferson County Juvenile Justice Behavioral Health Council	1st	Jefferson		
39, 40	Jefferson County Mental Health Court	1st	Jefferson		
13	Job Corps				National
1, 2c, 2e, 5, 6, 26	Joint Initiatives	4th	El Paso		
2b	Juvenile Drug Court	6th & 22nd	Dolores, Montezuma, San Juan, La Plata, Archuleta		National
22	Juvenile Justice Evaluation Center				National
39	Juvenile Special Services Court	2nd	Denver		
10a	Kids Oneida				New York
3	Larimer Department of Human Services co-located staffing	8th	Larimer		
19	Las Chicas	21st	Mesa		
27	Let Each One Teach One				National
5	Letter of Agreement Process, SB 94 Program	2nd + others	Denver + others		
2d, 46	Life Skills Training/Program	18th+	Douglas + other counties		National
43	Lifeskills '95				National
44	Lookout Mountain	1st	Jefferson		
42	Lookout Mountain Cypress Program	1st	Jefferson		
34	MAYSI - 2	Many	Many counties through probation, juvenile assessment centers, and other systems	State - Division of Youth Corrections, Probation Departments	National
3	Mental Health Center of Denver	2nd	Denver		
Prvtn	Mental Health Centers	1st +	Jefferson + others	Statewide	
12, 29, 35d	Mentor/Advocate/Tracker Program	7th	Gunnison		
5	Mi Casa	2nd	Denver		
6, 7	Minority OverRepresentation (MOR) Program/Advocates	2nd, 4th, 6th, 10th, 18th & 21st	Mesa, Denver, Pueblo, El Paso, La Plata, Arapahoe, Douglas, Elbert, Lincoln, + others	State Coordinator	
33	Mobile Response Team				Contra Costa County, CA
25	Moral Recognition Therapy				National
20	Motivational Enhancement Approaches	1st	Jefferson		
20	Multicomponent Behavior Therapy				National
16	Multicultural Program	19th	Weld		
23, 25, 35a	Multidimensional Treatment Foster Care (MTFC)	Some	Mentioned in Multiple Colorado communities		National

Strategy	Practice	Judicial District	County	Colorado	National
2a, 11, 12, 14, 19, 20, 22, 25, 35b, 36	Multisystemic Therapy (MST)	Many	Available in many Colorado communities	State - Center for Effective Intervention	National
38	National Council of Juvenile and Family Court Judge's http://www.ncjfcj.org				National
39	National Youth Court Center (NYCC)				National
15	National Youth Project Using Minibikes	8th	Larimer		
7	Office for Victims Programs			State - Division of Criminal Justice	
6	Office of Juvenile Justice and Delinquency Prevention				National
3	Office of Juvenile Justice and Delinquency Prevention's Community Assessment Center (CAC)				National - OJJDP web site
31	Opportunity Center	21st	Mesa		
35d	Partners Plus	7th	Gunnison		
2a, 25, 35b	Peaceful Spirit Youth Services	6th & 22nd	Dolores, Montezuma, San Juan, La Plata, Archuleta		
33a	Pikes Peak Youth Assessment Center (YAC)	4th	El Paso		
Prvtn	Pinon Project	22nd	Montezuma, Dolores		
Prvtn	Positive Behavior Supports Program			State	National
11	Positive Youth Development model			Statewide	National
7, 37	Project Respect	10th	Pueblo		
Prvtn	Recreation Centers			Statewide	
10a	Respite House	1st	Jefferson		
19	Restorative Justice Model				National model
5, 11, 29	Restorative Justice Program	1st+	Jefferson + others	Statewide	
46	Right Track Program	4th	El Paso		
22	Rite of Passage			State - Division of Youth Corrections	
35e	ROC Day Treatment Program	17th	Adams		
Prvtn	Safe and Drug Free Schools Program				National
20	San Luis Valley Mental Health Center	21st	Mesa		
35b	Savio House	2nd & 4th	Denver & El Paso		
1, 4	SB 94, Juvenile Services Planning Committees			Statewide - State Coordinator	
15	School Based Probation Programs				Pennsylvania, Indiana, Virginia, & California
31	Sobesky Academy Day Treatment Program	1st	Jefferson		
21	Southeast Diversified Services	15th	Kiowa & Cheyenne		
35c	Staff Secure Facility	7th & 15th	Delta, Gunnison, Montrose, San Miguel, Ouray, Hinsdale, Kiowa & Cheyenne		
16	Staffing Group of Latino caseworkers	20th	Boulder		
12	Sterling Pilot Program	13th	Logan		
10b	Strengthening Latino Families	8th	Larimer		

Strategy	Practice	Judicial District	County	Colorado	National
Prvtn	Summit County School-Based Prevention Classes	5th	Summit		
46	Summit Outdoor Adventures Program	5th	Summit		
2a	Summit Outdoor Education Center	5th	Eagle, Summit, Clear Creek		
20, 44	Synergy	2nd	Denver	University of Colorado Health Sciences Center	
11, 17	System of Care Approach			State - Division of Mental Health	National
28a	Team Decision-Making				National
39	Teen Court	6th & 22nd	Dolores, Montezuma, San Juan, La Plata, Archuleta		
23, 39	Teen Courts			Statewide	National
35a	Temporary Holdover Beds	12th	Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache		
10b, 21	The HOPE Initiative	1st	Jefferson County based		
33a	The HUB	8th	Larimer		
7	The Legal Center for People with Disabilities and Older People			Statewide	
33a	The Link	17th	Adams		
13, 46	The Road	1st	Jefferson		
13	The Spot	2nd	Denver		
20	Therapeutic Communities				National
12	Therapeutic Foster Care				National
28b, 45	Tiger Transition Collaborative	12th	Alamosa, Conejos, Costilla, Mineral, Rio Grande, & Saguache		
47	Tri County Workforce Center	1st	Jefferson		
37	Truancy Board	11th	Park, Chaffee, Fremont, Custer		
7	Truancy Program	10th	Pueblo		
35f, 44	Turnabout Programs	1st & 21st	Jefferson & Mesa		
30	Turning Point Restorative Justice	8th	Larimer		
Prvtn	Urban Peak The Spot			Statewide	
19	White Bison	4th	El Paso		
13	Wilderness Programs			Statewide	National
30, 46, 47	Workout Limited	4th	El Paso		
1, 2b, 10c, 11, 12, 25, 28a,	Wrap-around	1st, 2nd, 4th, 5th, & 20th	El Paso, Denver, Jefferson, Clear Creek, Gilpin, Boulder + others		National
14, 25, 28a	Wrap-around Milwaukee				Wisconsin
11	YMCA			Statewide	National
35d	Youth Advocate Program				Philadelphia, Pennsylvania
15	Youth Arts Program				Oregon
39	Youth Development Court	2nd	Denver		
2a	Youth Zone	9th	Rio Blanco, Garfield		
10a	Youth-Family-Adult Connections				Washington

Strategy	Practice	Judicial District	County	Colorado	National
1	Boulder IMPACT	20th	Boulder		
1	Denver Collaborative Partnership	2nd	Denver		
1	Joint Initiatives	4th	El Paso		
1	SB 94, Juvenile Services Planning Committees			Statewide - State Coordinator	
1	Wrap-around	1st, 2nd, 4th, 5th, & 20th	El Paso, Denver, Jefferson, Clear Creek, Gilpin, Boulder + others		National
2a	Multisystemic Therapy (MST)			State - Center for Effective Intervention	National
2a	Peaceful Spirit Youth Services, Multisystemic Therapy Program	6th & 22nd	San Juan, La Plata, Archuleta, Park, Chaffee, Fremont, & Custer		
2a	Summit Outdoor Education Center	5th	Eagle, Summit, Clear Creek		
2a	Youth Zone	9th	Rio Blanco, Garfield		
2b	Colorado Cornerstone System of Care Initiative	1st, 2nd, & 5th	Clear Creek, Denver, Gilpin & Jefferson	Division of Mental Health	
2b	Juvenile Drug Court	6th & 22nd	Dolores, Montezuma, San Juan, La Plata, Archuleta		National
2b	Wrap-around	1st, 2nd, 4th, 5th, & 20th	El Paso, Denver, Jefferson, Clear Creek, Gilpin, Boulder + others		National
2c	Joint Initiatives	4th	El Paso		
2d	Greater Littleton Youth Initiative (GLYI)	18th	Douglas		
2d	Life Skills Training	18th+	Douglas + other counties		National
2e	Boulder IMPACT	20th	Boulder		
2e	Arapahoe County Human Services Voluntary Request for Services	18th	Arapahoe		
2e	HB 1451	2nd, 4th, 8th, 19th, 20th, & 21st	Larimer, Denver, El Paso, Mesa, Weld & Boulder	State Coordinator	
2e	Joint Initiatives	4th	El Paso		
3	Family Agency Collaboration (FAC)	2nd	Denver		
3	Gilliam Youth Services Center	2nd	Denver		
3	Larimer Department of Human Services co-located staffing	8th	Larimer		
3	Mental Health Center of Denver	2nd	Denver		
3	Office of Juvenile Justice and Delinquency Prevention's Community Assessment Center (CAC)				National - OJJDP web site
4	SB 94			Statewide - State Coordinator	
4	HB 1451 & Collaborative Management programs	2nd, 4th, 8th, 19th, 20th, & 21st	Larimer, Denver, El Paso, Mesa, Weld & Boulder	State Coordinator	
4	Denver Juvenile Justice Integrated Treatment Network	2nd	Denver		

