

STATE OF COLORADO



Colorado Department of Human Services

people who help people

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Executive Director

SB 07-097 OFFENDER MENTAL HEALTH SERVICES INITIATIVE

Background and Overview

SB 07-097 (commonly referred to as Senate Bill 97) was developed in response to Colorado's significant growth in the demand for community-based mental health services for individuals with mental illness involved in local and State criminal justice systems. Through new funds authorized by the Colorado General Assembly (HB 07-1359 (which is a complimentary bill to SB 07-097), the Colorado Department of Human Services, Behavioral Health Services-Division of Mental Health funded the development of 6 mental health service programs by Community Mental Health Centers (CMHC) during FY 2008 for juvenile and adult offenders with mental health problems who are involved in the criminal justice system. Five additional Community Mental Health Centers were added FY 2008.

Specifically, the SB-97 program initiative is intended to develop community-based services for juveniles and adults with mental illness involved in the criminal justice system in collaboration with identified community agencies (i.e., local and State criminal justice agencies) and associated resources. Local projects are expected to set goals concerning the number and types of juvenile with serious emotional disorders (SED) and/or adults with serious mental illness (SMI) to be served. The program requires that CMHC's devote project resources to collecting necessary data to evaluate program effectiveness. Services to be provided are intended to be the least restrictive and to address the following needs:

- Increase community capacity to serve juveniles with SED and adults with SMI
- Provide outcome and recovery oriented services that increase the target population's abilities to function independently in the community.
- Promote communities to work collaboratively across mental health and criminal justice systems
- Reduce jail and prison recidivism
- Provide for long term, local sustainability
- Provide cost effective services

Senate Bill 97 Allocations for FY 2011 are:

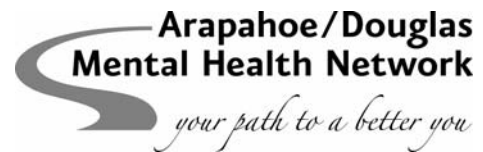
1) Arapahoe/Douglas Mental Health Network	\$285,236
2) Aurora Mental Health Center	\$285,237
3) Colorado West Regional Mental Health Center	\$258,400
4) Community Reach Center	\$285,237
5) Jefferson Center for Mental Health	\$449,768
6) Larimer Center for Mental Health	\$285,237
7) Mental Health Center serving Boulder and Broomfield Counties	\$285,237
8) Mental Health Center of Denver	\$499,163
9) North Range Mental Health Center	\$285,237
10) Pikes Peak Behavioral Health	\$499,163
11) Spanish Peaks Mental Health	\$285,236

Following are brief program descriptions of Offender Mental Health Services programs for FY 2011. For further information contact the person(s) listed for the specific program.

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FY 2011 SB-97 Funded Program

(The following program descriptions were provided by the respective Community Mental Health Centers)



Arapahoe/Douglas Mental Health Network

Arapahoe/Douglas Mental Health Network (ADMHN) offers a Re-Entry Program that serves offenders transitioning from the Colorado Department of Corrections to two community corrections programs, or diversion offenders who will be sent to the Colorado Department of Corrections if community corrections sentences are revoked. These services will be provided through two channels:

A. In collaboration with Addiction Research and Treatment Services (ARTS), ADMHN provides services to offenders in the Peer I and Outpatient Therapeutic Community (OTC) programs in ARTS. Services provided by ADMHN will include dual diagnosis treatment (specific programming for individuals with both a mental illness and a substance abuse disorder) and mental health treatment, psychiatric support and medications.

B. In collaboration Arapahoe County Residential Center (ACRC), the ADMHN program uses a high-intensity, multi-disciplinary approach with residential/transitional housing, mental health and substance abuse treatment, correctional supervision and wrap-around case management services to access community resources for more independent levels of care. Upon arrival at ACRC, program participants will immediately be placed with the SB 97 program. After a stabilization period (approximately 30 days) participants will progress to either an employment track or a volunteer/supported employment track. The program emphasizes integrated treatment of co-occurring mental health and substance abuse disorders, using assertive outreach, intensive case management, comprehensive services, addressing motivation for change, flexibility in services delivery, and IDDT specialized dual disorders treatment.

Cognitive behavioral and psycho-educational classes will address daily living skills, communication skills, vocational skill development, acquisition of resources, safety, education, conditions of parole, interpersonal relationships, safe social and recreational opportunities, community integration, medication compliance, symptom management, self-help and peer support, crisis intervention and counseling, relapse prevention, health and wellness, and residential and permanent housing.

