

Evaluation of the Colorado Integrated System of Care Family Advocacy Demonstration Programs for Mental Health Juvenile Justice Populations Interim Report -- Year Two

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

January 15, 2010

Prepared by:

Kerry Cataldo

Kevin Ford

Office of Research and Statistics
Division of Criminal Justice
Colorado Department of Public Safety
700 Kipling Street, Suite 3000
Denver, CO 80215
Telephone: 303-239-4442
Fax: 303-239-4491
<http://dcj.state.co.us/ors>

Office of Research and Statistics
Kim English, Research Director
Division of Criminal Justice
Jeanne M. Smith, Director
Colorado Department of Public Safety
Peter A. Weir, Executive Director



TABLE OF CONTENTS

Acknowledgements	iii
Executive Summary	1
Section 1: Background	5
Section 2: Program Descriptions	7
Section 3: Updated Method	9
Section 4: Preliminary Findings	17
Section 5: Future Evaluation Plan	31
References	33
Appendix A: House Bill 07-1057	35
Tables	
Table 1. Number of clients enrolled in the Family Advocacy Demonstration Project as of August 31, 2009	21
Table 2. Current status of clients participating in the Family Advocacy Demonstration Project as of August 31, 2009	22
Table 3. Type of discharge from the Family Advocacy Demonstration Project as of August 31, 2009	22
Table 4. Referral agency by program site as of August 31, 2009	23
Table 5. Gender of clients enrolled in the Family Advocacy Demonstration Project as of August 31, 2009	23
Table 6. Age of clients enrolled in the Family Advocacy Demonstration Project as of August 31, 2009	24
Table 7. Ethnicity of clients enrolled in the Family Advocacy Demonstration Project as of August 31, 2009	24
Table 8. Clients residency by program as of August 31, 2009	25
Table 9. Juvenile Justice System involvement at enrollment by program site as of August 31, 2009	25
Table 10. Mental health diagnosis/disorder by program site as of August 31, 2009	26
Table 11. MAYSI-2 scoring profile for the suburban clients as of August 31, 2009	26
Table 12. Needs assessment by program as of August 31, 2009	27
Table 13. Services clients received by program as of August 31, 2009	27
Table 14. Family advocate activities and tasks in assisting clients and families as of August 31, 2009	28
Table 15. Summary of evaluation data forms completed for the family advocacy groups as of December 31, 2009	30
Table 16. Summary of evaluation data forms completed for the comparison groups as of December 31, 2009	30

ACKNOWLEDGEMENTS

The Office of Research and Statistics would like to thank the Family Agency Collaboration, the Mental Health Center of Denver, Denver Juvenile Probation, the Federation of Families for Children's Mental Health-Colorado Chapter, the Jefferson County Juvenile Assessment Center, the Montrose County School District, and Hilltop Community Resources for providing us with the data for this interim report.

We are also grateful to Bill Bane from the Division of Behavioral Health for his continued encouragement and support of this evaluation.

Thanks to Diane Pasini-Hill and Germaine Miera with the Office of Research and Statistics, Division of Criminal Justice for their assistance during this evaluation.

Despite this assistance and support, we alone are responsible for this report and any omission and errors that remain.

Kerry Cataldo
Kevin Ford

January 2010

EXECUTIVE SUMMARY

In 2007, the Colorado General Assembly passed House Bill (H.B.) 07-1057, establishing the creation of family advocacy demonstration programs for youth with mental health or co-occurring disorders who are in or at-risk of becoming involved with the juvenile justice system (see C.R.S. 26-22-101 to 106). H.B. 07-1057 included a mandate (C.R.S. 26-22-105) for the Division of Criminal Justice (DCJ) to evaluate the three family advocacy demonstration programs. When data become available, the evaluation will include analyzing system utilization outcomes, youth and family outcomes, family and youth satisfaction and assessment of family advocates, and process and leadership outcomes. Other outcomes may include the identification of the cost avoidance or cost savings, if any, achieved by the demonstration programs, the applicable outcomes achieved, transition services provided, and the service utilization time frames. The statute required the completion of two interim reports by January 15, 2009 and 2010, concluding with a final report due June 1, 2010.

This second interim report describes updates to the study design, a program description of the new rural site, the identification of comparison groups, program challenges, and preliminary data. The first interim report, available at http://dcj.state.co.us/ors/research_documents.htm, provides additional background and information on the study design and measures.

Study Design

Since our 2009 interim report, there have been several changes to our study design and implementation.

- **Data collection.** Due to multiple delays in the deployment of a web-based data collection instrument modeled after the Division of Behavioral Health's *Tracking System of Care* (TSOC) electronic data tracking scheme, DCJ researchers decided to collect similar data elements manually using a paper and pencil data collection instrument.
- **Study incentive.** To meet the expectations of the family advocacy staff at the study sites, researchers introduced small monetary incentive to show appreciation for the families' time and participation. The addition of the incentive required a change to the study consent form and additional training for those involved in the consent process.
- **Consent forms.** Following negative feedback by potential participants regarding the language and format of the consent forms (leading to the refusal to participate in the study), consent forms were redesigned and re-submitted to the human subjects institutional review board for approval.
- **Participants.** In February 2009, the rural site, Pikes Peak Mental Health, withdrew from the project. A new solicitation by the Division of Behavioral Health resulted in the selection of the Montrose County School District as the new rural site in June 2009.
- **Quasi-experimental Solomon design groups.** With the addition of the new rural program, a procedure was implemented to accommodate this new site to the

study design. Because the program would have no previously closed cases (which at the other sites were assigned to the post-only measurement group), participants at the new site required assignment to the pre-post or the post only measurement groups. The Montrose enrollees were alternately assigned to either a pre-post group or a post-only group.

Comparison Groups

Pursuant to H.B. 07-1057, the evaluation design required comparison groups relevant to each site. The comparison groups were to be comprised of juveniles and their families who did not receive family advocacy services during the same period (January 1, 2008 and March 31, 2010) and who met the same criteria as demonstration sites, i.e., the youths needed to have a mental or co-occurring disorder and current involvement or risk of being involved in the juvenile justice system.

DCJ researchers have worked with the family advocacy sites to assist in the difficult and time-consuming task of identifying viable comparison groups and setting up the measurement procedures. The comparison groups selected are:

- **Urban: Denver Juvenile Probation.** Youth meeting the selection criteria within Denver Juvenile Probation were selected because 40 percent of the youth referred to FAC come from Denver Juvenile Probation.
- **Suburban: 1st Judicial District Pre-trial Services.** Over 90 percent of the youth referred to the Federation for Families come from pre-trial services.
- **Rural: Montrose County Senate Bill 94 (SB 94) and Juvenile Diversion.** Hilltop Community Resources oversees youth in both the SB 94 and Juvenile Diversion programs in Montrose.