Strategy	Practice	Judicial District	County	Colorado	National
5	Asian Pacific Development Center			Statewide - Office Denver/Metro area	
5	Boulder IMPACT	20th	Boulder		
5	Empower			Statewide	
5	Federation of Families for Children's Mental Health, Colorado Chapter			Statewide - Office in Denver	
5	Jeffco Family Support Network	1st	Jefferson		
5	Joint Initiatives	4th	El Paso		
5	Letter of Agreement Process, SB 94 Program	2nd + others	Denver + others		
5	Mi Casa	2nd	Denver		
5	Restorative Justice Program	1st+	Jefferson + others	Statewide	
6	Boulder IMPACT	20th	Boulder		
6	Forum on Restorative Community Justice			State	
6	Joint Initiatives	4th	El Paso		
6	Minority OverRepresentation (MOR) Program	2nd, 4th, 6th, 10th, 18th & 21st	Mesa, Denver, Pueblo, El Paso, La Plata, Arapahoe, Douglas, Elbert, Lincoln, + others	State Coordinator	
6	Office of Juvenile Justice and Delinquency Prevention				National
7	Arc of Colorado			Statewide	
7	Community Wrap-around Initiative				Illinois
7	Court Appointed Special Advocates (CASA)			Statewide	
7	MOR Advocates	2nd, 4th, 6th, 10th, 18th & 21st	Mesa, Denver, Pueblo, El Paso, La Plata, Arapahoe, Douglas, Elbert, Lincoln, + others	State Coordinator	
7	Office for Victims Programs			State - Division of Criminal Justice	
7	Project Respect	10th	Pueblo		
7	Truancy Program	10th	Pueblo		
7	GALs			Statewide - Office of Child Representatives	
7	The Legal Center for People with Disabilities and Older People			Statewide	
8	Colorado Cornerstone System of Care Initiative	1st, 2nd, & 5th	Clear Creek, Denver, Gilpin & Jefferson	Division of Mental Health	
8	Families United	5th, 1st	Clear Creek & Gilpin		
8	Family Agency Collaboration (FAC)	2nd	Denver		
8	Federation of Families for Children's Mental Health, Colorado Chapter			Statewide - Office in Denver	
8	Jeffco Family Support Network	1st	Jefferson		

Strategy	Practice	Judicial District	County	Colorado	National
8	Jefferson County Juvenile Justice Behavioral Health Council	1st	Jefferson		
9	Advancing Colorado's Mental Health Project			State - Mental Health Funders Collaborative	
9	Federation of Families for Children's Mental Health, Colorado Chapter			Statewide - Office in Denver	
9	Jeffco Family Support Network's Family Leadership Institute	1st	Jefferson		
10a	Bridge Over Troubled Waters				Connecticut
10a	Huckleberry House				California
10a	Respite House	1st	Jefferson		
10a	Kids Oneida				New York
10a	Youth-Family-Adult Connections				Washington
10b	Family Nexus Support Groups			State	
10b	Jeffco Family Support Network	1st	Jefferson		
10b	Strengthening Latino Families	8th	Larimer		
10b	The HOPE Initiative	1st	Jefferson County based		
10c	Wrap-around	1st, 2nd, 4th, 5th, & 20th	El Paso, Denver, Jefferson, Clear Creek, Gilpin, Boulder + others		National
11	4-H Programming			Statewide	
11	Boys and Girls Club			Statewide	National
11	Family Agency Collaboration (FAC)	2nd	Denver		
11	Multisystemic Therapy (MST)			State - Center for Effective Intervention	National
11	Positive Youth Development model			Statewide	National
11	Restorative Justice Program			Statewide	
11	System of Care Approach			State - Division of Mental Health	National
11	Wrap-around	1st, 2nd, 4th, 5th, & 20th	El Paso, Denver, Jefferson, Clear Creek, Gilpin, Boulder + others		National
11	YMCA			Statewide	National
12	Big Brothers Big Sisters			Statewide	National
12	Functional Family Therapy (FFT)			Statewide	National
12	Mentor/Advocate/Tracker Program	7th	Gunnison		
12	Multisystemic Therapy (MST)			State - Center for Effective Intervention	National
12	Sterling Pilot Program	13th	Logan		
12	Therapeutic Foster Care				National
12	Wrap-around	1st, 2nd, 4th, 5th, & 20th	El Paso, Denver, Jefferson, Clear Creek, Gilpin, Boulder + others		National

Strategy	Practice	Judicial District	County	Colorado	National
13	Aggression Replacement Therapy				National - OJJDP web site
13	Bullying Prevention Program			Center for Study and Prevention of Violence	National
13	Caring School Community Program				National
13	CASASTART			State	National
13	Families and Schools Together				National
13	Girl's Circle				National
13	Job Corps				National
13	The Road	1st	Jefferson		
13	The Spot	2nd	Denver		
13	Wilderness Programs			Statewide	National
14	Diversion Council	6th & 22nd	Dolores, Montezuma, San Juan, La Plata, Archuleta		
14	Functional Family Therapy (FFT)			Statewide	National
14	Multisystemic Therapy (MST)			State - Center for Effective Intervention	National
14	Wrap-around Milwaukee				Wisconsin
15	National Youth Project Using Minibikes	8th	Larimer		
15	School Based Probation Programs				Pennsylvania, Indiana, Virginia, & California
15	Youth Arts Program				Oregon
16	Multicultural Program	19th	Weld		
16	Staffing Group of Latino caseworkers	20th	Boulder		
17	Framework of Poverty				National
17	System of Care Approach			State - Division of Mental Health	National
18	AT&T Language Line				National
19	Circle of Care	2nd	Denver Metro		
19	Las Chicas	21st	Mesa		
19	Multisystemic Therapy (MST)			State - Center for Effective Intervention	National
19	Restorative Justice Model				National model
19	Las Chicas	21st	Mesa		
19	White Bison	4th	El Paso		
20	Cognitive-Behavioral Skills-Based Interventions			Statewide - Denver Metro Office	
20	Functional Family Therapy (FFT)			Statewide	National
20	Jefferson Center for Mental Health	1st	Jefferson		
20	Motivational Enhancement Approaches	1st	Jefferson		
20	Multicomponent Behavior Therapy				National

Strategy	Practice	Judicial District	County	Colorado	National
20	Multisystemic Therapy (MST)			State - Center for Effective Intervention	National
20	San Luis Valley Mental Health Center	21st	Mesa		
20	Synergy	2nd	Denver	University of Colorado Health Sciences Center	
20	Therapeutic Communities				National
21	Developmental Disabilities Resource Center, the board	1st & 5th	Jefferson, Summit, Clear Creek & Gilpin		
21	The HOPE Initiative	1st	Jefferson County based		
21	Foothills Gateway	8th	Larimer & Jackson		
21	Foster Care Transition Program	18th	Arapahoe		
21	Southeast Diversified Services	15th	Kiowa & Cheyenne		
21	Children's Habilitation Residential Program (CHRP)			Statewide - CDHS	
22	Girl's Circle				National
22	Juvenile Justice Evaluation Center				National
22	Multisystemic Therapy (MST)			State - Center for Effective Intervention	National
22	Rite of Passage			State - Division of Youth Corrections	
23	Foster Care Program	12th	Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache		
23	Multidimensional Treatment Foster Care (MTFC)				National
23	Teen Courts			Statewide	National
25	Aggression Replacement Therapy				National - OJJDP web site
25	Big Brothers Big Sisters			Statewide	National
25	Bullying Prevention Program			Center for Study and Prevention of Violence	National
25	CASASTART			State	National
25	Cognitive Behavioral Therapy (CBT)				National
25	Dialectic Behavioral Therapy (DBT)	6th & 22nd +	Dolores, Montezuma, San Juan, La Plata, Archuleta + others		National
25	Functional Family Therapy (FFT)	18th +	Arapahoe, Douglas, Elbert, Lincoln + others	Statewide	National
25	Greater Littleton Youth Initiative (GLYI)	18th	Douglas		
25	Moral Recognition Therapy				National
25	Multidimensional Treatment Foster Care (MTFC)				National
25	MultiSystemic Therapy (MST)	6th & 22nd +	Dolores, Montezuma, San Juan, La Plata, Archuleta + others	State - Center for Effective Intervention	National
25	Peaceful Spirit Youth Services	6th & 22nd	Dolores, Montezuma, San Juan, La Plata, Archuleta		

Strategy	Practice	Judicial District	County	Colorado	National
25	Wrap-around	1st, 2nd, 4th, 5th, & 20th	El Paso, Denver, Jefferson, Clear Creek, Gilpin, Boulder + others		National
25	Wrap-around Milwaukee				Wisconsin
26	Arapahoe County Human Services Voluntary Request for Services	18th	Arapahoe		
26	Boulder IMPACT	20th	Boulder		
26	HB 1451 & Collaborative Management programs	2nd, 4th, 8th, 19th, 20th, & 21st	Larimer, Denver, El Paso, Mesa, Weld & Boulder	State Coordinator	
26	Joint Initiatives	4th	El Paso		
27	Across Ages				National
27	Big Brothers Big Sisters			Statewide	National
27	Let Each One Teach One				National
28a	25 Kid Project				Wisconsin
28a	Colorado Cornerstone System of Care Initiative	1st, 2nd, & 5th	Clear Creek, Denver, Gilpin & Jefferson	Division of Mental Health	
28a	Family Agency Collaboration (FAC)	2nd	Denver		
28a	Team Decision-Making				National
28a	Wrap-around	1st, 2nd, 4th, 5th, & 20th	El Paso, Denver, Jefferson, Clear Creek, Gilpin, Boulder + others		National
28a	Wrap-around Milwaukee				Wisconsin
28b	Community Evaluation Teams (CET)	14th	Moffat, Routt, Grand + other Counties		
28b	Tiger Transition Collaborative	12th	Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache		
29	Foster Care Program	12th	Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache		
29	Mentor/Advocate/Tracker Program	7th	Gunnison		
29	Restorative Justice Program	7th+	Gunnison + others	Statewide	
30	Braided River Peace Project	6th & 22nd	Dolores, Montezuma, San Juan, La Plata, Archuleta		
30	Turning Point Restorative Justice	8th	Larimer		
30	Workout Limited	4th	El Paso		
30	Colorado Health Network/ Colorado West Regional Mental Health Inc.	5th, 8th, 9th, 14th, & 21st	Eagle, Garfield, Grand, Jackson, Mesa, Moffat, Pitkin, Rio Blanco, Routt, & Summit		
31	Centennial Mental Health Center	13th, 15th, & 18th	Logan, Morgan, Philips/Sedgwick, Washington/Yuma, Elbert/Lincoln, Cheyenne & Kit Carson	Offices in Akron, Burlington, Elizabeth, Fort Morgan, Holyoke, Julesburg, Limon, Sterling, and Yuma. Services available in Cheyenne, Wells, Wray, and Centennial	
31	Head Start Programs			Statewide	National
31	Opportunity Center	21st	Mesa		
31	Sobesky Academy Day Treatment Program	1st	Jefferson		
32	Emerson Street School	2nd	Denver		