At ADMHN, programs in the Criminal Justice Services unit focus on treating the mental illness, treating co-occurring substance abuse, and changing criminal thinking. The ADMHN Re-Entry Program will reduce recidivism for offenders suffering from mental illness by supporting their placements through focused treatment efforts in the programs listed above. Providing supportive therapy that focuses on reducing the risk factors of mental illness will reduce the risk of repeat offenses. Offenders who are transitioning back into the community face enormous challenges

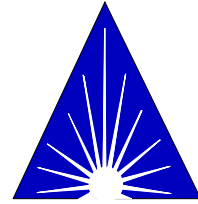
and temptations to return to criminal behavior, especially if they have a mental illness and/or a substance abuse disorder. By offering the mental health treatment, case management, and assistance with medications to ARTS and ACRC clients, the ADMHN Re-Entry Program can help these individuals cope with the stresses of their daily lives and adapt their responses to more successful behavior.

Locations

- Clients of the ARTS Peer I program will be served at the Peer I facility (3732 West Princeton Circle, Denver, CO, 80236), the Haven facility (3630 West Princeton Circle Denver CO 80236) and the OTC Program (1725 High Street Denver CO 80218);
- ACRC clients will be served at the ACRC facility, which is located at 2135 W Chenango Ave Littleton, CO;
- Psychiatric and medication services for ACRC clients will be offered at ADMHNs Adult Outpatient facility at 5500 South Sycamore Street in Littleton, CO.
- The ADMHN Pharmacy is located at 5500 South Sycamore Street, Littleton, CO 80120.

Program Administration

Barbara Becker, PhD, LPC
Manager, Criminal Justice Team
Arapahoe/Douglas Mental Health Network
155 Inverness Drive West, Suite 200
Englewood, CO 80112
303-996-6133



Aurora Mental Health Center(AuMHC) Community Transitions Program Female Offender Re-Entry Skills Training (FOREST) Program

(The FOREST program is based upon a metaphor of the ecosystem of a forest)

- I. The first step in forest recovery is called **Surveying**. This step consists of examining the extent to which the forest is damaged, what strengths the undamaged portion of the forest contains and determining what steps need to be taken, in what order, to begin the healing process. The FOREST program is designed to do the same thing with the mentally ill female offenders referred to the program. Once the mentally ill female offender is determined to be appropriate for the FOREST program, the offender will be invited to participate in FOREST program. Prior to the mentally ill female offender beginning the next step, the offender participates in the FOREST initial assessment. This assessment is designed to both determine the current status of the female offender prior to program involvement, identify offender needs, and to serve as a baseline for future assessment to determine the offender's progress.

- II. The next stage in the recovery of a forest is the **Re-Organization**. This stage is when the damaged forest begins growing grasses and small brush over the damaged area. These plants are first due to their seeds not requiring as much nutrients and their smallness not taxing the soil as much. The mentally ill female offender begins their involvement with FOREST in much the same fashion. The FOREST program begins within Denver Women's Correctional Facility (DWCF) . This is done in order for the offender to begin receiving and practicing with the skills they will need in society while still within a low demand/low responsibility environment. The primary method of skill training and practice will be within a group therapy setting.
 - a. The group will meet in ten (10) week increments, repeating the group offering each ten weeks. The group will meet three (3) times a week for one and a half (1.5) hours a group.
 - b. A maximum of 12 female offenders will be able to be in group at any one time. In the event of an opening developing for any reason, new referrals will be considered for acceptance into the group.
 - c. The Re-Organization Group program content will consist of linking existing programming that offenders have done in DWCF in regards to trauma, substance abuse, mental health treatment, parenting and other relevant interventions to the utilization of the skills learned in that programming in the transition process, with new program material and extensions of previously learned material.

- III. The third stage in the recovery of a forest is the **Aggradations** stage. In this stage transplanted grasses, small brush and create mulch produce organic material that fortifies the soil in the damaged area and prepares it for larger plants and trees. In the

FOREST program, this stage also occurs within DWCF. Members of the group will be selected to receive services in addition to the regular Re-Organization Group in preparation for their departure from the facility and their return to society on parole. Aggradations is structured as follows:

- a. A maximum of three (3) female offenders per month will be progressed into transition planning with their AuMHC therapist & an AuMHC case manager. Meetings will be scheduled within DWCF regarding transition planning with the female offender, the DWCF case manager, the AuMHC case manager, and the assigned Community Parole Officer (CPO) scheduled to supervise the offender when they are on parole.
- IV. The next stage in the recovery of a forest is the **Transition** stage. During this stage, the forest uses the organic material and nutrients developed in the Aggradations stage for growing larger and larger plants, and allowing significant growths of trees to return to the damaged area. The Transition stage in the FOREST program is the same. This stage occurs when the mentally ill female offender is released from DWCF to begin her parole in the Aurora area. This is the stage when the female offender actually has to utilize all the planning, resources, skills, and training that she has received and put it into practice.
- a. Upon the female offender's release, the transportation plans previously set up in the Aggradations stage will be implemented. The AuMHC case manager will make contact with offender that same day to begin actual integration into AuMHC system. The offender is scheduled for frequent contact with AuMHC case manager to assure making needed connection with AuMHC system as well as following up on the offender's resource and benefits status and any needed documentation regarding outstanding applications or community contacts. The offender will have continued contact with the AuMHC case manager. The frequency of this contact is contingent on the level of identified offender need. The minimal standard of contact between the AuMHC case manager and the offender will be no less than once a month as long as offender is in program
- V. The last stage in the recovery of a forest is the **Steady State**. In this stage the forest has returned to its pre-disturbance state and the developed ecosystem is stable and integrated. This is the desired goal for the mentally ill female offender involved in the FOREST program. The offender should be established within the community, be able to meet their personal and therapeutic needs and maintain themselves as a contributing member of society to best of the ability.

Mark W. Olson, M.S., CACIII, LPC
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Aurora, Colorado 80011
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The Mental Health Center
Serving Boulder and Broomfield Counties

The Mental Health Center Serving Boulder and Broomfield Counties

2nd ACT

The 2nd ACT Program serves people on parole to the Colorado Department of Corrections, who live in Boulder or Broomfield Counties, and who have a serious mental illness. The team is multi-disciplinary, including that the assigned parole officer is part of the team. The services are based on the Assertive Community Treatment model, and include treatment for substance abuse disorders.

The main goals of the program are to improve parolees' transition to the community and to reduce returns to prison. People, who have serious mental illness and criminal justice involvement, often fail in their attempts to re-integrate into the community. This program, located in Longmont, can also link clients to the other services provided by The Mental Health Center Serving Boulder and Broomfield Counties. Some of these are: Clubhouse, drop-in, residential, and patient assistance for medication, and peer support. Clients can transition to less-intensive programs as they become integrated into the community, and successfully complete their parole. Other goals are to improve employment or benefit acquisition, prevent hospitalization, and improve participants' success in the community.

2nd ACT is located at the Longmont branch of The Mental Health Center Serving Boulder and Broomfield Counties, at 529 Coffman, on the third floor.

Location:

2nd ACT
Suite 300
529 Coffman
Longmont, Colorado 80501

Contacts:

Suzi Mandics
ACT Coordinator
303-684-0555

James Evans
Team Leader
303-684-0555

Charlotte Wollesen
Clinical Director
303-413-6255



Community Reach Center

Adult Forensic Program/CESE/Adam's County Jail

Community Engagement, Supervision, & Evaluation (CESE) Program

CESE Program Status Report:

- Total number of CESE Participants as of 12/31/2009: 71
- Total CESE Graduates since program inception: 18
- Total number of CESE graduates who return to ACDF Jail, Prison, or other Colorado jails for either a technical violation or a new charge three years post graduation. 1
- Unsuccessfully Discharged CESE Participants: 33

CESE Program Description: Our goals and objectives are focused on how to best serve both the mental health needs of our consumers but also to serve our community by improving safety and wellness. The CESE Program accepts clients with misdemeanors and non-violent felonies. Violent felonies are assessed on a case by case basis. Charges include assaults, DUIs, and domestic violence. We are pleased to report that our CESE Board unanimous agreed to three specific measures of recidivism: (1) returns to either jail or prison for either technical violations or new charges, (2) conviction of a legal charge after their graduation from CESE, and (3) number of days spent in jail before, during and one year post-CESE graduation.

Services Provided: CESE clients are first assessed by the CESE therapist and probation officer either while out on bond or at the Adams County Jail. Once assessed, they are screened by a panel of mental health clinicians at Community Reach Center. This panel includes the program manager, therapist, nurse supervisor, probation officer, case manager and psychiatrist. Once screened, clients are either accepted into the program or denied. Once accepted into the program, clients are sentenced to CESE as a condition of 17th Judicial District Probation. They begin intensive services and are seen between three and five times per week, depending on their needs and level of supervision. Clients also meet with the case manager to immediately begin working on housing attainment, benefit acquisition, food stamps and so on. Some clients come specifically for their appointments and to check in with the probation officer, while others attend daily to check in, receive medications, receive daily BA, or in some cases simply to develop a sense of structure and purpose. Specific services which are provided include:

- Group & Individual Therapy including but not limited to: DBT, CBT and IDDT
- Probation Supervision & Monitoring
- Medication Management
- Periodic sobriety testing via breathalyzers, urine screens and/or oral swabs

Collaboration with Stakeholders: The CESE Program is a collaboration of Adams County Sheriff's Office, Adams County Public Defender's Office, Adams County District Court, 17th Judicial District Attorney, 17th Judicial District Probation and Community Reach Center. A Business Associate Agreement is in place and is reviewed periodically with all Stakeholders/CESE Board members. Additionally, some of the CESE Board members all attend the monthly Metro Area County Commissioners (MACC) Mentally Ill Inmates Task Force (MIITF) subcommittee meetings which address jail diversion, as well as how to treat mentally ill individuals within the justice system.



Colorado West Regional Mental Health, Inc.
“Bringing Hope”

There are two major components to the Fifth Judicial District’s SB 97 project. They include: (A) Continuation of the Triage Unit in Frisco, and, (B) Continuation from the fourth quarter of last year’s funding of the Eagle County Jail Services. Both these programs identify possible and current inmates by creating access to mental health care after appropriate assessment to reduce mental health problems that exacerbate a client’s involvement in the criminal justice system. By early identification and continued mental health-related support, we have reduced the likelihood of client’s recidivating back into the criminal justice system. Thus, by developing such systems of care, as compared to the past, we can provide mental health services that are more proactive rather than reactive to reduce incarceration for this target population.

In the Triage Unit, after medical clearance, we are focusing on a target population of adults from Summit, Eagle, Lake, and Grand Counties who might have criminal charges and are at risk of harming self/others and/or gravely disabled but do not presently meet the mental health hold guidelines under an M-1. Some of these clients may transfer to this type of service after they are clean or sober from the detox side of the Summit County Triage Unit.

The jail program screens and identifies all adult inmates and then targets those with mental health disorders based on a mental health professional’s recommendations. Additionally, referrals can come from jail personnel based on inmates who show some evidence of a mental health disorder, or is an inmate requesting mental health services, or is a client previously seen at our out-patient clinics, or there are concerns related to safety, such as risk of hurting self and/or others.

Jail services occur once a month for medication purposes and all Eagle County inmates are screened by the mental health professional for recommendations. Those who need on-going services are seen bi-weekly, weekly, or as required by their treatment plan. Again this frequency would be dictated by the offender’s treatment plan. The duration of treatment is based on what the mental health concerns may be and, therefore, could vary. There will also be a Coping Skills Jail Group developed by 9/1/08. This will be an open-ended psycho-educational class that will repeat itself on a yet to be determined basis.

Contact Information:

Summit County: Kathy Davis 970-668-3478 Emergency Staff 911
(Ask to speak with MH Professional)

Grand County: Krista McClinton 970-328-6969 Emergency Staff 970-479-2200

Lake County: Mandy Baker 719-486-0985 Emergency Staff 800-809-2344

RecoverFree

RecoverFree is a program offered by Colorado West with the aim to reduce the numbers of persons who have a mental illness, struggle with substance abuse, and who are at risk of or already involved in the criminal justice system. The primary goal of this program is to reduce the number of contacts with law enforcement, to reduce or prevent time in jail, and to reduce recidivism rates for these individuals. RecoverFree includes immediate community-based crisis assessment and counseling, assertive outreach and engagement practices, specialized treatment groups, community based case management activities, and social/peer support network. The Crisis Response Team and RecoverFree program will continue to fill an important gap in the Mesa County service system by providing targeted, intensive treatment services to adults most in need. It will also provide the continuum of services for youth transitioning from the juvenile system and treatment modalities.

In FY 09, CWRMH has expanded the **RecoverFree** program to include a community-based, mobile Crisis Response Team. This team will provide 24-hour access to mental health assessments and crisis case management services. This expansion of services will continue to assist in reducing recidivism rates for offenders suffering from mental illness and co-occurring disorders by providing timely access to differential mental health and substance abuse assessments, case management and specialized treatment services. To access the mobile Crisis Response Team, call 970-241-6022.

The continuum of Services will range from initial contact with the Crisis Response Team and can include phone consultation/support, differential face-to-face assessment, short-term counseling/stabilization services, and case management to link with ongoing treatment programs. The RecoverFree Program will continue to offer a variety of services (Track I and Track II) that best meet the individual's clinical and recovery needs. Services will range from 3 to 9 hours per week – including group therapies, individual therapy, case management, consumer peer specialist support, and psychiatric evaluation and medication management services. Average length of stay in the most intensive of services will be 6 months. The following modalities may be used: Dialectical Behavioral Therapy, Strategies for Self Improvement and Change, Individual CBT, Mind Over Mood Group, Integrated Dual Diagnosis Treatment, The Matrix Model, The Basics “A curriculum for co-occurring psychiatric and substance disorders. Psychosocial interventions will include socialization opportunities through the Oasis Club House, Vocational Training and Supported Employment opportunities through Production Services, and Supported Housing opportunities through Little Bookcliff Apartments (owned and operated by CWRMH).