Program Data

Data presented in this interim report are from January 1, 2008 through August 31, 2009.

Program Information

As of August 31, 2009, 69 youths participated in the family advocacy demonstration programs (Urban=30; Suburban=29; Rural: Teller=10). The Urban and Suburban sites met their enrollment goals in terms of numbers of clients. In June 2009, the Montrose County School District was selected as the new rural site. The family advocate at this site started on August 25, 2009 and the first client was enrolled on October 5th. Although specific data from the Montrose site are not included in this report, general figures, as of December 31, 2009, show that 12 clients have enrolled in this family advocacy program. The detailed presentation of data from the new rural site (Montrose) will be forthcoming in the June 1, 2010 final report.

Over fifty percent of the youth participants have discharged from their respective family advocacy program. Ten of the discharges were unsuccessful completions due to

families moving out of the service area, requesting withdrawal from the advocacy program, or becoming unresponsive or unreachable for unknown reasons.

As of February 16, 2009, the rural site in Teller County concluded their family advocacy service and withdrew their family advocacy demonstration program from the study. The client data collected from this site is incomplete and the primary evaluative activities (i.e. interviews, questionnaires and surveys) are irreparably impeded.

At this writing, 34 youths are active participants in the three family advocacy programs: Urban=12; Suburban=11, and Rural (Montrose)=11.

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

Client Information

While most of the youths served by the advocacy programs were male, both the urban and suburban sites have served both genders.

The youths served in these programs range in age between 9 and 18 years old. Clients in the rural (Teller) setting were, on average, slightly younger than the clients at the other two sites.

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

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

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

The youths were assessed to need the following types of services: child welfare, education, mental health, mentoring, substance abuse, medication, employment, and housing.

Based on these assessments of risks and needs, the most common services provided, beyond the family advocacy service, included case management, education, mental health counseling, and substance abuse treatment.

Family Advocate Services Information

The type of family advocacy services provided to the youth and families include contact with the youth's supervising officer, treatment providers, and school staff; attending court hearings and client service staffings; conducting home visits; and regularly staying in touch with the youth and family.

Future Evaluation Plan

In the subsequent months of this evaluation, researchers will continue to collect and analyze data gathered through interviews and paper and pencil measures, consumer and site-level information from the urban, suburban and the new rural site in Montrose with the intention of responding to legislative interest in the value of family advocacy. These findings will be presented in the final report to be submitted on June 1, 2010.

SECTION 1: BACKGROUND

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

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

The evaluation will include analyses of system utilization outcomes, youth and family outcomes, family and youth satisfaction and assessment of family advocates, and process and leadership outcomes. Other outcomes may include identification of the cost avoidance or cost savings, if any, achieved by the demonstration program, the applicable outcomes achieved, transition services provided, and the service utilization time frames.

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

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

SECTION 2: PROGRAM DESCRIPTIONS

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

Urban Site: Denver

The urban program is run by the Family Agency Collaboration (FAC), a family-run organization, in cooperation with the Mental Health Center of Denver (MHCD). FAC's target population is children and youth ages 10 to 21 years who reside in the city and county of Denver, have a mental health diagnosis, and are currently involved or at risk of involvement with the juvenile justice system. FAC began enrolling H.B. 1057 youth on January 31, 2008, and had accepted 30 youth as of August 31, 2009. The Denver program planned to serve a total of 25 youth over the first 18 months of the program, and FAC has exceeded this goal. The program uses a High Fidelity Wraparound Process³ and other interventions to achieve the goals and objectives of the youths and their families. FAC also utilizes a dyad model represented by collaboration between the family advocate and the service coordinator. The role of the family advocate and service coordinator is to work closely with referred youth and their families to reduce their involvement with the juvenile justice system by developing and implementing an individualized service plan, otherwise known as their wraparound plan. The family advocate may accompany the youth/family to court appointments, probation meetings, team meetings, wraparound meetings, family support groups, and facilitate communication with the youth's supervising officer, therapists, and social workers. Besides assisting the family advocate, the service coordinator's primary role is to diagnosis the youth, if the youth did not come in with a previous mental health diagnosis. FAC hosts family support group meetings twice a month. The first meeting usually consists of an education component (topics include life skills, pregnancy prevention, Individualized Education Plans, etc), where as the second meeting is more of a family recreation night (dinner out, movie night, etc).

Suburban Site: Jefferson County

The suburban program is led by the Federation of Families for Children's Mental Health – Colorado Chapter in partnership with the 1st Judicial District Juvenile Services Planning Committee. This is a partnership between county child service agencies

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

including probation, Jefferson Center for Mental Health, and the Federation of Families for Children’s Mental Health – Jefferson County Affiliate. The target population includes youth ages 10 to 17 years old who live in Jefferson County, have a pending charge in the 1st Judicial District, and have been referred by pre-trial services. The program focuses on youth at their first entry point into the justice system in order to decrease the likelihood of future involvement. This program began enrolling youth on March 7, 2008 and, as of August 31, 2009, has served 29 youth within the last 18 months. The program initially planned to serve 30 youths and their families annually. The family advocate supports youth and families moving through the system, increases their access to services, provides them with basic needs (i.e. bus tickets, bikes for transportation, etc.) and empowers the youth and families to make informed decisions by involving them in service planning. Youths and families participate in wraparound services for 9-12 weeks to develop a treatment plan and receive advocacy services, according to the program design. During that time, the youths and families develop a family-driven and integrated Mutually Agreed upon Plan (MAP) that includes goals and objectives for treatment services. Families also have support groups conducted by the Federation available to them; unfortunately, the families have not been taking advantage of them. The Federation has hosted a few recreation nights (bowling) which had high attendance. They plan to host more of these recreation nights, maybe even quarterly.

Rural Site: Montrose

The new rural program is led by Montrose County School District in collaboration with Hilltop Community Resources. Hilltop Community Resources provides the family advocacy services centered on a “wrap around” approach and poverty issues. This program’s target population is middle and high school students (enrolled, suspended, or expelled) who display a mental health and/or co-occurring disorder, are involved in the juvenile justice system, are at risk of (or actively are) dropping out of school, and are likely living in homes and neighborhoods of poverty. This program was selected on June 25, 2009, and the family advocate started work on August 25, 2009. As of December 31, 2009, the program has enrolled 12 youth in the program. The Montrose plan is to work with 20-25 youth per year (total of 45 youth; 20-25 participating in the family advocacy program and another 20-25 youth in the comparison group). The advocate is intended to provide intensive case management services including initial assessment, treatment planning, direct service delivery and education, information and referral, discharge planning, and follow-up

SECTION 3: UPDATED METHOD

Study Design Revisions

Since the January 2009 interim report, changes have been made to the study design in the following areas:

- Data collection strategy
- Participant incentive
- Consent/assent forms
- Family Advocacy Demonstration sites
- Quasi-experimental design
- Comparison groups

These design and program implementation modifications are detailed below.