Strategy	Practice	Judicial District	County	Colorado	National
33	Crisis Intervention Team with Case Managers	18th	Arapahoe, Douglas, Elbert, & Lincoln		
33	Crisis Intervention Training (CIT)			State	National
33	Mobile Response Team				Contra Costa County, CA
34	MAYSI - 2	Many	Many counties through probation, juvenile assessment centers, and other systems	State - Division of Youth Corrections, Probation Departments	National
34a	The HUB	8th	Larimer		
34a	Jefferson County Juvenile Assessment Center(JCJAC)	1st	Jefferson		
34a	Pikes Peak Youth Assessment Center (YAC)	4th	El Paso		
34a	The Link	17th	Adams		
34a	Community Assessment Center Model (CAC)				National - OJJDP web site
35a	Foster Care Program	12th	Alamosa, Conejos, Costilla, Mineral, Rio Grande, & Saguache		
35a	Multidimensional Treatment Foster Care (MTFC)				National
35a	Temporary Holdover Beds	12th	Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache		
35b	Functional Family Therapy (FFT)			Statewide	National
35b	Multisystemic Therapy (MST)			State - Center for Effective Intervention	National
35b	Peaceful Spirit Youth Services	6th & 22nd	Dolores, Montezuma, San Juan, La Plata, Archuleta		
35b	Savio House	2nd & 4th	Denver & El Paso		
35c	Cook County Shelter Program				Illinois, Cook County
35c	Staff Secure Facility	7th & 15th	Delta, Gunnison, Montrose, San Miguel, Ouray, Hinsdale, Kiowa & Cheyenne		
35d	Community Evaluation Team (CET)	14th	Moffat, Routt, Grand + other Counties		
35d	Mentor/Advocate/Tracker Program	7th	Gunnison		
35d	Partners Plus	7th	Gunnison		
35d	Youth Advocate Program				Philadelphia, Pennsylvania
35e	ROC Day Treatment Program	17th	Adams		
35f	Turnabout Programs	1st, 21st	Jefferson & Mesa		
36	Cognitive Behavioral Therapy (CBT)				National
36	District Attorney Diversion Program	18th	Arapahoe, Douglas, Elbert, & Lincoln		
36	Functional Family Therapy (FFT)			Statewide	National
36	Multisystemic Therapy (MST)			State - Center for Effective Intervention	National
37	CASASTART			State	National
37	Project Respect	10th	Pueblo		

Strategy	Practice	Judicial District	County	Colorado	National
37	Truancy Board	11th	Park, Chaffee, Fremont, Custer		
38	National Council of Juvenile and Family Court Judge's http://www.ncjfcj.org				National
39	Family Integrated Treatment Court	2nd	Denver		
39	Juvenile Special Services Court	2nd	Denver		
39	Jefferson County Mental Health Court	1st	Jefferson		
39	National Youth Court Center (NYCC)				National
39	Teen Court	6th & 22nd	Dolores, Montezuma, San Juan, La Plata, Archuleta		
39	Teen Courts	6th+	La Plata + others	State	National
39	Drug Courts	6th+	La Plata + others	State	National
39	Youth Development Court	2nd	Denver		
40	Jefferson County Mental Health Court	1st	Jefferson		
41	Betty Marler Center	10th	Pueblo		
42	Lookout Mountain Cypress Program	1st	Jefferson		
43	Intensive Aftercare Services			State	National
43	Lifeskills '95				National
44	Lookout Mountain	1st	Jefferson		
44	Synergy	2nd	Denver	University of Colorado Health Sciences Center	
44	Turnabout Programs	1st & 21st	Jefferson & Mesa		
45	Tiger Transition Collaborative	12th	Saguache, Mineral, Rio Grande, Alamosa, Conejos, & Costilla		
46	Greater Littleton Youth Initiative (GLYI)	18th	Douglas		
46	Life Skills Program	18th+	Douglas + other counties		National
46	Right Track Program	4th	El Paso		
46	Summit Outdoor Adventures Program	5th	Summit		
46	The Road	1st	Jefferson		
46	Workout Limited	4th	El Paso		
47	Community Restitution and Apprenticeship Focused Training (CRAFT)				National
47	Tri County Workforce Center	1st	Jefferson		
47	Workout Limited	4th	El Paso		
Prvtn	Big Brothers Big Sisters			Statewide	National
Prvtn	Boys and Girls Club			Statewide	National
Prvtn	Greater Littleton Youth Initiative (GLYI)	18th	Douglas		
Prvtn	Mental Health Centers	1st +	Jefferson + others	Statewide	
Prvtn	Pinon Project	22nd	Montezuma, Dolores		
Prvtn	Positive Behavior Supports Program			State	National
Prvtn	Recreation Centers			Statewide	
Prvtn	Safe and Drug Free Schools Program				National

Strategy	Practice	Judicial District	County	Colorado	National
Prvtn	Summit County School-Based Prevention Classes	5th	Summit		
Prvtn	Urban Peak The Spot			Statewide	

Appendix D: References

Acoca, L. (1999). Investing in girls: A 21st century strategy. *Juvenile Justice, VI*(1), 3-13.

Addiction research and treatment services. (2006). Accessed on July 7, 2006 from http://www.artstreatment.org/

Austin, J., Johnson, K. D., & Weitzer, R. (2005). Alternatives to the secure detention and confinement of juvenile offenders. *Juvenile Justice Bulletin, September 2005*.

Beyer, M. (2001). Delinquent girls: A developmental perspective. *Kentucky Children's Rights Journal*.

Botvin, G. J., Mihalic, S. F., & Grotpeter, J. K. (1998). *Blueprints for violence prevention, book five: Life skills training*. Boulder, CO: Center for the Study and Prevention of Violence.

Burns, B. J., Howell, J. C., Wiig, J. K., Augimeri, L. K., Welsh, B. C., Loeber, R., et al. (2003). Treatment, services, and intervention programs for child delinquents. *Child Delinquency Bulletin Series*.

Butts, J., & Adams, W. (2001). Anticipating space needs in juvenile detention and correctional facilities. *Juvenile Justice Bulletin, March 2001*.

Cannon, M., Jones, P., Gilvarry, C., Rifkin, L., McKenzie, K., Foerster, A., et al. (1997). Premorbid social functioning in schizophrenia and bipolar disorder: Similarities and differences. *American Journal of Psychiatry, 154*(11), 1544-1550.

Chamberlain, P. (1998). *Treatment foster care*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Clark, J. (2004). *Non-specialty first appearance court models for diverting persons with mental illnesses: Alternatives to mental health courts*. Delmar, MY: Technical Assistance and Policy Analysis Center for Jail Diversion.

Clawson, H. J., & Coolbaugh, K. (2001). The Youth ARTS development project *Juvenile Justice Bulletin, May 2001*.

Cocozza, J., J, & Skowyra, K., R. (2000). Youth with mental health disorders: Issues and emerging responses. *Juvenile of the Office of Juvenile Justice and Delinquency Prevention 7*(1), 3-13.

Cocozza, J., J, Trupin, E., & Teodosio, L. Diverting youth with mental health needs from the juvenile justice system: Critical issues and model approaches, *GAINS TAPA Center Easy Access Net/Teleconference*: The GAINS TAPA Center for Jail Diversion and National Center for Mental Health and Juvenile Justice.

Coen, A., S, Libby, A., M, Pricie, D., A, & Silverman, K. (2003). Inside the black box: A study of the residential treatment center program in Colorado. In Colorado Department of Human Services, Division of Child Welfare Services (Ed.): Policy Studies, INC.

Coffee, J., & Pestridge, S. (2001). *Career academy concept*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Cohen, E., Engleby, C., & McHugh, D. (2004). *Promising practices in home-based services for children with serious emotional disturbance and their families: A child centered, family focused, culturally competent and community based approach*. Learning Systems Group and McHugh and Associates.

Cox, S., Davison, W., & Bynum, T. (1995). A meta-analytic assessment of delinquency-related outcomes of alternative education programs. *Crime and Delinquency, 41*(2), 219-234.

Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1998). *Towards a culturally competent system of care: Vol. I. A monograph on effective services for minority children who are severely emotionally disturbed.* Washington, D.C.: Georgetown University, Child Development Center, Child and Adolescent Service System Program, Technical Assistance Center.

Cross, T., Earl, K., Hawk, S., & Manness, K (2000). *Cultural strengths and challenges in implementing a system of care model in American Indian communities. Systems of care: Promising practices in children's mental health*. Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

CSR, Incorporated. (1997). *Understanding youth development: promoting positive pathways of growth*. Washington, D.C.: Administration for Children and Families, U.S. Department of Health and Human Services.

Damon, W. (2004). What is positive youth development? *Annals of the American Academy of Political and Social Science, 591*(1), 12-24.

Davis, W., N. (2003). Special problems for specialty courts. *ABA Journal, 89*(2), 32 - 37.

DeMuro, P. (2000). *Pathways to juvenile detention reform consider the alternatives: Planning and implementing detention alternatives* Baltimore, MD: Annie E. Casey Foundation.

Denver public schools website. (2003). Retrieved July 2, 2006

Dinnebeil, L. A., & Rule, S. (1994). Variables that influence collaboration between parents and service coordinators. *Journal of Early Intervention 18*(4), 349-361.