Please contact Audra Stock at (970) 241-6023 for additional information.



Jefferson Center for Mental Health

JERP is a unique collaboration between the community mental health and corrections systems in one of the largest and most geographically diverse counties in Colorado. The program was developed to increase public safety and reduce criminal recidivism by providing wrap-around services to prison inmates who are diagnosed with serious and persistent mental illness and are paroling to Jefferson County. Jefferson Center for Mental Health, Interventions Community Corrections Services (ICCS) and the Department of Corrections (DOC), Colorado Department of Public Safety-Division of Criminal Justice and Jefferson County Justice Services are the partners for this special program that provides transitional housing, wrap around mental health and substance abuse treatment, community re-integration and correctional supervision services. A multidisciplinary team, comprised of a full-time ICCS Case Manager, a full-time DOC Parole Officer, two full time Jefferson Center mental health/substance abuse clinicians, a part-time Jefferson Center nurse and supervision from all three entities work to assess, evaluate and provide services to offenders. With SB 97 funding, the program has been expanded to include a Transition Case Manager to assist with obtaining/locating referrals from DOC into JERP and then from JERP to community, upon completion of the residential program.

Services Provided

- * Mental Health Treatment (individual and group)
- * Substance Abuse Treatment
- * Integrated Dual Disorder Treatment (IDDT)
- * Cognitive Behavioral Therapy (CBT)
- * Peer Mentoring and Peer Support
- * Psychiatric Services
- * Medication Monitoring and Nursing Services
- * Pre-Vocational Support
- * Education (GED, college course work)
- * Clubhouse and Supported Employment
- * Benefits Acquisition
- * Assistance with Housing in Community
- * Family Therapy
- * Wellness Programs/Services
- * Community Integration
- * Case Management and Crisis Intervention
- * Homeless Prevention Services

Contact Information:

Lori Swanson-Lamm, Director of Intensive Services
303-432-5425

CrossRoads

CrossRoads is a successful pilot program initially developed with funding from SAMHSA to provide intensive mental health and substance abuse treatment to youth on probation. With funding from SB 97, CrossRoads was expanded to accommodate the needs of youth at various points along the juvenile justice spectrum and expanded the age range of children served to ages 10-22.

CrossRoads targets adolescents and young adults who have mental health issues and are at risk of juvenile justice involvement, or have been municipally charged, and/or are on probation. Youth are referred through the Jefferson County Juvenile Assessment Center (JCJAC), the 1st Judicial Probation Department, Truancy Court or other Jefferson Center programs. Referring partners determines referral eligibility through the Maysi-2 mental health screening tool.

The youth referred to CrossRoads will demonstrate a range of mental health issues, including depression, anxiety, bi-polar, and ADHD. Based on Jefferson Center's experience with the CrossRoads population, many of these youth will enter the system with co-occurring mental health and substance abuse issues. Often these youth are experiencing challenges in multiple systems, including schools, communities and families. Providing appropriate services and interventions early on in a youth's juvenile justice trajectory helps steer youth to a more positive path. CrossRoads offers age-appropriate services at The ROAD, a youth drop-in center at 6175 West 38th Avenue in Wheat Ridge and the new JAC site on the 6th Ave. frontage Road between Simms and Kipling, in Lakewood. Services will be available Mon- Fri from 9- 6 with occasional evening hours. In-home service can be provided when necessary.

Many of the services and supports offered through CrossRoads are essential to the healthy development of any adolescent, but because these youth have combined issues of mental health and a history with the juvenile justice system, the services and supports are even more critical. CrossRoads will offer an array of services that will be individualized based on the needs of specific youth and their families. Services may include:

- Aggression Replacement Therapy
- Life Skills Training
- Substance Abuse Counseling
- Individual, Group and Family Therapy
- Medication evaluations
- Process groups
- Mentoring
- GED tutoring
- Employment Training
- Wraparound Services
- Multi Systemic Therapy (MST)
- Functional Family Therapy (FFT)
- Cognitive Behavioral Therapy (CBT)

A typical intervention is 3-6 months, based upon the individual needs of the clients.