Data Collection. Initially, data collection was to occur using a web-based, multi-user application, Tracking System of Care (TSOC), modeled after the Division of Behavioral Health's case tracking in use for its *System of Care* initiative. However, the deployment of this technology was met with significant delays by the Department of Public Safety's Office of Information Technology (OIT) unit. The OIT was developing a server to run the application with a completion date of March 2009. Following this set-up, the application would require a period of testing that would continue for several more months. Due to the legislatively-mandated time constraints, DCJ began to collect the data manually without the TSOC application. Researchers developed a nine page data collection instrument based on similar information that DBH collected to track System of Care cases. Data is collected monthly from the family advocacy demonstration sites. The data is collected directly from client case files or via an electronic transmittal of client data to the researcher's office. The type of information collected includes demographic, referral and enrollment information, diagnostic criteria, youth and family services referred to as well as received, and discharge data. See Appendix A for a copy of the data collection instrument. The information from these data collection instruments is entered by DCJ researchers into a database stored on the Colorado Department of Public Safety's (CDPS) secure servers. The information is password protected. CDPS has department-wide security conventions in place, and all research-related materials are protected by these measures. The paper forms are locked in a filing cabinet at the DCJ offices in a secured state government building. Only the DCJ researchers have access to that filing cabinet.

Incentive. Initially, there were no plans to offer either the family advocacy participants or the comparison group participants an incentive for participation. However, family advocacy staff insisted that a small monetary token be offered to show appreciation for the families' time and participation. The family advocacy staff considered an incentive a necessary courtesy and would have introduced an incentive

regardless of the wishes of the researchers. These staff wholly rejected the counter-argument that incentives can serve to coerce study participation.⁴ In order to treat all study participants equally and manage the incentive offer, a small incentive is being provided to all participants (family advocacy and comparison groups). Adopting the incentive as part of the study design allowed researchers the opportunity to train the program staff to create the least coercive atmosphere possible and manage the context of the incentive offer.

Consent/Assent Forms. The design of the original consent/assent forms were found to be seriously flawed resulting in not only rejection to participate in the study, but a rejection of the free advocacy services. Part of the responsibility for this can be attributed to a failure of communication between the researchers and the staff at the study site. Part of the responsibility falls to statements inserted by Western Institutional Review Board (WIRB) that potential study participants found insulting, legalistic and/or unnecessary. These problems necessitated a redesign of the consent forms. Below is a summary of some of the major problems addressed in the editing of the consent forms and an explanation of the inclusion of the participation incentive. Not every alteration is described, but those inserted below are representative of the consent form issues and how they have been addressed, including:

1. Inclusion of the newly introduced participant incentive.
2. The tone was altered to make the forms friendlier.
3. Language and titles that referred to “mental illness” were softened or removed to reflect the philosophy of family advocacy programs that focus on client strengths rather than deficiencies. Removal of the term also prevented the consent form from being the first indication to families that their child has a mental illness.
4. Some of the language used and the format of the information was perceived by potential participants as irrelevant, tangential, insulting, off-putting or vague and was removed, altered or reformatted.
5. Redundant assent sections were consolidated.

Family Advocacy Demonstration Site Participants. As previously reported, H.B. 07-1057 mandated that the three programs serve urban, suburban, and rural populations. However, in the January 2009 interim report we noted that the rural site, Pikes Peak Mental Health, submitted a letter to the Division of Behavioral Health on December 17, 2008 informing them that was their intention to terminate their participation in the Family Advocacy Demonstration Program. This became effective on February 16, 2009, which left the rural site vacant. On May 4, 2009, the Division of Behavioral Health reposted a request for proposals for the rural site on the State BIDS website site. Multiple proposals were received and reviewed, and on June 25, 2009, the

⁴ The study design has been methodologically reviewed and approved by an independent board (Western Institutional Review Board, WIRB) the purpose of which is to ensure that all human subjects engaging in research understand that they have the right to refuse participation.

Montrose County School District was selected as the new rural site. The following are the selected family advocacy demonstration sites as of CY 2009.

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

Quasi-Experimental Solomon Design Groups. In the 2009 interim report, we noted that this study is based on a Solomon design (Solomon, 1949), which is an extension of the traditional pre-post design. Including the two traditional pre-post with and without treatment groups, the Solomon includes two additional groups receiving only post-test measures, one receiving treatment, and one not receiving treatment. Again, “treatment” in this study refers to the reception of family and youth services with an advocate, whereas “without treatment” refers to the reception of family and youth services without an advocate.

Initially, the research plan directed that pre-measures would be administered to families as they entered the treatment and non-treatment service systems and service information would be collected and entered into a database. Following service conclusion, post-measures would be acquired. Given the protracted research review and consent form modification process and approval by Western Institutional Review Board (WIRB), some families in both the treatment (worked with an advocate) and non-treatment (did not work with a family advocate) groups had already completed services. Acquiring pre-treatment measures for these families was not possible. However, post-test only treatment measures of empowerment and service satisfaction could still be administered and such post-only groups are a vital component of the complete Solomon design. The closed cases from the urban and suburban sites necessarily became the post-only groups. Therefore, the four quasi-experimental groups were as follows:

- **Family Advocacy-Active (Pre-Post with Treatment):** Participants are youth and families working with a family advocate who complete the Family Empowerment Scale (FES) within 30 days of being assigned a family advocate, receive family advocacy services and, upon completion of their involvement with the family advocate, complete the FES and are administered the youth and parent/caregiver versions of the DCJ Family Advocate Questionnaire (FAQ).
- **Comparison Group-Active (Pre-Post without Treatment):** Participants are youth and families involved in the juvenile justice system not working with a family advocate who complete the Family Empowerment Scale (FES) within 30 days of their child’s involvement in the Juvenile Justice System and again upon discharge from the system. In addition, the youth and their parent/caregiver will each be administered the DCJ Family Services Questionnaire (FSQ) as part

of their post-test.