Dolan, D., Wilson, K., Lieupo, K., May, M., Meisner, A., O'Oonnor, K., Weinstein, S., Tortorice, D., & VanMeveren, S. (2004). Model state drug court legislation: Model drug offender accountability and treatment act. In Model State Drug Court Legislation Committee, National Drug Court Institute.

Donna, M. B. (2003). Intergenerational service learning and volunteering. *New Directions for Philanthropic Fundraising, 2003*(42), 59-69.

Drake, R. E., Essock, S. M., Shaner, A., Carey, K. B., Minkoff, K., Kola, L., et al. (2001). Implementing dual diagnosis services for clients with severe mental illness. *Psychiatric Services, 52*(4), 469-476.

Espiritu, R. C., Huizinga, D., Crawford, A., & Loeber, R. (2001). Epidemiology of self-reported delinquency. In R. Loeber & D. P. Farrington (Eds.), *Delinquents: Development, intervention, and service needs* (pp. 47–66). Thousand Oaks, CA: Sage Publications, Inc.

Fraser, M., W, Nelson, K., E, & Rivard, J., C. (1997). Effectiveness of family preservation services. *Social Work Research, 21*(3), 138-153.

Friesen, B., J, Kruzich, J., M, Robinson, A., Jivanjee, P., Pullmann, M., & Bowles, C. (2001). Straining the ties that bind: Limits on parent-child contact in out of-home care, *Focal Point* (Vol. 15, pp. 20-22).

Gies, S. V. (2003). Aftercare services. *Juvenile Justice Bulletin, September 2003*.

Goldman, H., H, Ganju, V., Drake, R., E, Gorman, P., Hogan, M., Hyde, P., S, et al. (2001). Policy implications for implementing evidence-based practices. *Psychiatric Services, 52*, 1591-1597.

Greenbaum, P., Dedrick, R., Kutash, K., Brown, E., Lariere, S., & Pugh, A. (1998). National adolescent and child treatment study (NACTS): Outcomes for children with serious emotional and behavioral disturbance. In M. Epstein, K. Kutash & A. Duchnowski, J (Eds.), *Outcomes for children and youth with emotional and behavioral disorders and their families: Programs and evaluation best practices* (pp. 21-54). Austin, TX.

Grella, C. E., Hser, Y.-I., Joshi, V., & Rounds-Bryant, J. (2001). Drug treatment outcomes for adolescents with co-morbid mental and substance use disorders. . *Journal of Nervous & Mental Disease, 189*(6), 384-392.

Grossman, J. B., & Garry, E. M. (1997). Mentoring– a proven delinquency prevention strategy. *Juvenile Justice Bulletin, April 1997*.

Guiding principles for promising female programming: An inventory of best practices. (1998).). Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention, United States Department of Justice.

Herman, M., M. (2002). *Juvenile justice trends in 2002 teen courts—a juvenile justice diversion program - knowledge and information services* from National Center for State Courts online.http://www.ncsconline.org/WC/Publications/KIS_JuvJus_Trends02_TeenPub.pdf.

Herring, A., J. (2005). *Are drug courts a solution to the drug problem?* Paper presented at the Are Drug Courts a Solution to the Drug Problem? Washington, DC.

Heward, M., E. (2002). Teen court legislation in the United States (Vol. Volume 2., pp. 4-7).

Huizinga, D., & Jakob-Chen, C. (1998). Contemporaneous co-occurrence of serious and violent juvenile offending and other problem behaviors. In R. Loeber & D. Farrington, P. (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 47-67). Thousand Oaks, CA: Sage Publications.

Ingargiola, P., Lynn, J., & Updike, B. (2005). *A framework for system improvement on behalf of youth with mental illness and co-occurring disorders in the juvenile justice system*. Denver, CO: Division of Criminal Justice, Colorado Department of Public Safety.

Involving families in policy work. (1999). Arlington, VA: Federation of Families for Children's Mental Health.

Irvine, A. (2005). *Girls' circle: Summary of outcomes for girls in the juvenile justice system*. Santa Cruz, CA: Ceres Policy Research.

Isaacs, M., R. (1998). *Towards a culturally competent system of care* (Vol. III). Washington, D.C: National Technical Assistance Center for Children's Mental Health Center for Child Health and Mental Health Policy, Georgetown University Child Development Center.

Isaacs, M., R, & Benjamin, M., P. (1991). *Towards a culturally competent system of care* (Vol. II). Washington, DC: National Technical Assistance Center for Children's Mental Health Center for Child Health and Mental Health Policy, Georgetown University Child Development Center.

Josi, D. A., & Sechrest, D. K. (1999). A pragmatic approach to parole aftercare: Evaluation of a community reintegration program for high-risk youthful offenders. *Justice Quarterly, 16*(1), 51-80.

Juvenile delinquency guidelines: Improving court practice in juvenile delinquency cases. (2005). Reno, NV: National Council of Juvenile and Family Court Judges.

Juvenile drug courts: Strategies in practice. (2003). Washington, D.C.: U.S. Department of Justice, Office of Justice Programs.

Juvenile Justice and Delinquency Prevention Council. (2006). *Colorado's three year plan and formula grant program application 2006-2008*. Denver, CO: Colorado Department of Public Safety.

Kamradt, B. (2000). Wraparound Milwaukee: Aiding youth with mental health needs. *Journal of the Office of Juvenile Justice and Delinquency Prevention VII* (1), 14-23.

Kemple, J., & Snipes, J. (2000). *Career Academies: Impacts on Students' Engagement and Performance in High School*. San Francisco, CA: Manpower Demonstration Research Corporation.

Key characteristics of family meetings (2006). Denver, CO: Colorado Foundation for Families and Children

Koppelman, J. (2005). *Mental health and juvenile justice: Moving toward more effective systems of care* (Issue Brief No. 805). Washington, DC: The George Washington University

Kruzich, J., M, Jivanjee, P., Robinson, A., & Friesen, B. (2003). Family caregivers' perception of barriers to and support of participation in their children's out of home treatment. *Psychiatric Services, 54*(11), 1513 - 1518.

Kutash, K., & Rivera, V. R. (1996). *What works in children's mental health services? Uncovering answers to critical questions*. Baltimore: Paul H. Brookes Publishing.

Kuulasmaa A. Wahlberg K.E., K. M. L. (2004). Videoconferencing in family therapy: a review. *Journal of Telemedicine and Telecare.*

Lindblad, Goldberg, Dore, & Stern. *A comprehensive guide to home-based services.*

Lindblad-Goldberg, M., Dore, M. M., & Stern, L. (1998). *Creating competence from chaos: A comprehensive guide to home-based services.* New York, NY: W.W. Norton & Company.

Loeber, R., Farrington, D. P., & Petechuk, D. (2003). Child delinquency: Early intervention and prevention. *Child Delinquency Bulletin Series, May.*

Mental health treatment for youth in the juvenile justice system: A compendium of promising practices. (2004). Alexandria, VA: National Mental Health Association.

Mihalic, S., Irwin, K., Elliot, D., Fagan, A., & Hansen, D. (2001). *Blueprints for violence prevention.* Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Model programs guide. (2006). Office of Juvenile Justice and Delinquency Prevention.

Nanus, B. (1974). A general model for criminal justice planning. *Journal of Criminal Justice, 2*, 345-356.

National evaluation of community assessment centers. (1999). Oakland, CA: National Council on Crime and Delinquency.

Office of Adult and Juvenile Justice Assistance (2006). Announcement of availability of funds for Colorado juvenile diversion programs. Denver, CO: Colorado Department of Public Safety.

Oldenettel, D., & Wordes, M. (2000). *The community assessment center concept.* Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Osher, T., deFur, E., Nava, C., Spencer, S., & Toth-Dennis, D. (1999). *Systems of care: Promising practices in children's mental health, 1998 Series* (Vol. 1). Washington DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Peterson, C. (2004). Preface. *The annals of the American academy of political and social sciences, 591*(1), 6-12.

Pikes peak youth assessment center homepage. (2006). Retrieved June 27, 2006, from http://www.pikespeakyac.org/index.aspx

Pires, S. A. (2002). *Building a system of care: A primer.* Washington, D.C.: National Technical Assistance Center for Children's Mental Health.

Positive youth development. (2003).). Washington, D.C.: National Clearinghouse on Families and Youth, United States Department of Health and Human Services.

Prescott, L. (1998). *Improving policy and practice for adolescent girls with co-occurring disorders in the juvenile justice system*. Delmar: National GAINS Center.

Quraishi, F., Segal, H. J., & Trone, J. (2002). *Respite care: A promising response to status offenders at risk of court-ordered placements*. New York, NY: Vera Institute of Justice.

Raywid, M. (1983). Alternative schools as a model for public education. *Theory into Practice, 22*, 190-197.

Retzlaff, P. (2005). *Community based management pilot programs for youth with mental illness involved in the criminal justice system, program evaluation report: Year four legislative report.* Denver, CO: Office of Research and Statistics, Division of Criminal Justice, Colorado Department of Public Safety.

Roman, J. (2005). *Are drug courts a solution to the drug problem?* Paper presented at the Are the Drug Courts a Solution to the Drug Problem? Washington, DC.

Rottman, D., B. (2000). Does effective therapeutic jurisprudence require specialized courts (and do specialized courts imply specialist judges)? *Court Review* (spring), 22 -27.

Rowe, W. E. (2002). *Strategies for evaluating small juvenile justice programs*. Washington, D.C.: United States Department of Justice.

Department of Child Welfare (2006). *Core services program*. Retrieved June 27, 2006, from http://www.cdhs.state.co.us/cyf/Child_Welfare/Core/Core_Services_home.htm.

Spiecker, K. (2004). FY 2005-06 Staff budget briefing: Department of Human Services, Division of Youth Corrections. In Department of Youth Corrections, Department of Human Services (Ed.): Joint Budget Committee of the Colorado General Assembly.