For additional information contact the CrossRoads Program at 303-432-5851. Additionally you may contact Linda Nordin 303-432-5200, Director of Family Services at Jefferson Center.



Larimer Center for Mental Health Alternatives Program
LCMH Alternatives

Recognizing the critical need to reduce the incredible cost the mentally ill and addicted populations represent to Larimer County, Larimer Center for Mental Health has created the *LCMH Alternatives* program. *Alternatives* combines intensive mental health and drug and alcohol treatment with intervention in the factors known to contribute to criminal behavior and the systemic factors (i.e., family, job, education, inappropriate behaviors, social networks, and housing) that often impede successful return to society.

An integrated service delivery program grounded in the “Sequential Intercept Model” (Drs. Mark Munetz and Patricia Griffin), *Alternatives* mitigates recidivism by creating accessible, comprehensive and effective mental health treatment for the criminal justice population through implementation of a continuum of services which meet the needs of this high needs population. *Alternatives* is composed of four distinct components: Alternatives to Incarceration for Individuals with Mental Health Needs (AIIM), Community Dual Disorder Treatment (CDDT), Larimer County Offender Reentry Program (Reentry), all of which are supported by the Center’s residential services. Each of these programs is also integrated in terms of providing services for mental health, substance abuse, primary health, transportation, housing, employment and family-of-origin needs.

AIIM is a collaborative program jointly developed and supported by many Larimer County and nonprofit agencies. The program is an alternative to incarceration that provides services and supervision to first time and repeat offender adults who are involved in the criminal justice system due to their mental illness. Supervision and treatment to offenders as well as monitored medications, substance abuse testing, and intensive case management assistance with basic needs, housing and employment are all integral parts of the AIIM program.

The Community Dual Disorder Treatment program is a community-based, multidisciplinary program that provides coordinated treatment based on the evidence-based practice Integrated Dual Disorders Treatment (IDDT). CDDT provides intensive mental health and substance abuse counseling, case management, medical services, housing/residential services, supported employment, and pharmacological treatment in an Assertive Community Treatment (ACT) model.

The Reentry Program is the newest in the County’s array of alternative programs intended to reduce recidivism and restore offenders to productive citizens. It also is a joint venture between many county and service agencies in Larimer County. The program is approximately 180 days in length, and participation is strictly voluntary. Offenders who enter the program but fail to meet program requirements are subject to appropriate consequences, including termination from the program and return to the regular jail regimen for the completion of their sentence.

Alternatives is operated out of the Larimer Center for Mental Health office at 525 W. Oak St., Ft. Collins, CO, and is directed by Kathy Forrest, Director of North County Services. Ms. Forrest may be reached at (970) 494-4342 or kathy.forrest@larimercenter.org.



Mental Health Center of Denver Denver Criminal Justice Initiative

MHCD's mission "*Enriching Lives and Minds by Focusing on Strengths and Recovery*" is the guiding force behind our strengths-based, recovery oriented treatment philosophy. Consumers are involved with shaping their own recovery which gives them a real chance to regain control over their lives. A large segment of the offender population has experienced homelessness, which has its own unique culture and values. Another important consideration is the large percentage of participants who have a history of trauma or exposure to violence. It is challenging to identify the belief systems of an entire group of individuals, each with distinct life experiences, cultures and belief systems. Through development of an individualized service plan at program entry, an individual's own cultural considerations will be honored and incorporated into treatment planning thus increasing the likelihood of successful recovery.

In September 2007, MHCD implemented a mental health service program for juvenile and adult offenders with mental health problems who are involved in the criminal justice system, the Denver Criminal Justice Initiative (DCJI), with funding from Senate Bill 07-097 provided through the Colorado Division of Mental Health. The DCJI program has increased community capacity to outreach and engage adult offenders into evidence based practices such as Assertive Community Treatment (ACT), Integrated Dual Diagnosis Treatment (IDDT), Dialectical Behavioral Therapy (DBT) and the Trauma Recovery and Empowerment Program (TREM). These evidence-based treatment services have been demonstrated to reduce recidivism, mental health symptoms and substance abuse issues over the course of treatment.

The program also allowed MHCD to increase capacity for juvenile offenders in the Intensive In-home Family Therapy and the Systems of Care/Family Advocacy programs which employ family-focused interventions supported by community-based wraparound child and family support plans. The treatment interventions include structural strategies designed to change patterns and practices in family subsystems that may contribute to delinquent behavior. The additional funding provided in fiscal year 2009-10 was used to add a school-based clinician at Smiley Middle School.