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

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

The post-only groups (those with or those without treatment) now encompass participants who had either discharged from the family advocacy program/juvenile justice supervision prior to the start of the study or are participants alternately assigned to the post-only group. Based on this modification, the groups will be as follows:

1. **Family Advocacy-Pre-Post with Treatment:** Participants are youth and families working with a family advocate for whom pre-measures can be administered and who may be randomly assigned to this group. Parents/caregivers will complete the Family Empowerment Scale (FES) within 30 days of being assigned a family advocate, receive family advocacy services, and, upon completion of their involvement with the family advocate, complete the FES and be administered the youth and parent/caregiver versions of the DCJ Family Advocate Questionnaire (FAQ).
2. **Comparison Group-Pre-Post without Treatment:** Participants are youth and families involved in the juvenile justice system not working with a family advocate who can be administered the pre-measures and who may be randomly assigned to this group. Parents/caregivers will fill out the Family Empowerment Scale (FES) within 30 days of their child's involvement in the Juvenile Justice System and again upon discharge from the system. In addition, the youth and their parent/caregiver will each be administered the DCJ Family Services Questionnaire (FSQ) as part of their post-test.

3. **Family Advocacy-Post-only with Treatment:** Participants are youth and families working with a family advocate for whom *only* post-measures can be administered or who may be randomly assigned to this group. Parents/caregivers will be asked to complete the Family Empowerment Scale (FES) and the youth and their parent/caregiver will complete the DCJ Family Advocate Questionnaire. The length of time between the closure of their case and the administration of these post-measures will be included in the analysis.

4. **Comparison Group-Post-only without Treatment:** Participants are youth and families involved in the juvenile justice system not working with a family advocate who can be administered the post-measures or who may be randomly assigned to this group. Parents/caregivers will be asked to complete the Family Empowerment Scale (FES) and the youth and their parent/caregiver will complete the DCJ Family Services Questionnaire (FSQ). The length of time between the closure of the case and the administration of these post-measures will be included in the analysis

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

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

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

Urban Site: Denver. Family Agency Collaboration (FAC) receives numerous referrals from different agencies; however, 40 percent of the youth were referred from Denver Juvenile Probation making Denver Juvenile Probation a logical source to recruit participants for the urban site comparison group. Based on the criteria set forth by House Bill 07-1057 and the Family Agency Collaboration (FAC), the comparison group comprises youth who are:

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

The establishment of this comparison site required a collaborative meeting between representative of the State Judicial Branch, Denver Juvenile Probation, and DCJ to describe the study and to develop study protocols. Subsequent to this meeting, a memorandum of understanding (MOU) between the above parties was created to guide the responsibilities of the study tasks. DCJ researchers are monitoring and advising the Division of Probation Services and Denver Juvenile Probation as the pool of participants is identified and data collection procedures are undertaken.

Suburban Site: Jefferson County. Given that over 90 percent of the youth referred to the Federation for Families come from the 1st Judicial Pre-Trial Services, it was an obvious choice to select this site to serve as the recruitment source for the suburban site comparison group. The criteria proposed for the selection of comparison group youth are:

- 10-17 years old
- Under pre-trial supervision (admitted to and completed pre-trial supervision between January 1, 2008 and March 31, 2010)
- Have mental health or co-occurring disorders and/or a minimum of three warnings/cautions on the MAYSI-2.
- Reside in Jefferson County
- Did not receive family advocacy services

The details for the recruitment of participants for this comparison site were primarily developed by the family advocate and a pre-trial officer at the Jefferson County Juvenile Assessment Center (“The JAC”) with advice and guidance from DCJ researchers. Currently DCJ is working with Pre-Trial Services at The JAC as youth and their families are identified and data is collected.

Rural: Montrose. Hilltop Community Resources oversees both the SB94 and the Diversion program in Montrose. It is the goal of this program to utilize both programs as sources of participants in their comparison group. This decision was based on the comparability in juvenile justice backgrounds of the youth that are served within these programs.

Comparison Group Procedures. The youth and families participating in a comparison group are assigned to either the pre-post or the post-only group, if possible. Having provided consent to participate, the youths and families are asked to complete the following measures:

- Family Empowerment Scale (FES)
- Family Services Questionnaire (FSQ)

The Family Empowerment Scale (FES). The FES (Koren, DeChillo, & Friesen, 1992) is a 34-item instrument that was developed by the Research and Training Center on Family Support and Children’s Mental Health at Portland State University. Its purpose is to assess parent/caregiver perceptions about their roles and responsibilities within their local service systems and their ability to advocate on behalf of their child. The FES scoring procedure is based on a simple, unweighted summation of the items, resulting in scores within each of the following areas of parent/caregiver empowerment: Family, Service System, and Community/Political systems. The FES is a simple, basic tool designed to be administered with minimal training.

The DCJ Family Services Questionnaire (FSQ). The parent/caregivers and the youths in the comparison group families each receive a DCJ Family Services Questionnaire designed for this study by DCJ researchers. Rather than asking about their experience working with a family advocate, the items simply ask analogously about aspects of the services the family received. The purpose of gathering this information is to compare the experiences of those families who received advocacy services with those who did not participate in the program.

Described below are the procedures to implement the measures for the pre-post and post only groups:

Comparison Group-Pre-Post without Treatment

- Upon the first contact (i.e. initial meeting), the youth and parents are given research consent forms to review and, if they volunteer to participate in the study, sign. A copy of the consent form is sent to DCJ. If the family declines they receive no further contact regarding participation in the study.
- Within 30-days of the youth’s involvement in the juvenile justice system, a study representative gives the parent/caregiver the FES to complete. A copy of the FES is sent to DCJ for data entry and analysis.
- Upon the youth’s discharge from the system, the youth completes the DCJ Family Services Questionnaire-Youth describing the services the family received. At this time the parent/care-giver also completes the DCJ Family Services Questionnaire-Family as well as a follow-up FES.
- After the youth and/or family completes the post measures (FES and FSQ’s), a letter and gift card is sent to the family thanking them for their time and participation in the evaluation.

Comparison Group-Post only without Treatment

- Upon the first contact (i.e. initial meeting), the youth and parents are given research consent forms to review and, if they volunteer to participate in the study, sign. A copy of the consent form is sent to DCJ. If the family declines they receive no further contact regarding participation in the study.
- Upon the youth’s discharge from the system, the youth completes the DCJ Family Services Questionnaire-Youth describing the services the family

received. At this time the parent/care-giver completes the DCJ Family Services Questionnaire-Family as well as a follow-up FES.

- After the youth and/or family completes the post measures (FES and FSQ's), a letter and gift card is sent to the family thanking them for their time and participation in our evaluation.