Steadman, H., J, Davidson, S., & Brown, C. (2000). Mental health courts: Their promise and unanswered questions *Law and Psychiatry, 52*(4), 457-458.

Stephens, R. D., & Arnette, J. L. (2000). From the courthouse to the schoolhouse: Making successful transitions. *Juvenile Justice Bulletin, February 2000*.

Stroul, B., A, & Goldman, S., K. (1990). Study of community-based services for children and adolescents who are severely emotionally disturbed. *Journal of Mental Health Administration 17*(1), 61–77.

Stroul, B. A. (1988). Home-based services. In *series on community-based services for children and adolescents who are severely emotionally disturbed* (Vol. I). Washington, D.C.: CASSP Technical Assistance Center, Georgetown University Child Development Center.

Trupin, E., & Boesky, L., M. (2001). *Working together for change: co-occurring mental health and substance use disorders among youth involved in the juvenile justice system*. Retrieved July 13, 2005, from http://www.gainsctr.com/curriculum/juvenile/index.htm.

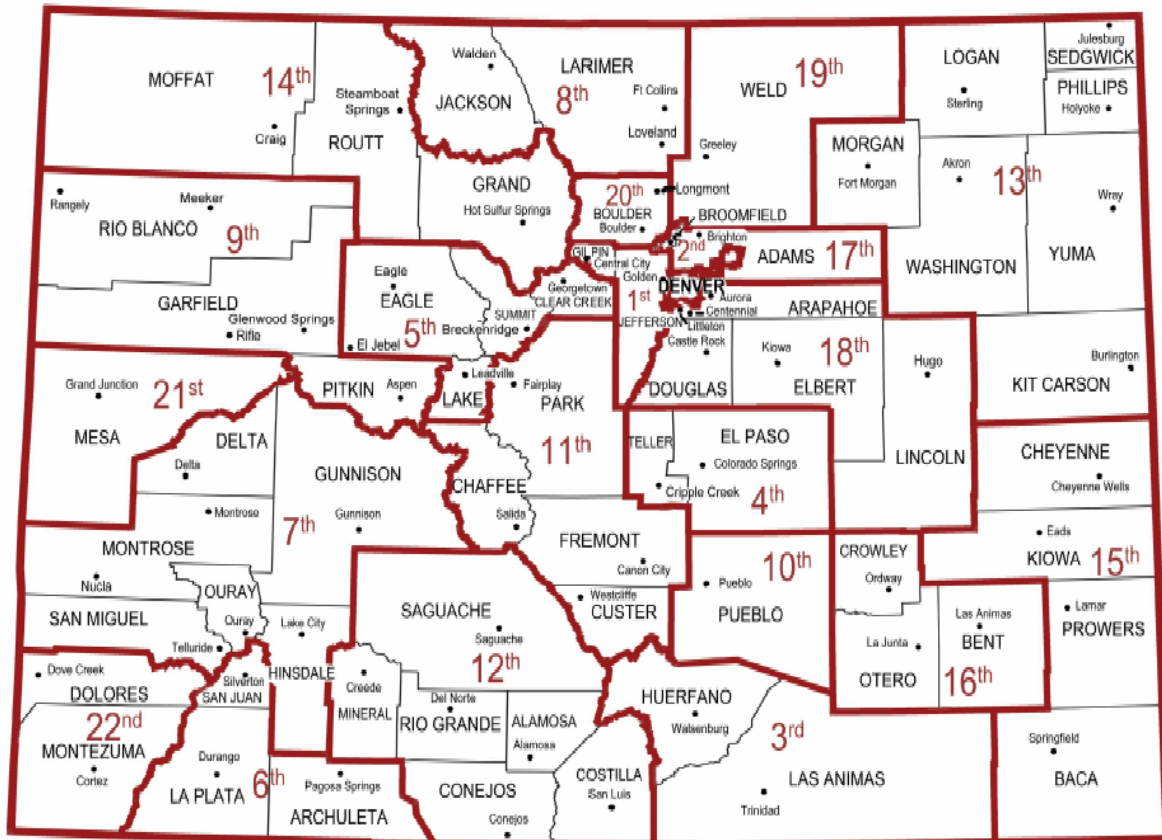
Veysey, B. M. (2003). *Adolescent girls with mental health disorders involved with the juvenile justice system*: National Center for Mental Health and Juvenile Justice.

Walker, J. S. (2000). *Caregivers speak about the cultural appropriateness of services for children with emotional and behavioral disabilities*. Portland, OR: Research and Training Center on Family Support and Children's Mental Health, Portland State University

Walker, J. S., Koroloff, N., & Schutte, K. (2003). *Implementing high-quality collaborative individualized service/support planning: Necessary conditions*. Portland, OR: Portland State University, Research and Training Center on Family Support and Children's Mental Health.

Worthington, J., Hernandez, M., Friedman, B., & Uzell, D. (2001). *Systems of care: Promising practices in children's mental health, 2001 Series*. Washington, D.C: Center for Effective Collaboration and Practice, American Institutes for Research.

Appendix E: Map of the Colorado Judicial Districts



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 04-037

BY SENATOR(S) Anderson, Windels, Evans, Fitz-Gerald, Groff, Hanna, Keller, Kester, Phillips, Sandoval, Takis, Tapia, and Veiga;
also REPRESENTATIVE(S) Stafford, Boyd, Butcher, Carroll, Coleman, Frangas, Jahn, Johnson R., Larson, Madden, Marshall, McFadyen, McGihon, Merrifield, Plant, Romanoff, and Williams S.

CONCERNING THE CONTINUING EXAMINATION OF THE TREATMENT OF PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE JUSTICE SYSTEM, AND MAKING AN APPROPRIATION THEREFOR.

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

SECTION 1. Title 18, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW ARTICLE to read:

ARTICLE 1.9
Continuing Examination of the Treatment of Persons with Mental Illness Who are Involved in the Justice System

18-1.9-101. Legislative declaration. (1) THE GENERAL ASSEMBLY

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

HEREBY FINDS THAT:

(a) IN NOVEMBER OF 1998, THE COLORADO DEPARTMENT OF CORRECTIONS REPORTED THAT TEN PERCENT OF ITS CORRECTIONAL POPULATION MET THE DIAGNOSTIC CRITERIA FOR SERIOUS MENTAL ILLNESS, WHICH NUMBER WAS DOUBLE THE NUMBER IDENTIFIED TWO YEARS EARLIER, AND FIVE TO SIX TIMES THE NUMBER DOCUMENTED IN 1988, ONLY TEN YEARS EARLIER;

(b) THE COLORADO DEPARTMENT OF CORRECTIONS ESTIMATES THAT IN 2002, SIXTEEN PERCENT OF ITS INMATE POPULATION MET THE DIAGNOSTIC CRITERIA FOR MAJOR MENTAL ILLNESS;

(c) THE COLORADO DIVISION OF YOUTH CORRECTIONS ESTIMATES THAT TWENTY-FOUR PERCENT OF JUVENILES IN THE JUVENILE JUSTICE SYSTEM ARE DIAGNOSED WITH MENTAL ILLNESS;

(d) A STUDY CONDUCTED IN 1995 FOUND THAT APPROXIMATELY SIX PERCENT OF THE PERSONS HELD IN COUNTY JAILS AND IN COMMUNITY CORRECTIONS THROUGHOUT THE STATE HAD BEEN DIAGNOSED AS PERSONS WITH SERIOUS MENTAL ILLNESS;

(e) IT IS ESTIMATED THAT NATIONALLY, NEARLY NINE PERCENT OF ALL ADULTS AND JUVENILES ON PROBATION HAVE BEEN IDENTIFIED AS HAVING SERIOUS MENTAL ILLNESS;

(f) FOR THE 1998-99 FISCAL YEAR, APPROXIMATELY FORTY-FOUR PERCENT OF THE INPATIENT POPULATION AT THE COLORADO MENTAL HEALTH INSTITUTE AT PUEBLO HAD BEEN COMMITTED FOLLOWING THE RETURN OF A VERDICT OF NOT GUILTY BY REASON OF INSANITY OR A DETERMINATION BY THE COURT THAT THE PERSON WAS INCOMPETENT TO STAND TRIAL DUE TO MENTAL ILLNESS;

(g) PERSONS WITH MENTAL ILLNESS, AS A DIRECT OR INDIRECT RESULT OF THEIR CONDITION, ARE IN MANY INSTANCES MORE LIKELY THAN PERSONS WHO DO NOT HAVE MENTAL ILLNESS TO BE INVOLVED IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS;

(h) THE EXISTING PROCEDURES AND DIAGNOSTIC TOOLS USED BY PERSONS WORKING IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS MAY NOT BE SUFFICIENT TO IDENTIFY APPROPRIATELY AND DIAGNOSE PERSONS

WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS;

(i) THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS MAY NOT BE STRUCTURED IN SUCH A MANNER AS TO PROVIDE THE LEVEL OF TREATMENT AND CARE FOR PERSONS WITH MENTAL ILLNESS THAT IS NECESSARY TO ENSURE THE SAFETY OF THESE PERSONS, OF OTHER PERSONS IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS, AND OF THE COMMUNITY AT LARGE;

(j) STUDIES SHOW THAT, FOR OFFENDERS UNDER COMMUNITY SUPERVISION, TREATMENT OF THE MENTAL ILLNESS OF THE OFFENDER DECREASES REPEAT ARRESTS BY FORTY-FOUR PERCENT; AND

(k) THE ONGOING SUPERVISION, CARE, AND MONITORING, ESPECIALLY WITH REGARD TO MEDICATION, OF PERSONS WITH MENTAL ILLNESS WHO ARE RELEASED FROM INCARCERATION ARE CRUCIAL TO ENSURING THE SAFETY OF THE COMMUNITY.

