Practical Realities of Turning Funding Into Implementation: The Colorado Experience

The Diversion Offender Opportunity for Reentry (DOOR) Program

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In Direct Collaboration and Partnership with
Intervention Community Corrections Services &
The Jefferson Center for Mental Health

Colorado Legislative History as Related to EBP Implementation

Early 1990s

- Requires standardized assessment for substance abuse which includes risk/needs assessment (Risk/Needs)
- Requires treatment matching for substance abusing offenders (Treatment Responsivity)
- Requires integration of both sanctions and incentives for substance abusing offenders (Contingency Management)
- Put fiscal resources into assessment and treatment for substance abusing offenders
- Formally required the Criminal Justice and Substance Abuse systems to collaborate in order to develop a standardized and level-based system of substance abuse system

Colorado Legislative History as Related to EBP Implementation

Early 2000s

- Required standardized mental health screening for offenders and broader collaboration among CJ agencies
- Appointed a statutorily mandated multidisciplinary body of experts to collaborate in order to examine mental illness in the CJ system

Colorado Legislative History as Related to EBP Implementation

Mid 2000s

- Created the Colorado Commission on Criminal and Juvenile Justice (CCJJ) to study and propose reforms of the CJ system.
- Required a multidisciplinary CCJJ to prioritize EBP in its legislative recommendations.
- Adopted the NIC model for EBP as its conceptual framework for developing reform proposals.

Colorado Legislative History as Related to EBP Implementation

Late 2000s

- Legislation enacted to integrate the state substance abuse and mental health organizations into a single *Division of Behavioral Health*
- Reduced criminal penalties for low level drug offenses – reinvested prison avoidance cost savings into dual diagnosis treatment for community-based offenders. Required collaboration among state Criminal Justice and Behavioral Health agencies to implement laws and funding streams

The DOOR Program

- Integrated Residential Dual Diagnosis Treatment for Community-Based Offenders
  - High Risk Offenders
  - High and Robust Criminogenic Need Profile
  - Severe Mental Illness
  - Chronic Substance Use Disorders
  - Offenders Prison Eligible yet not Probation Eligible

Organizational Readiness

Collaboration and Expertise

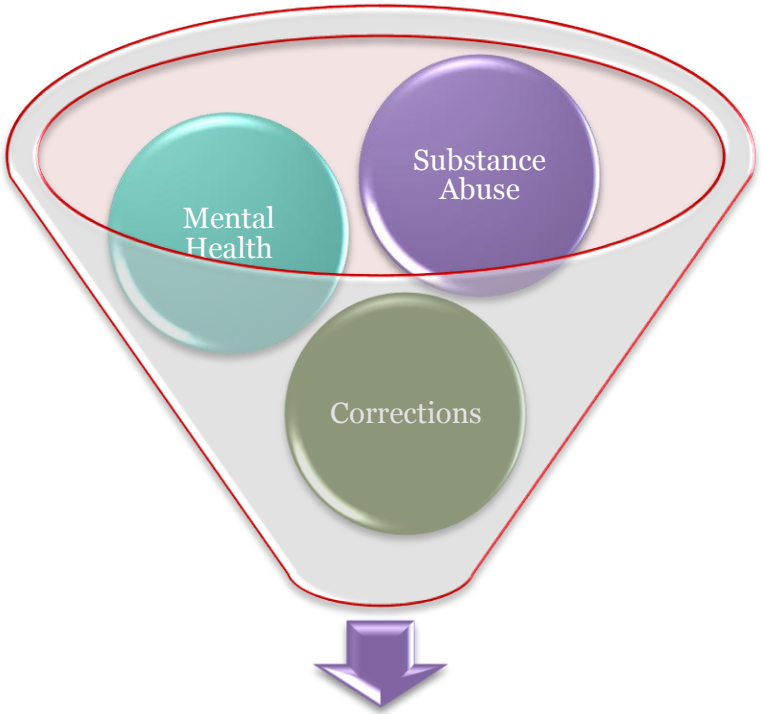
- Selected a jurisdiction that had the highest level of collaboration in place among the state:
  - Community Mental Health Center
  - Substance Abuse Provider
  - Community Corrections
  - Local Government
  - State Government
- This system had a demonstrated history and performance since 2005 due to a grant/state-funded residential dual diagnosis program (John Eachon ReEntry Program) for DOC inmates

Organizational Readiness

- CEO of the Community Mental Health Center (Dr Harriett Hall) is appointed to the Governors Community Corrections Advisory Council and to the local community corrections board.