SECTION 4: PRELIMINARY FINDINGS

Program Challenges

DCJ researchers requested that the demonstration programs provide a description of the challenges encountered during this second year of the evaluation (CY 2009). This request for challenges was intended to potentially include any issues related to an advocate's work with families to the program's ability to function effectively in the service environment. Detailed below are the issues identified by the sites as challenging to their programs.

Urban Site: Denver County. The Family Agency Collaboration reported on several system-wide challenges that increase the demand for family advocacy services or make providing family advocacy services difficult.

1. The FAC has encountered referrals of children at younger and younger ages for advocacy services and/or in need of services and intervention. Children as young as pre-school age are being referred for advocacy service. Although some reasons for referral are derived from developmentally inappropriate behavioral standards established by zero tolerance policies in schools, others represent real behavioral concerns among these very young children that cannot be ignored.
2. The FAC finds that services are inadequate, and service referrals and/or service decisions for older youths are often inappropriate:
 - a. "Aging out" - services are withdrawn by the Mental Health Center of Denver (MHCD) for youths reaching 18 years of age. The referral for subsequent adult services for these young people is inadequate and developmentally inappropriate. These young clients often find the adult clients at service settings too dissimilar from themselves and these adults' issues not comparable to their own. The discomfort from this mismatch in population and behavioral health problems results in these young adults withdrawing from needed services and support.
 - b. Substance abuse problems - MHCD is unable to provide adequate services, including referrals for services, for youth suffering from substance abuse problems. Funding cuts for services has exacerbated this situation.
 - c. The sanction for missed appointments is typically the withdrawal of service. MHCD withdraws services if a youth misses three appointments. Although a commitment to one's treatment is a critical element of recovery or self-improvement, service withdrawal would seem a short-sighted sanction for youth who will most likely cycle back through the system for unresolved issues.
3. Often, individualized education plans (IEPs) are not followed. There also appears to be a resistance to the creation of an IEP until a child's circumstances reach an extreme level of severity or a dire incident has occurred.

4. In situations where a child may not be best served by placement in a particular school, FAC staff has learned it must meet monthly with Denver Public School (DPS) representatives to build the case for transfer. Although the case may be obvious for immediate transfer, time and effort over months is spent building the justification for the needed transfer. Until the FAC has exhausted all resources offered by DPS, the special needs Supervisor will not approve the transfer of the child out of DPS and into a matching program that would actually meet the child's needs. These protracted efforts may require 6-7 months, during which time the quality of educational experience and, in some cases, personal safety of the child are ignored by the school.
5. FAC staff has fought to maintain its independence from its collaborative partners. Collaborative partners have attempted to subsume the FAC organization by imposing external rules and policies that would alter the practices of the FAC. The FAC has resisted these impositions that would result in deleterious impacts on the ability of FAC to provide independent, effective advocacy services.
6. Family Agency Collaboration is a service provider for House Bill 04-1451. HB 04-1451 included the creation of an interagency oversight group (IOG), which in Denver was the Denver Collaborative Partnership (DCP). FAC was a voting member of DCP until May 2008 when administrators were asked to relinquish their seat and vote to Family to Family, a Denver Department of Human Services program. The FAC staff reported that this eliminates an independent family voice for system change/system Integration at the DCP Board Level.
7. There has been some staff turnover at FAC of their service coordinator position. This position is funded by Senate Bill 97, and funding ends at the end of the fiscal year (June 30), at which time it is common for service coordinators to resign their position. Those most likely to seek and occupy the service coordinator position are at an early point in their career and often decide to seek out other positions in the field after this period of employment. A service coordinator was hired in December 2008, and left in May 2009. A new service coordinator was hired in September 2009.

Suburban Site: Jefferson County. The challenges encountered at the suburban site include the following:

1. The advocate has been working to solicit greater participation in a parent support group for the family/youth receiving family advocacy services. It has been challenging to recruit participants to the support group. Families whose child is involved in ongoing juvenile justice processes feel they do not have the time for the support group. Given the necessity for many families to juggle uncoordinated appointments and commitments required by multiple case managers, the support group is perceived as simply one more demand competing for their time.

2. The Detention Mental Health Demonstration Project (Turnabout), a partnership between community mental health centers, the Division of Behavioral Health, and the Division of Youth Corrections at the Department of Human Services was eliminated from the state budget. This cut affected Jefferson County and the advocacy program because one of the two Turnabout demonstration programs was located at the Jefferson Center for Mental Health. The reported justification for the cut was that the program had not demonstrated the expected outcomes to reduce youth involvement in the juvenile justice system. Also, the program funding was more vulnerable to budget cuts because the program received state general funds and was not connected to specific legislation, like HB 1057. The advocacy program and its sponsoring organization Federation of Families did not agree with the elimination decision because reports from families receiving Turnabout services were positive and there is no current alternative to the services provided by the Turnabout program.
3. The Mutually Agreed upon Plan (MAP) was intended to be the sole plan used by the courts, Diversion, and Probation services. However, the Federation has not been viewed as having the authority to get everyone together to compile and use the MAP as the only plan.

Rural Site: Montrose. After only a few months of operation, the biggest challenges reported by this rural site have been:

1. Working with parents who are ineffective in implementing behavioral interventions and consequences to improve their children's behavior.
2. The lack of parenting classes in general and the limited number of classes offered during the months of November and December.

Division of Criminal Justice. The evaluation staff has also experienced challenges during this second year of the evaluation. The challenges include the following:

1. The inability to collect site data after August 31, 2009 for this report due to the lack of staff resources. The Division of Criminal Justice's field researcher was on maternity leave this fall.
2. The establishment of comparison site and comparison site protocols required more time than expected to identify and prepare sites to recruit potential participants and to monitor activities at the comparison sites.
3. After cases are closed, families are difficult to locate to obtain follow-up measures (FES and FAQ). Families have moved out of the area or to unknown locations, phones are disconnected, or family members are simply unavailable or unwilling to provide feedback.
4. The sites have been unable to provide cost data for services received. Cost data is reportedly inaccessible or unavailable from the referred programs or

services, which will result in DCJ's inability to identify cost avoidance or cost savings achieved by the family advocacy demonstration programs.

Preliminary Program Data

This section provides a statistical snapshot of the data collected on the family advocacy demonstration programs during January 1, 2008 through August 31, 2009. Data for the new rural site (Montrose) will not be presented in detail, having only enrolled their first client in October 2009.

The data are presented in sections relevant to the aspects of the data collection and evaluation, including information on: programs, clients, Family Advocate services, and evaluation measures. This snapshot includes the number of clients served followed by client demographics, the source of referrals, assessed needs, services provided, and the advocate's role. All the information will be presented separately by site.