(2) THE GENERAL ASSEMBLY FURTHER FINDS THAT PURSUANT TO THE FINDINGS IN A REPORT REQUESTED BY THE JOINT BUDGET COMMITTEE IN 1999 THAT RECOMMENDED CROSS-SYSTEM COLLABORATION AND COMMUNICATION AS A METHOD FOR REDUCING THE NUMBER OF PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS, THE LEGISLATIVE OVERSIGHT COMMITTEE AND ADVISORY TASK FORCE FOR THE EXAMINATION OF THE TREATMENT OF PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE CRIMINAL JUSTICE SYSTEM WERE CREATED IN 1999 AND EXTENDED FOR AN ADDITIONAL THREE YEARS IN 2000. OVER THE COURSE OF FOUR YEARS, THE LEGISLATIVE OVERSIGHT COMMITTEE AND ADVISORY TASK FORCE BEGAN TO ADDRESS, BUT DID NOT FINISH ADDRESSING, THE ISSUES SPECIFIED IN SUBSECTION (1) OF THIS SECTION, THROUGH BOTH LEGISLATIVE AND NON-LEGISLATIVE SOLUTIONS INCLUDING, BUT NOT LIMITED TO:

(a) COMMUNITY-BASED INTENSIVE TREATMENT MANAGEMENT PROGRAMS FOR JUVENILES INVOLVED IN THE JUVENILE JUSTICE SYSTEM;

(b) AN EXPEDITED APPLICATION PROCESS FOR AID TO THE NEEDY DISABLED BENEFITS FOR PERSONS WITH MENTAL ILLNESS UPON RELEASE FROM INCARCERATION;

(c) STANDARDIZED INTER-AGENCY SCREENING TO DETECT MENTAL

ILLNESS IN ADULTS WHO ARE INVOLVED IN THE CRIMINAL JUSTICE SYSTEM AND JUVENILES WHO ARE INVOLVED IN THE JUVENILE JUSTICE SYSTEM;

(d) TRAINING OF LAW ENFORCEMENT OFFICERS TO RECOGNIZE AND SAFELY DEAL WITH PERSONS WHO HAVE MENTAL ILLNESS THROUGH THE USE OF CRISIS INTERVENTION TEAMS; AND

(e) CREATING LOCAL INITIATIVE COMMITTEE PILOT PROGRAMS FOR THE MANAGEMENT OF COMMUNITY-BASED PROGRAMS FOR ADULTS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE CRIMINAL JUSTICE SYSTEM.

(3) EXPERTS INVOLVED IN CROSS-SYSTEM COLLABORATION AND COMMUNICATION TO REDUCE THE NUMBER OF PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS RECOMMEND A FIVE-YEAR PLAN TO CONTINUE THE WORK OF THE TASK FORCE AND THE LEGISLATIVE OVERSIGHT COMMITTEE IN ORDER TO MORE FULLY EFFECTUATE SOLUTIONS TO THESE ISSUES.

(4) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT IT IS NECESSARY TO CREATE A TASK FORCE TO CONTINUE TO EXAMINE THE IDENTIFICATION, DIAGNOSIS, AND TREATMENT OF PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE STATE CRIMINAL AND JUVENILE JUSTICE SYSTEMS AND TO MAKE ADDITIONAL RECOMMENDATIONS TO A LEGISLATIVE OVERSIGHT COMMITTEE FOR THE CONTINUING DEVELOPMENT OF LEGISLATIVE PROPOSALS RELATED TO THIS ISSUE.

18-1.9-102. Definitions. AS USED IN THIS ARTICLE, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "COMMITTEE" MEANS THE LEGISLATIVE OVERSIGHT COMMITTEE ESTABLISHED PURSUANT TO SECTION 18-1.9-103.

(2) "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 ESTABLISHED PURSUANT TO SECTION 18-1.9-104.

18-1.9-103. Legislative oversight committee - creation - duties. (1) **Creation.** (a) THERE IS HEREBY CREATED A 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.

(b) THE COMMITTEE SHALL CONSIST OF SIX MEMBERS. THE PRESIDENT OF THE SENATE, THE MINORITY LEADER OF THE SENATE, AND THE SPEAKER OF THE HOUSE OF REPRESENTATIVES SHALL APPOINT THE MEMBERS OF THE COMMITTEE, AS FOLLOWS:

(I) THE PRESIDENT OF THE SENATE SHALL APPOINT TWO SENATORS TO SERVE ON THE COMMITTEE, AND THE MINORITY LEADER OF THE SENATE SHALL APPOINT ONE SENATOR TO SERVE ON THE COMMITTEE;

(II) THE SPEAKER OF THE HOUSE OF REPRESENTATIVES SHALL APPOINT THREE REPRESENTATIVES TO SERVE ON THE COMMITTEE, NO MORE THAN TWO OF WHOM SHALL BE MEMBERS OF THE SAME POLITICAL PARTY;

(c) THE PRESIDENT OF THE SENATE SHALL SELECT THE FIRST CHAIR OF THE COMMITTEE, AND THE SPEAKER OF THE HOUSE OF REPRESENTATIVES SHALL SELECT THE FIRST VICE-CHAIR. THE CHAIR AND VICE-CHAIR SHALL ALTERNATE ANNUALLY THEREAFTER BETWEEN THE TWO HOUSES. THE CHAIR AND VICE-CHAIR OF THE COMMITTEE MAY ESTABLISH SUCH ORGANIZATIONAL AND PROCEDURAL RULES AS ARE NECESSARY FOR THE OPERATION OF THE COMMITTEE.

(d) (I) NOTWITHSTANDING THE PROVISIONS OF SECTION 2-2-307, C.R.S., THE COMMITTEE MAY RECEIVE PAYMENT OF PER DIEM AND REIMBURSEMENT FOR ACTUAL AND NECESSARY EXPENSES AUTHORIZED PURSUANT TO SAID SECTION AND ANY OTHER DIRECT OR INDIRECT COSTS ASSOCIATED WITH THE DUTIES OF THE COMMITTEE SET FORTH IN THIS ARTICLE ONLY FROM MONEYS APPROPRIATED FROM THE EXAMINATION OF THE TREATMENT OF PERSONS WITH MENTAL ILLNESS IN THE CRIMINAL JUSTICE SYSTEM CASH FUND CREATED IN SECTION 18-1.9-106.

(II) THE DIRECTOR OF RESEARCH OF THE LEGISLATIVE COUNCIL AND THE DIRECTOR OF THE OFFICE OF LEGISLATIVE LEGAL SERVICES MAY SUPPLY STAFF ASSISTANCE TO THE COMMITTEE AS THEY DEEM APPROPRIATE, WITHIN EXISTING APPROPRIATIONS. IF STAFF ASSISTANCE IS NOT AVAILABLE WITHIN EXISTING APPROPRIATIONS, THEN THE DIRECTOR OF RESEARCH OF THE LEGISLATIVE COUNCIL AND THE DIRECTOR OF THE OFFICE OF LEGISLATIVE LEGAL SERVICES MAY SUPPLY STAFF ASSISTANCE TO THE TASK FORCE ONLY IF MONEYS ARE CREDITED TO THE EXAMINATION OF THE TREATMENT OF

PERSONS WITH MENTAL ILLNESS IN THE CRIMINAL JUSTICE SYSTEM CASH FUND CREATED IN SECTION 18-1.9-106 IN AN AMOUNT SUFFICIENT TO FUND STAFF ASSISTANCE.

(2) **Duties.** (a) THE COMMITTEE SHALL MEET AT LEAST ONCE ON OR BEFORE AUGUST 1, 2004. BEGINNING IN 2005 AND CONTINUING EACH YEAR THEREAFTER THROUGH 2009, THE COMMITTEE SHALL MEET AT LEAST THREE TIMES EACH YEAR AND AT SUCH OTHER TIMES AS IT DEEMS NECESSARY.

(b) THE COMMITTEE SHALL BE RESPONSIBLE FOR THE OVERSIGHT OF THE TASK FORCE AND SHALL SUBMIT ANNUAL REPORTS TO THE GENERAL ASSEMBLY REGARDING THE FINDINGS AND RECOMMENDATIONS OF THE TASK FORCE. IN ADDITION, THE COMMITTEE MAY RECOMMEND LEGISLATIVE CHANGES WHICH SHALL BE TREATED AS BILLS RECOMMENDED BY AN INTERIM LEGISLATIVE COMMITTEE FOR PURPOSES OF ANY INTRODUCTION DEADLINES OR BILL LIMITATIONS IMPOSED BY THE JOINT RULES OF THE GENERAL ASSEMBLY.

(c) THE COMMITTEE SHALL SUBMIT A REPORT TO THE GENERAL ASSEMBLY BY JANUARY 15, 2005, AND BY EACH JANUARY 15 THEREAFTER THROUGH JANUARY 15, 2010. THE ANNUAL REPORTS SHALL SUMMARIZE THE ISSUES ADDRESSING THE TREATMENT OF PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS THAT HAVE BEEN CONSIDERED AND ANY RECOMMENDED LEGISLATIVE PROPOSALS.

18-1.9-104. Mentally ill offender task force - creation - membership - duties. (1) **Creation.** (a) THERE IS HEREBY CREATED A 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. THE TASK FORCE SHALL CONSIST OF TWENTY-NINE MEMBERS APPOINTED AS PROVIDED IN PARAGRAPHS (b) AND (c) OF THIS SUBSECTION (1).