The mental health status and recovery service needs of offenders referred to MHCD for admission to the DCJI program are assessed through a Contact and Triage form completed at the time of the initial referral, and a Multidisciplinary Assessment Tool and the Colorado Client Assessment Record completed through a clinical interview at the time of admission. In addition, the mental health and recovery status of adult offenders are assessed at admission and at six (6) month intervals using MHCD's proprietary Recovery Needs Level Rating instrument.

Target Population of Adults:

- ❖ Adults, 18 years and older;
- ❖ Who are diagnosed by a mental health professional as having a Serious Mental Illness (SMI);
- ❖ Who are involved in the criminal justice system (defined as charged with or adjudicated for an offense); and
- ❖ Who reside in or are homeless within the City and County of Denver.

Target Population of Juveniles:

- ❖ Youth between the ages of 10-17;
- ❖ Who are diagnosed by a mental health professional as having a Serious Emotional Disorder (SED);
- ❖ Who are involved with the juvenile justice system; and/or
- ❖ Youth with co-occurring disorders of mental illness and substance abuse.

Contact Information

Administrative	Adult Program	Juvenile Program
Beth Coleman, MS Director of Managed Care 4141 E. Dickenson Place Denver, CO 80222 Beth.Coleman@mhcd.org 303-504-6630	Jay Flynn, JD Deputy Director Adult Recovery Services 1733 Vine Street Denver, CO 80206 Jay.Flynn@mhcd.org 303-504-1035	Dawn Wilson, PhD Intensive In-Home Services Program Manager 1405 N. Federal Blvd. Denver, Co 80204 Dawn.Wilson@mhcd.org 303-504-1513



North Range Behavioral Health Behavioral Alternative Services

The Behavioral Alternative Services In Community (BASIC) Team takes a unique approach to working with individuals who have legal involvement because of their mental health and/or substance abuse disorder. It is a fully integrated team with professionals from both the mental health and substance abuse fields (employed by NRBH and IGRTC). The staff is cross-trained in assessing and treating co-occurring disorders. The team works closely with the In-Custody Alternative Placement Program (ICAPP) of Weld County to identify and divert individuals with mental health and/or substance abuse issues from custody and maintain them in the community. The ICAPP committee consists of representatives from the court system (District Attorney and Public Defender) the legal system (jail, probation, and parole) and providers (Avalon, Island Grove and North Range). Members of the group provide screening and oversight for the project. The goal of the team is to reduce jail time for individuals whose mental illness and/or addiction has led to involvement with the legal system. These individuals often languish in incarceration for longer periods of time than the average inmate due to their behavioral health issues. They often have housing issues and have few or no vocational skills and thus need more than outpatient therapy to successfully pursue recovery.

The program utilizes a thorough assessment of clinical, legal and community/client safety concerns followed by services in the appropriate level of care. Some individuals will receive services from Acute Services (Detox), Transitional Residential Treatment (TRT), or the Acute Treatment Unit (ATU) with adjunctive case management and discharge planning from BASIC during their stay and will move to lower levels of care when ready. Others will start with the outpatient treatment and support with or without residential placement depending upon needs. The outpatient services are delivered according to the Integrated Dual Disorder Treatment (IDDT) model of care and/or other treatment models as appropriate to meet the needs of an individual client. The Treatment Team consists of clinical staff working on BASIC, providers within the residential/treatment team and appropriate legal representatives from such entities as Probation, Parole, or Pre-trial Diversion. This group meets regularly to adjust the service plan so that adequate services are provided to ensure recovery and to maintain community safety.

Location: Island Grove Regional Treatment Center
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Pikes Peak Behavioral Health
A Project for Reducing Recidivism among Adults with
Moderate to Severe Behavioral Health Diagnoses in the El Paso County Jail

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Background:

In the last decade, jails in El Paso County have experienced a dramatic rise in the number of inmates with serious mental illness. Unfortunately, the El Paso County Jail, has limited resources to provide the long-term and often intensive behavioral health services needed by this population. During their incarceration period in the County Jail, inmates with mental illness receive psychiatric care and medications provided by jail mental health staff. Prior to the initiation of this SB 97 project in late 2007, the release of those inmates who could not or chose to not continue behavioral health care after incarceration marked the end of any psychiatric stabilization attained in jail. They were released back into the community, were often homeless, and quickly abused substances and/or decompensated and entered the criminal justice system again. Through this project, these individuals receive tailored outreach and interventions to become engaged in behavioral health treatment and receive services that reduce their risk of recidivism.