Program Information

Table 1 displays the number of clients accepted into each family advocacy program. The urban site began enrolling clients on January 31, 2008 with the intent to serve 25 clients over an 18-month period, which has been accomplished. The suburban site began enrolling clients on March 7, 2008 with the intent to serve 30 clients annually; so far, the site has served 29 clients over an 18 month period.

Table 1. Number of clients enrolled in the Family Advocacy Demonstration Project as of August 31, 2009

	Urban (Denver) ¹	Suburban (Jefferson) ²	Rural (Teller) ³	Rural (Montrose) ⁴	
CY 2008					
January	0	NA	NA		
February	3	NA	NA		
March	3	2	NA		
April	1	2	NA		
May	4	4	5		
June	3	5	0		
July	2	0	1		
August	0	3	0		
September	0	0	1		
October	2	0	2		
November	3	0	1		
December	0	0	0		
CY 2008 Total	21	16	10		
CY 2009					
January	2	2	NA		
February	1	2	NA		
March	2	2			
April	1	0			
May	0	4			
June	3	2			
July	0	0			0
August	0	1			0
CY 2009 Total	9	13	NA	12⁴	
Total clients served	30	29	10	12⁴	

1 The urban site began taking clients on January 31, 2008 intending to and actually serving 25 clients over an 18 months period..

2 The suburban site began taking clients on March 7, 2008 intending to serve 30 clients annually and have served 29 clients over an 18 month period.

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

4 The Montrose County School District became the rural demonstration site on June 25, 2009. Following an August 25, 2009 start date by the family advocate, the first client was enrolled on October 5, 2009 and as of December 31, 2009, 12 clients have enrolled in the program. The Montrose site intends to serve 45 clients and their families.

Source: Case file data.

As of August 31, 2009 there were 23 youth still participating in the urban and suburban advocacy programs. With the addition of the Montrose, 42 percent of the youth were actively receiving advocacy services.

Table 2. Current status of clients participating in the Family Advocacy Demonstration Project as of August 31, 2009

	Urban (Denver)		Suburban (Jefferson)		Rural (Teller)		Rural (Montrose)		Total	
	n	%	n	%	n	%	n	%	n	%
Active	12	40.0%	11	37.9%	0	0.0%	11 ¹	91.7%	34	42.0%
Closed	18	60.0%	18	62.1%	10	100.0%	1	8.3%	47	58.0%
Total	30	100%	29	100%	10	100%	12¹	100%	81²	100%

1 There were no clients enrolled in this program as of August 31, 2009, however, as of December 31, 2009, there are 11 clients active and one case closed in the Montrose family advocacy program.

2 The 12 cases from Montrose are included in the total.

Source: Case file data.

Table 3 provides more detailed data on the closed cases. Ten of the 47 discharges were unsuccessful. The reasons for these unsuccessful completions included the client moving out of the county, the inability to locate the family, the family deciding to no longer work with the family advocate, or commitment to the Division of Youth Corrections.

Table 3. Type of discharge from the Family Advocacy Demonstration Project as of August 31, 2009

	Urban (Denver)		Suburban (Jefferson)		Rural (Teller)		Rural (Montrose)		Total	
	n	%	n	%	n	%	n	%	n	%
Successful completion	2	11.1%	13	72.2%	0	0.0%	0	0.0%	15	31.9%
Unsuccessful completion	3	16.7%	5	27.8%	1	10.0%	1 ³	100.0%	10	21.3%
Inactive ¹	13	43.3%	NA	NA	NA	NA	NA	NA	13	27.7%
Program terminated ²	NA	NA	NA	NA	9	90.0%	NA	NA	9	19.1%
Total	18	100%	18	100%	10	100%	1³	100%	47⁴	100%

1 Inactive status only applies to the urban site (Family Agency Collaboration). Inactive is defined as: (1) Family participates in family organized support groups,; receiving no other services from dyad; (2) Family has or has not met goals; no new goals; requests inactive status; and (3) Youth is placed in DYC or RTC for a period of >3 months, maybe involved in transition back to community. For our evaluation, we considered inactive as a discharge.

2 Program termination only applies to the rural site (Teller).

3 There were no clients discharged from this program as of August 31, 2009, however, as of December 31, 2009, there was one unsuccessful completion in the Montrose family advocacy program.

4 The one case from Montrose is included in the total.

Source: Case file data.

The types of agency from which the clients were referred to the family advocacy programs are presented in Table 4. The suburban program was specifically designed by the 1st Judicial District Juvenile Services Planning Committee to receive client referrals from Jefferson County Pre-Trial Services. The most common referral sources in the urban and rural (Teller) settings are Probation and the Department of Human Services, respectively.

Table 4. Referral agency by program site as of August 31, 2009

	Urban (Denver)		Suburban (Jefferson)		Rural (Teller)		Total	
	n	%	n	%	n	%	n	%
Department of Human Services	6	20.0%	0	0.0%	6	60.0%	12	17.4%
Mental Health Center	5	16.7%	0	0.0%	1	10.0%	6	8.7%
Pre-Trial Services	1	3.3%	27	93.1%	0	0.0%	28	40.6%
Probation	12	40.0%	2	6.9%	0	0.0%	14	20.3%
School	1	3.3%	0	0.0%	0	0.0%	1	1.4%
Health Department	0	0.0%	0	0.0%	1	10.0%	1	1.4%
Other	5	16.7%	0	0.0%	2	20.0%	7	10.1%
Total	30	100%	29	100%	10	100%	69	100%

Source: Case file data.

In addition to the referral requirements for a mental health or co-occurring disorder and involvement or risk of involvement in the juvenile justice system other referral reasons included abandonment issues, anger issues, school problems (attendance, expulsion, behavior), fighting, family dysfunction, gang activity, learning disability, substance abuse, immigration status, disrespect for rules and authority, and family requested additional support for their child.

Client Information

The basic demographic information, found in Table 5, shows that both the urban and suburban sites have served both client genders while the rural site (Teller) served only males.

Table 5. Gender of clients enrolled in the Family Advocacy Demonstration Project as of August 31, 2009

	Urban (Denver)		Suburban (Jefferson)		Rural (Teller)		Total	
	N	%	n	%	n	%	n	%
Male	29	96.7%	16	55.2%	10	100.0%	55	79.7%
Female	1	3.3%	13	44.8%	0	0.0%	14	20.3%
Total	30	100%	29	100%	10	100%	69	100%

Source: Case file data.

The clients in the rural (Teller) setting were, on average, slightly younger than clients at the other two sites.