(b) THE CHIEF JUSTICE OF THE COLORADO SUPREME COURT SHALL APPOINT FOUR MEMBERS WHO REPRESENT THE JUDICIAL DEPARTMENT, TWO OF WHOM SHALL REPRESENT THE DIVISION OF PROBATION WITHIN THE DEPARTMENT, ONE OF WHOM SHALL HAVE EXPERIENCE HANDLING JUVENILE JUSTICE MATTERS WITHIN THE DEPARTMENT, AND ONE OF WHOM SHALL HAVE EXPERIENCE HANDLING ADULT CRIMINAL JUSTICE MATTERS WITHIN THE DEPARTMENT;

(c) THE CHAIR AND VICE-CHAIR OF THE COMMITTEE SHALL APPOINT TWENTY-FIVE MEMBERS AS FOLLOWS:

(I) ONE MEMBER WHO REPRESENTS THE DIVISION OF CRIMINAL JUSTICE WITHIN THE DEPARTMENT OF PUBLIC SAFETY;

(II) TWO MEMBERS WHO REPRESENT THE DEPARTMENT OF CORRECTIONS, ONE OF WHOM REPRESENTS THE DIVISION OF PAROLE WITHIN THE DEPARTMENT;

(III) TWO MEMBERS WHO REPRESENT LOCAL LAW ENFORCEMENT AGENCIES, ONE OF WHOM SHALL BE IN ACTIVE SERVICE AND THE OTHER ONE OF WHOM SHALL HAVE EXPERIENCE DEALING WITH JUVENILES IN THE JUVENILE JUSTICE SYSTEM;

(IV) SIX MEMBERS WHO REPRESENT THE DEPARTMENT OF HUMAN SERVICES, AS FOLLOWS:

(A) ONE MEMBER WHO REPRESENTS THE UNIT WITHIN THE DEPARTMENT OF HUMAN SERVICES THAT IS RESPONSIBLE FOR MENTAL HEALTH SERVICES;

(B) ONE MEMBER WHO REPRESENTS THE DIVISION OF YOUTH CORRECTIONS;

(C) ONE MEMBER WHO REPRESENTS THE UNIT WITHIN THE DEPARTMENT OF HUMAN SERVICES THAT IS RESPONSIBLE FOR CHILD WELFARE SERVICES;

(D) ONE MEMBER WHO REPRESENTS THE ALCOHOL AND DRUG ABUSE DIVISION;

(E) ONE MEMBER WHO REPRESENTS THE COLORADO MENTAL HEALTH INSTITUTE AT PUEBLO; AND

(F) ONE MEMBER WHO REPRESENTS THE MENTAL HEALTH PLANNING AND ADVISORY COMMITTEE WITHIN THE DEPARTMENT OF HUMAN SERVICES;

(V) ONE MEMBER WHO REPRESENTS THE INTERESTS OF COUNTY DEPARTMENTS OF SOCIAL SERVICES;

(VI) ONE MEMBER WHO REPRESENTS THE DEPARTMENT OF EDUCATION;

(VII) ONE MEMBER WHO REPRESENTS THE STATE ATTORNEY GENERAL'S OFFICE;

(VIII) ONE MEMBER WHO REPRESENTS THE DISTRICT ATTORNEYS WITHIN THE STATE;

(IX) TWO MEMBERS WHO REPRESENT THE CRIMINAL DEFENSE BAR WITHIN THE STATE, ONE OF WHOM SHALL HAVE EXPERIENCE REPRESENTING JUVENILES IN THE JUVENILE JUSTICE SYSTEM;

(X) TWO MEMBERS WHO ARE LICENSED MENTAL HEALTH PROFESSIONALS PRACTICING WITHIN THE STATE, ONE OF WHOM SHALL HAVE EXPERIENCE TREATING JUVENILES;

(XI) ONE MEMBER WHO REPRESENTS COMMUNITY MENTAL HEALTH CENTERS WITHIN THE STATE;

(XII) ONE MEMBER WHO IS A PERSON WITH KNOWLEDGE OF PUBLIC BENEFITS AND PUBLIC HOUSING WITHIN THE STATE;

(XIII) ONE MEMBER WHO IS A PRACTICING FORENSIC PROFESSIONAL WITHIN THE STATE;

(XIV) THREE MEMBERS OF THE PUBLIC AS FOLLOWS:

(A) ONE MEMBER WHO HAS MENTAL ILLNESS AND HAS BEEN INVOLVED IN THE CRIMINAL JUSTICE SYSTEM IN THIS STATE;

(B) ONE MEMBER WHO HAS AN ADULT FAMILY MEMBER WHO HAS MENTAL ILLNESS AND HAS BEEN INVOLVED IN THE CRIMINAL JUSTICE SYSTEM IN THIS STATE; AND

(C) ONE MEMBER WHO IS THE PARENT OF A CHILD WHO HAS MENTAL ILLNESS AND HAS BEEN INVOLVED IN THE JUVENILE JUSTICE SYSTEM IN THIS STATE.

(d) A VACANCY OCCURRING IN A POSITION FILLED BY THE CHIEF JUSTICE OF THE COLORADO SUPREME COURT PURSUANT TO PARAGRAPH (b)

OF THIS SUBSECTION (1) SHALL BE FILLED AS SOON AS POSSIBLE BY THE CHIEF JUSTICE OF THE COLORADO SUPREME COURT IN ACCORDANCE WITH THE LIMITATIONS SPECIFIED IN PARAGRAPH (b) OF THIS SUBSECTION (1). IN ADDITION, THE CHIEF JUSTICE OF THE COLORADO SUPREME COURT MAY REMOVE AND REPLACE ANY APPOINTMENT TO THE TASK FORCE MADE PURSUANT TO PARAGRAPH (b) OF THIS SUBSECTION (1).

(e) A VACANCY OCCURRING IN A POSITION FILLED BY THE CHAIR AND VICE-CHAIR OF THE COMMITTEE PURSUANT TO PARAGRAPH (c) OF THIS SUBSECTION (1) SHALL BE FILLED AS SOON AS POSSIBLE BY THE CHAIR AND VICE-CHAIR OF THE COMMITTEE IN ACCORDANCE WITH THE LIMITATIONS SPECIFIED IN PARAGRAPH (c) OF THIS SUBSECTION (1). IN ADDITION, THE CHAIR AND VICE-CHAIR OF THE COMMITTEE MAY REMOVE AND REPLACE ANY APPOINTMENT TO THE TASK FORCE MADE PURSUANT TO PARAGRAPH (c) OF THIS SUBSECTION (1).

(f) IN MAKING APPOINTMENTS TO THE TASK FORCE, THE APPOINTING AUTHORITIES SHALL ENSURE THAT THE MEMBERSHIP OF THE TASK FORCE REFLECTS THE ETHNIC, CULTURAL, AND GENDER DIVERSITY OF THE STATE AND INCLUDES REPRESENTATION OF ALL AREAS OF THE STATE.

(2) **Issues for study - five-year plan.** THE TASK FORCE SHALL EXAMINE THE IDENTIFICATION, DIAGNOSIS, AND TREATMENT OF PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE STATE CRIMINAL AND JUVENILE JUSTICE SYSTEMS, INCLUDING AN EXAMINATION OF LIABILITY, SAFETY, AND COST AS THEY RELATE TO THESE ISSUES. THE TASK FORCE SHALL SPECIFICALLY CONSIDER, BUT NEED NOT BE LIMITED TO, THE FOLLOWING ISSUES:

(a) ON OR BEFORE JULY 1, 2005, THE FOLLOWING ISSUES:

(I) THE DIAGNOSIS, TREATMENT, AND HOUSING OF JUVENILES WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE CRIMINAL JUSTICE SYSTEM OR THE JUVENILE JUSTICE SYSTEM; AND

(II) THE ADOPTION OF A COMMON FRAMEWORK FOR EFFECTIVELY ADDRESSING THE MENTAL HEALTH ISSUES, INCLUDING COMPETENCY AND CO-OCCURRING DISORDERS, OF JUVENILES WHO ARE INVOLVED IN THE CRIMINAL JUSTICE SYSTEM OR THE JUVENILE JUSTICE SYSTEM;

(b) ON OR BEFORE JULY 1, 2006, THE FOLLOWING ISSUES:

(I) THE PROSECUTION OF AND SENTENCING ALTERNATIVES FOR PERSONS WITH MENTAL ILLNESS THAT MAY INVOLVE TREATMENT AND ONGOING SUPERVISION;

(II) THE CIVIL COMMITMENT OF PERSONS WITH MENTAL ILLNESS WHO HAVE BEEN CRIMINALLY CONVICTED, FOUND NOT GUILTY BY REASON OF INSANITY, OR FOUND TO BE INCOMPETENT TO STAND TRIAL; AND

(III) THE DEVELOPMENT OF A PLAN TO MOST EFFECTIVELY AND COLLABORATIVELY SERVE THE POPULATION OF JUVENILES INVOLVED IN THE CRIMINAL JUSTICE SYSTEM OR THE JUVENILE JUSTICE SYSTEM;

(c) ON OR BEFORE JULY 1, 2007, THE FOLLOWING ISSUES:

(I) THE DIAGNOSIS, TREATMENT, AND HOUSING OF ADULTS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE CRIMINAL JUSTICE SYSTEM;

(II) THE ONGOING TREATMENT, HOUSING, AND SUPERVISION, ESPECIALLY WITH REGARD TO MEDICATION, OF ADULTS AND JUVENILES WHO ARE INVOLVED IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS AND WHO ARE INCARCERATED OR HOUSED WITHIN THE COMMUNITY AND THE AVAILABILITY OF PUBLIC BENEFITS FOR SUCH PERSONS;

(III) THE ONGOING ASSISTANCE AND SUPERVISION, ESPECIALLY WITH REGARD TO MEDICATION, OF PERSONS WITH MENTAL ILLNESS AFTER DISCHARGE FROM SENTENCE; AND

(IV) THE IDENTIFICATION OF ALTERNATIVE ENTITIES TO EXERCISE JURISDICTION REGARDING RELEASE FOR PERSONS FOUND NOT GUILTY BY REASON OF INSANITY, SUCH AS THE DEVELOPMENT AND USE OF A PSYCHIATRIC SECURITY REVIEW BOARD, INCLUDING RECOMMENDATIONS RELATED TO THE INDETERMINATE NATURE OF THE COMMITMENT IMPOSED;

(d) ON OR BEFORE JULY 1, 2008, THE IDENTIFICATION, DIAGNOSIS, AND TREATMENT OF MINORITY PERSONS WITH MENTAL ILLNESS, WOMEN WITH MENTAL ILLNESS, AND PERSONS WITH CO-OCCURRING DISORDERS, IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS;

(e) ON OR BEFORE JULY 1, 2009, THE FOLLOWING ISSUES:

(I) THE EARLY IDENTIFICATION, DIAGNOSIS, AND TREATMENT OF

ADULTS AND JUVENILES WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS;

(II) THE MODIFICATION OF THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS TO MOST EFFECTIVELY SERVE ADULTS AND JUVENILES WITH MENTAL ILLNESS WHO ARE INVOLVED IN THESE SYSTEMS;

(III) THE IMPLEMENTATION OF APPROPRIATE DIAGNOSTIC TOOLS TO IDENTIFY PERSONS IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS WITH MENTAL ILLNESS; AND

(IV) ANY OTHER ISSUES CONCERNING PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE STATE CRIMINAL AND JUVENILE JUSTICE SYSTEMS THAT ARISE DURING THE COURSE OF THE TASK FORCE STUDY.