Program Description:

Mental health staff members at the El Paso County Jail identify individuals in the target population that are eligible for the project, and refer them to a project clinician/case manager. Thus, jail behavioral health personnel perform the first behavioral health evaluation, based on DSM IV standards, on all potential participants before they are referred to the project. After project referral, the PPMH clinician uses a standardized intake assessment tool to assess past and present symptomology, psychosocial history, and current DSM IV diagnosis

This project targets those inmates in the County Jail with the following characteristics:

- Ages 18 and older, males and females, no exclusions based on race or ethnicity
- Diagnosis of mental illness, which may co-occur with a substance use disorder
- History of recidivism in the jail system within the past 12 months
- History of being placed on a mental health alert while in El Paso County Jail
- Pre- or Post-Trial, Pre- or Post-Sentenced” No exclusion based on charges
- Not currently in treatment for behavioral health or substance abuse problems

Based on the assessment information, a treatment plan is written. A project clinician/case manager continues to provide services to clients until their services have been taken over by Pikes Peak Mental Health in partnership with key community supports. The goal is to have a successful transition from stabilization in this phase to services at the mental health center within ~90 days. The type and duration of services depends on the individual needs of each client. These services may include psychiatric assessment; psychotropic medications; group, individual, or family therapy; case management; 24 hour acute stabilization and detox; assistance with benefit acquisition, housing, and/or other social services such as medical care; or vocational services.

Spanish Peaks Mental Health Center

SB-97 Treatment Alternatives Collaboration (TAC) Program

In collaboration with local law enforcement and other criminal justice agencies, Spanish Peaks Mental Health Center created the **Treatment Alternatives Collaboration (TAC) Program** in July 2008. This program is funded by monies received by Spanish Peaks Mental Health Center through Senate Bill 97. The TAC Program targets adults with mental illness and/or co-occurring substance abuse disorders who are currently involved with the criminal justice system.

TAC Program Partners/ Memorandum of Understanding (MOU) Participants:

- Spanish Peaks Mental Health Center
- Tenth Judicial District Combined Courts
- The Pueblo Police Department
- The Pueblo County Sheriffs' Office and County Jail
- Pueblo Parole Office
- Tenth Judicial District Attorney's Office
- Pueblo Office of the Public Defender
- Tenth Judicial District Probation Department

We work together to identify offenders who could benefit from treatment alternatives to incarceration to reduce recidivism, and related costs to the criminal justice system, and increase availability of treatment.

The TAC Program currently has the capacity to serve 50 adult offenders, at any given time. We have received over 200 referrals during the first two years of the program. Using the conceptual framework of the Sequential Intercept Model, adult offenders are identified, intercepted and diverted at all points in the criminal justice system.

TAC Program Interventions:

- **Law Enforcement Patrol Level Interventions:** All police and sheriff's deputies in Pueblo have been trained by TAC staff on the protocol and criteria for referring individuals to the TAC Program. Officers can make direct referrals or can request that their dispatch make a referral. The TAC Case Manager makes contact with each referral within 72 hours to assess for possible admission to the TAC Program.
- **Pre-Filing Diversion: Deferred Prosecution:** We have worked with the District Attorney's Office to create a procedure that allows the Deputy District Attorney to refer a case to the TAC Program for a period of 6-24 months, in lieu of prosecution. Upon successful completion of the TAC program, charges are dismissed.
- **TAC as a Condition of Bond:** The TAC Program can accept individuals, as appropriate, into the program as a condition of bond, enabling them to be released from jail sooner. We do assessments at the jail, when necessary. These clients are then often sentenced to TAC and probation.

- **Sentencing to TAC in lieu of DOC/Jail time:** The TAC Program accepts clients who are sentenced to TAC and Probation, or only the TAC program, in lieu of sentencing to DOC/ Jail time.
- **Probation and Parole:** For many of our clients, participation in the TAC Treatment Program is a condition of their probation/parole.

Services Provided:

Utilizing an integrated treatment approach, clients enrolled in the TAC Program may receive:

- Integrated outpatient mental health and substance abuse treatment based on individual needs
- Evidence-Based Treatment: CBT, DBT, REBT, MRT and Motivational Interviewing
- Intensive residential treatment, as needed.
- Transitional Employment (TE) and Supported Employment (SE) opportunities
- Case Management Services
- Psychiatric services/ Medication Management
- Assistance with benefits acquisition, referral to vocational rehabilitation/employment, and housing resources.
- For clients with more acute illness and need for intensive treatment, we have a 24-hour Acute Treatment Unit (ATU)
- Access to consumer-run Recovery Center

Additionally, SPMHC helps to coordinate and provide two Crisis Intervention Trainings (CIT) each year for post-certified law enforcement officers. This training increases officers' knowledge and their ability to identify and interact with people who may have a mental illness.

SPMHC TAC Program Contacts:

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