Table 6. Age of clients enrolled in the Family Advocacy Demonstration Project as of August 31, 2009

	Urban (Denver)		Suburban (Jefferson)		Rural (Teller)		Total	
	n	%	n	%	n	%	n	%
9 years old ¹	1	3.3%	0	0.0%	0	0.0%	1	1.4%
10 years old	0	0.0%	0	0.0%	0	0.0%	0	0.0%
11 years old	2	6.7%	0	0.0%	2	20.0%	4	5.8%
12 years old	0	0.0%	2	6.9%	2	20.0%	4	5.8%
13 years old	4	13.3%	0	0.0%	1	10.0%	5	7.2%
14 years old	2	6.7%	8	27.6%	1	10.0%	11	15.9%
15 years old	11	36.7%	4	13.8%	1	10.0%	16	23.2%
16 years old	3	10.0%	6	20.7%	1	10.0%	10	14.5%
17 years old	6	20.0%	9	31.0%	2	20.0%	17	24.6%
18 years old	1	3.3%	0	0.0%	0	0.0%	1	1.4%
Total	30	100%	29	100%	10	100%	69	100%
Average	14.8		15.3		13.8		14.6	

¹ Denver's target population is 10-21 year olds. However, they did have a client enroll one month prior to their 10th birthday.

Source: Case file data.

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

Table 7. Ethnicity of clients enrolled in the Family Advocacy Demonstration Project as of August 31, 2009

	Urban (Denver)		Suburban (Jefferson)		Rural (Teller)		Total	
	n	%	n	%	n	%	n	%
Caucasian	2	6.7%	18	62.1%	6	60.0%	26	37.7%
African American	17	56.7%	2	6.9%	0	0.0%	19	27.5%
Latino	3	10.0%	8	27.6%	1	10.0%	12	17.4%
Other	0	0.0%	0	0.0%	1	10.0%	1	1.4%
Multi-Ethnic	8	26.7%	1	3.4%	2	20.0%	11	15.9%
Total	30	100%	29	100%	10	100%	69	100%

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

Source: Case file data.

Table 8 displays the residential circumstance for clients at the time of referral. Over ninety percent of the population was living with their parents or other relatives at the time of referral to the family advocacy demonstration program.

Table 8. Client residence by program as of August 31, 2009

	Urban (Denver)		Suburban (Jefferson)		Rural (Teller)		Total	
	n	%	n	%	n	%	n	%
Parents (Biological and step)	21	70.0%	25	86.2%	3	30.0%	49	71.0%
Relatives	6	20.0%	1	3.4%	7	70.0%	14	20.3%
Adoptive family	1	3.3%	0	0.0%	0	0.0%	1	1.4%
Foster care	1	3.3%	0	0.0%	0	0.0%	1	1.4%
Other ¹	1	3.3%	3	10.3%	0	0.0%	4	5.8%
Total	30	100%	29	100%	10	100%	69	100%

¹ Other includes homeless, military school, and detention facility.

Source: Case file data.

The table below provides further detail on how the client is involved with the juvenile justice system at the point of enrollment in the family advocacy program.

Table 9. Juvenile Justice System involvement at enrollment by program site as of August 31, 2009

	Urban (Denver)	Suburban (Jefferson)	Rural (Teller)
Arrest	2	0	2
Summons	3	0	0
Detention	1	0	0
Pre-trial supervision	1	26	0
Deferred Adjudication/Probation/ISP	16	3	0
Truancy	2	0	0
Unknown	5	0	8

Source: CourtLink.

Mental health diagnoses/disorders reported for advocacy clients are provided in Table 10. Many of the youth have been diagnosed with depression, bi-polar disorder, PTSD/Anxiety, and ADD/ADHD and several youth had received more than one diagnosis.

Table 10. Mental health diagnosis/disorders by program site as of August 31, 2009

	Urban (Denver)	Suburban (Jefferson)	Rural (Teller)
Depression	10	6	0
Bi-polar/Mania	5	3	2
Mood	2	1	0
PTSD/Anxiety	6	4	1
ADD/ADHD	14	8	4
Conduct	6	1	1
Oppositional defiant	5	1	2
Learning disability	6	0	0
Other	3	2	3
Unknown	2	0	1

Note: The above categories are not mutually expulsive: individuals may have more than one diagnosis/disorder and are recorded multiple times.

Source: Case file data.

When a mental health diagnosis was not available for the youth, the suburban site staff uses the MAYSI-2 to determine their mental health status. A youth must score a minimum of three warning and/or cautions on the MAYSI-2 to be eligible for their family advocacy program. Table 11 presents the MAYSI-2 scoring profile for the suburban clients.

Table 11. MAYSI-2 scoring profile for the suburban clients as of August 31, 2009

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

Source: Case file data.

The number of clients assessed to need specific services can be found in Table 12 below.

Table 12. Needs assessment by program as of August 31, 2009

	Urban (Denver)	Suburban (Jefferson)	Rural (Teller)
Child Welfare	3	2	4
Educational	18	13	9
Mental health	25	24	8
Anger management	3	0	0
Mentoring	18	6	1
Physical health	2	2	0
Medication	9	1	0
Substance abuse	10	8	0
Employment	15	7	0
Vocational	3	0	0
Recreation	7	13	0
Housing	2	1	0
Gang	3	0	0
Other	8	6	0

Note: The above categories are not mutually exclusive: the client's needs may fall into more than one category.

Source: Case file data.

The types of services the clients have received can be found in Table 13 below. The common services provided are case management, education, mental health counseling (individual and family), substance abuse treatment, and wraparound.

Table 13. Services clients received by program as of August 31, 2009

	Urban (Denver)	Suburban (Jefferson)	Rural (Teller)
Case management	10	1	1
Family counseling	6	6	1
Individual counseling	14	5	5
Educational services	11	6	6
Medical services	1	0	0
Mentor	5	0	1
Support group	8	0	0
Substance abuse treatment	2	8	0
Wraparound	20	0	9
Medication	7	0	0
Vocational services	2	0	0
Residential treatment center	5	1	1
Anger management	1	0	0
Recreation/family activity	2	7	0
Employment	0	2	0
Housing/Shelter/Out of home placement	1	2	0
Other ¹	18	7	3

¹ Other includes food, clothing, transportation (i.e. bus passes), school supplies, immigration advocacy, theft class, life skills, and TASC. The above categories are not mutually exclusive: clients could be receiving more than one service during their enrollment in the family advocacy program.

Source: Case file data.

Family Advocate Services Information

Table 14 presents how the activities and tasks the family advocate has provided to support and assist the youth and families.