(3) **Additional duties of the task force.** ON OR BEFORE AUGUST 1, 2005, AND ON OR BEFORE EACH AUGUST 1 THEREAFTER THROUGH AUGUST 1, 2009, THE TASK FORCE SHALL ORALLY PROVIDE GUIDANCE AND MAKE FINDINGS AND RECOMMENDATIONS TO THE COMMITTEE FOR ITS DEVELOPMENT OF REPORTS AND LEGISLATIVE RECOMMENDATIONS FOR MODIFICATION OF THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS, WITH RESPECT TO PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THESE SYSTEMS. IN ADDITION, THE TASK FORCE SHALL:

(a) ON OR BEFORE AUGUST 1, 2004, AND BY EACH AUGUST 1 THEREAFTER THROUGH AUGUST 1, 2008, SELECT A CHAIR AND A VICE-CHAIR FROM AMONG ITS MEMBERS;

(b) MEET AT LEAST SIX TIMES EACH YEAR FROM THE DATE OF THE FIRST MEETING UNTIL JANUARY 1, 2010, OR MORE OFTEN AS DIRECTED BY THE CHAIR OF THE COMMITTEE;

(c) COMMUNICATE WITH AND OBTAIN INPUT FROM GROUPS THROUGHOUT THE STATE AFFECTED BY THE ISSUES IDENTIFIED IN SUBSECTION (2) OF THIS SECTION;

(d) CREATE SUBCOMMITTEES AS NEEDED TO CARRY OUT THE DUTIES OF THE TASK FORCE. THE SUBCOMMITTEES MAY CONSIST, IN PART, OF PERSONS WHO ARE NOT MEMBERS OF THE TASK FORCE. SUCH PERSONS MAY VOTE ON ISSUES BEFORE THE SUBCOMMITTEE BUT SHALL NOT BE ENTITLED TO A VOTE AT MEETINGS OF THE TASK FORCE.

(e) SUBMIT A WRITTEN REPORT TO THE COMMITTEE BY OCTOBER 1, 2004, AND BY EACH OCTOBER 1 THEREAFTER THROUGH OCTOBER 1, 2009, AT A MINIMUM SPECIFYING THE FOLLOWING:

(I) ISSUES TO BE STUDIED IN UPCOMING TASK FORCE MEETINGS AND A PRIORITIZATION OF THOSE ISSUES;

(II) FINDINGS AND RECOMMENDATIONS REGARDING ISSUES OF PRIOR CONSIDERATION BY THE TASK FORCE;

(III) LEGISLATIVE PROPOSALS OF THE TASK FORCE THAT IDENTIFY THE POLICY ISSUES INVOLVED, THE AGENCIES RESPONSIBLE FOR THE IMPLEMENTATION OF THE CHANGES, AND THE FUNDING SOURCES REQUIRED FOR SUCH IMPLEMENTATION.

(4) **Flexibility.** NO REQUIREMENT SET FORTH IN PARAGRAPHS (a) TO (e) OF SUBSECTION (2) OF THIS SECTION SHALL PROHIBIT THE TASK FORCE FROM STUDYING, PRESENTING FINDINGS AND RECOMMENDATIONS ON, OR REQUESTING PERMISSION TO DRAFT LEGISLATIVE PROPOSALS CONCERNING ANY ISSUE DESCRIBED IN SUBSECTION (2) OF THIS SECTION AT ANY TIME DURING THE EXISTENCE OF THE TASK FORCE.

(5) **Compensation.** MEMBERS OF THE TASK FORCE SHALL SERVE WITHOUT COMPENSATION.

18-1.9-105. Task force funding - staff support. (1) THE DIVISION OF CRIMINAL JUSTICE IN THE DEPARTMENT OF PUBLIC SAFETY, ON BEHALF OF THE TASK FORCE, IS AUTHORIZED TO RECEIVE AND EXPEND CONTRIBUTIONS, GRANTS, SERVICES, AND IN-KIND DONATIONS FROM ANY PUBLIC OR PRIVATE ENTITY FOR ANY DIRECT OR INDIRECT COSTS ASSOCIATED WITH THE DUTIES OF THE TASK FORCE SET FORTH IN THIS ARTICLE.

(2) THE DIRECTOR OF RESEARCH OF THE LEGISLATIVE COUNCIL, THE DIRECTOR OF THE OFFICE OF LEGISLATIVE LEGAL SERVICES, THE DIRECTOR OF THE DIVISION OF CRIMINAL JUSTICE WITHIN THE DEPARTMENT OF PUBLIC SAFETY, AND THE EXECUTIVE DIRECTORS OF THE DEPARTMENTS REPRESENTED ON THE TASK FORCE MAY SUPPLY STAFF ASSISTANCE TO THE TASK FORCE AS THEY DEEM APPROPRIATE WITHIN EXISTING APPROPRIATIONS. IF STAFF ASSISTANCE IS NOT AVAILABLE FROM A GOVERNMENTAL AGENCY WITHIN EXISTING APPROPRIATIONS, THEN THE EXECUTIVE DIRECTORS OF THE

DEPARTMENTS REPRESENTED ON THE TASK FORCE, THE DIRECTOR OF RESEARCH OF THE LEGISLATIVE COUNCIL, AND THE DIRECTOR OF THE OFFICE OF LEGISLATIVE LEGAL SERVICES MAY SUPPLY STAFF ASSISTANCE TO THE TASK FORCE ONLY IF MONEYS ARE CREDITED TO THE EXAMINATION OF THE TREATMENT OF PERSONS WITH MENTAL ILLNESS IN THE CRIMINAL JUSTICE SYSTEM CASH FUND CREATED IN SECTION 18-1.9-106 IN AN AMOUNT SUFFICIENT TO FUND STAFF ASSISTANCE. THE TASK FORCE MAY ALSO ACCEPT STAFF SUPPORT FROM THE PRIVATE SECTOR.

18-1.9-106. Cash fund. (1) ALL PRIVATE AND PUBLIC FUNDS RECEIVED THROUGH GRANTS, CONTRIBUTIONS, AND DONATIONS PURSUANT TO THIS ARTICLE SHALL BE TRANSMITTED TO THE STATE TREASURER, WHO SHALL CREDIT THE SAME TO THE EXAMINATION OF THE TREATMENT OF PERSONS WITH MENTAL ILLNESS IN THE CRIMINAL JUSTICE SYSTEM CASH FUND, WHICH FUND IS HEREBY CREATED AND REFERRED TO IN THIS SECTION AS THE "FUND". THE MONEYS IN THE FUND SHALL BE SUBJECT TO ANNUAL APPROPRIATION BY THE GENERAL ASSEMBLY FOR THE DIRECT AND INDIRECT COSTS ASSOCIATED WITH THE IMPLEMENTATION OF THIS ARTICLE. ALL MONEYS IN THE FUND NOT EXPENDED FOR THE PURPOSE OF THIS ARTICLE MAY BE INVESTED BY THE STATE TREASURER AS PROVIDED BY LAW. ALL INTEREST AND INCOME DERIVED FROM THE INVESTMENT AND DEPOSIT OF MONEYS IN THE FUND SHALL BE CREDITED TO THE FUND. ANY UNEXPENDED AND UNENCUMBERED MONEYS REMAINING IN THE FUND AT THE END OF A FISCAL YEAR SHALL REMAIN IN THE FUND AND SHALL NOT BE CREDITED OR TRANSFERRED TO THE GENERAL FUND OR ANOTHER FUND. ALL UNEXPENDED AND UNENCUMBERED MONEYS REMAINING IN THE FUND AS OF JULY 1, 2010, SHALL BE TRANSFERRED TO THE GENERAL FUND.

(2) COMPENSATION AS PROVIDED IN SECTIONS 18-1.9-103 (1) (d) AND 18-1.9-105 (2) FOR MEMBERS OF THE GENERAL ASSEMBLY AND FOR STAFF ASSISTANCE TO THE COMMITTEE AND TASK FORCE PROVIDED BY THE DIRECTOR OF RESEARCH OF THE LEGISLATIVE COUNCIL AND THE DIRECTOR OF THE OFFICE OF LEGISLATIVE LEGAL SERVICES SHALL BE APPROVED BY THE CHAIR OF THE LEGISLATIVE COUNCIL AND PAID BY VOUCHERS AND WARRANTS DRAWN AS PROVIDED BY LAW FROM MONEYS APPROPRIATED FOR SUCH PURPOSE AND ALLOCATED TO THE LEGISLATIVE COUNCIL FROM THE FUND.

18-1.9-107. Repeal of article. THIS ARTICLE IS REPEALED, EFFECTIVE JULY 1, 2010.

SECTION 2. Appropriation. In addition to any other appropriation, there is hereby appropriated, out of any moneys in the examination of the treatment of persons with mental illness in the criminal justice system cash fund created in section 18-1.9-106, Colorado Revised Statutes, not otherwise appropriated, to the legislative department, for the fiscal year beginning July 1, 2004, the sum of twenty-one thousand eight hundred twenty-six dollars ($21,826) and 0.4 FTE, or so much thereof as may be necessary, for the implementation of this act.

SECTION 3. Safety clause. The general assembly hereby finds,