Table 14. Family advocate activities and tasks in assisting clients and families as of August 31, 2009

	Urban (Denver)	Suburban (Jefferson)
Conducted intake with client and family	27	26
Contact with education staff (teacher, principal, counselor)	6	6
Contact with social worker	4	3
Contact with supervising officer (pre-trial, diversion, probation)	7	26
Contact with treatment providers	4	6
Contact with family	22	24
Contact with client	17	22
Voicemails left at client's home	17	22
Attended court hearings	16	10
Referred client for an IEP	2	0
Attended IEP meetings	2	2
Attended Wraparound meetings	18	0
Attended Team Decision Making meetings	3	4
Attended other staffings	6	5
Visited client while detained/committed	5	3
School visit	7	5
Work visit	0	1
Home visit	12	20
Found housing	1	3
Provided clothing	0	9
Provided food	0	18
Provided school supplies	0	5
Provided misc supplies	1	8
Provided transportation (i.e. bus passes)	1	17
Employment/vocational assistance	3	1
Provided recreation/outing for family	0	4
Created plans for the family	0	5
Other ¹	8	5

¹ Other included tutoring, assistance with naturalization issues, community service placement, summer school information, minority therapist referrals, information on college scholarships, etc. Information is not available for the rural site (Teller) because this question was added to the data collection form after the program terminated. The above categories are not mutually exclusive: family advocates may assist clients and families in more than one way.

Source: Case file data.

Evaluation Information

DCJ researchers are collecting data from a variety of sources to support the evaluative aspect of the study. Presented below are summaries of the data sources completed for the family advocacy groups and comparison groups that will contribute to the evaluation of the demonstration programs.

Data Collection Forms. A nine-page paper and pencil data collection instrument is used to collect data from client case files. The type of information collected includes demographic, referral and enrollment information, diagnostic criteria, youth and family service referrals and services received, and discharge data.

The Family Empowerment Scale (FES). The FES (Koren, DeChillo, & Friesen, 1992) is a 34-item instrument that was developed by the Research and Training Center on Family Support and Children's Mental Health at Portland State University. Its purpose is to assess parent/caregiver perceptions about their roles and responsibilities within their local service systems and their ability to advocate on behalf of their child.

The FES will be completed by parents/caregivers in both the advocacy and comparison groups within 30 days of assignment to a family advocate (advocacy group) or their child's involvement in the juvenile justice system (comparison group) and then again upon discharge from the program or juvenile justice system. This will allow analysis of changes, if any, in the parents' perceptions of their role and responsibility from the beginning of program participation to the end.

The DCJ Family Advocate Questionnaire (FAQ). The FAQ is a questionnaire designed to assess the degree of satisfaction an individual has with various aspects of the family advocate performance and the services received. Two questionnaires will be administered to each family receiving family advocacy services: one to a parent/caregiver and one to the youth.

The DCJ Family Services Questionnaire (FSQ). The parent/caregivers and the youths in the comparison group families each will receive a DCJ Family Services Questionnaire. Since these youth and families did not work with family advocates, their questions simply ask analogously about aspects of the services the family received. The responses will be compared to those responses provided by the families and youth that participated in the family advocacy program. The purpose of gathering this information is to compare the experiences of those families who received advocacy services with those who did not participate in the program.

Table 15. Summary of evaluation data forms completed for the family advocacy groups as of December 31, 2009

	Urban (Denver)	Suburban (Jefferson)	Rural (Teller)	Rural (Montrose)	Total
Data collection forms completed	30	29	10	11	80
Family Empowerment Scales (pre, other, ¹ and post)	33	12	0	9	54
Family Advocacy Questionnaire-Family	4	7	1	0	12
Family Advocacy Questionnaire-Youth	2	5	1	0	8

¹ The FES-Other refers to the FES that was completed by a parent/guardian after their child had been enrolled in the advocacy program for longer than 30 days.

Source: Site data.

Table 16. Summary of evaluation data forms completed for the comparison groups as of December 31, 2009

	Urban (Denver)	Suburban (Jefferson)	Rural (Teller)	Rural (Montrose)	Total
Family Empowerment Scales (pre and post)	0	2	0	3	5
Family Services Questionnaire-Family	0	3	0	0	3
Family Services Questionnaire-Youth	0	3	0	0	3

Source: Site data.

SECTION 5: FUTURE EVALUATION PLAN

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

1. Continue to collect case file data from the three demonstration sites.
2. Continue to contact families to collect questionnaire data.
3. Conduct interviews/focus groups with family advocates, staff from referral agencies, service professionals, and community stakeholders.
4. Collect comparison data, to the extent possible, from the appropriate comparison youths and families who have not worked with a family advocate.
5. Collect criminal history data.
6. Submit the final report on or before June 1, 2010.
7. Work with the Division of Behavioral Health, family Advocacy Coalitions, and the task force to develop recommendations from the evaluation to be made to the legislative oversight committee.

REFERENCES

Koren, P.E., DeChillo, N., & Friesen, B.J. (1992). Measuring empowerment in families whose children have emotional disabilities: A brief questionnaire. *Rehabilitation Psychology, 37*, 305-321.

Solomon, R. L. (1949). An extension of control group design. *Psychological Bulletin, 46*, 137-150.

**APPENDIX A:
HOUSE BILL 07-1057**

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



HOUSE BILL 07-1057

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

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

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

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

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

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

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

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

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

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

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

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

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

AGENCIES STRENGTHEN PROGRAMS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) A NONPROFIT ENTITY;

(b) A GOVERNMENTAL ENTITY;

(c) A TRIBAL GOVERNMENT;

(d) AN INDIVIDUAL; OR

(e) A GROUP.

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

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

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

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

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

(c) A PLAN FOR FAMILY ADVOCATES THAT INCLUDES:

(I) EXPERIENCE AND HIRING REQUIREMENTS;

(II) THE PROVISION OF APPROPRIATE TRAINING; AND

(III) A DEFINITION OF ROLES AND RESPONSIBILITIES;

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

(I) STRENGTHS, NEEDS, AND CULTURAL ASSESSMENT;

(II) NAVIGATION AND SUPPORT SERVICES;

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

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

(V) INTEGRATED CRISIS RESPONSE SERVICES AND CRISIS PLANNING;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SERVICES, AND CO-OCCURRING DISORDERS;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Andrew Romanoff
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

Joan Fitz-Gerald
PRESIDENT OF
THE SENATE

Marilyn Eddins
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

Karen Goldman
SECRETARY OF
THE SENATE

APPROVED _____

Bill Ritter, Jr.
GOVERNOR OF THE STATE OF COLORADO