- The Chief Executive of the community corrections provider (Gregg Kildow) had an established history with probation, the courts, the substance abuse system and the DCJ.

Integrating 3 Parts Into a Whole



Residential Dual Diagnosis Supervision and Treatment

- While Mental Health and Substance Abuse systems are learning from each other (integrated Dual Dx agency), this same integrating system must also learn from the correctional/criminal justice system.

Organizational Readiness

- System vocabulary – can either facilitate or can aggravate implementation.
- Collaboration among agencies requires a collaborative vocabulary so that each component can understand the evidence-based principles of the other:
  - Behavioral Health – Needs to learn and understand Risk/Need/Responsivity and Criminogenic Risk Factors
  - Corrections – Needs to understand Axis I and Axis II, symptomology, motivation, cognitive impairments

Staff Selection

- Challenge: High Turnover and Under-Compensation
- Identifying staff that have a *resource broker* rather than *law enforcement* orientation
- Success requires staff that have the ability to separate mental illness symptoms/expressions from criminal or antisocial thinking and behavior.
- All levels of staff (security, administrative, case management, clinical, management) must have the ability to discern between illness and criminality.
- Requires that correctional program holds offenders accountable for their behavior while also not being punished or sanctioned for being sick.

Staff Selection

Role Clarification and Conflict Management

- Requires intentional determination of which staff from which provider area is responsible for which functions.
- This is effective for division of work and matching services to expertise.
- Also creates incidental *territory* issues that must be worked through collaboratively by all members of the team.
- Program director must often serve as *referee* in order to manage conflicting methods to address a single incident
- Healthy conflict is a signature characteristic of effective transformational team leadership.
- Absence of conflict may be indicative of a problem with genuine collaboration

Quality Assurance/Fidelity Measurement

- Multiple EBP interventions requires multiple QA/Fidelity Tools
- This requires very rigorous and intensive attention which requires rigorous funding.

Quality Assurance/Fidelity Measurement

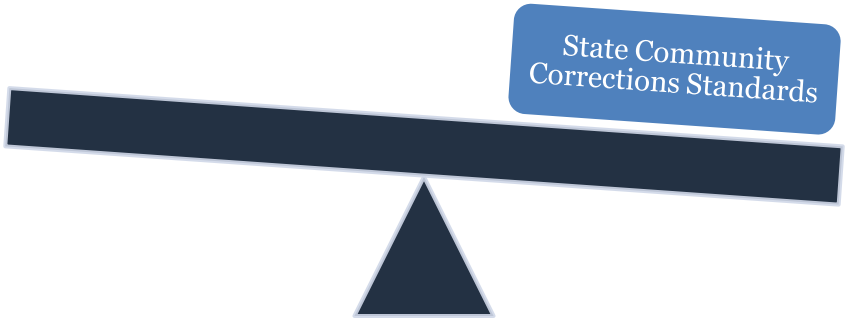
Depth Versus Breadth

- Implementing fidelity measurement broadly to multiple EBP interventions requires substantial staffing from internal and/or external agencies.
- We have been able to achieve some rigorous QA and performance feedback on some EBP interventions:
- **Motivational Interviewing**
- **Risk Needs Assessment**
  - Classroom Training
  - Advanced Training
  - Directed Skill Practice Sessions
  - Video/Audio Taping Sessions
  - Live and Phone Coaching
  - Quantitative and Qualitative feedback reporting
  - Working toward specific MI/RNR expert training and certification.
- The challenge is *going to scale* within these - and among more EBPs

Challenges Toward Implementation
(Integrating Regulatory Standards and EBP)

Behavioral Health Standards

Corrections Standards



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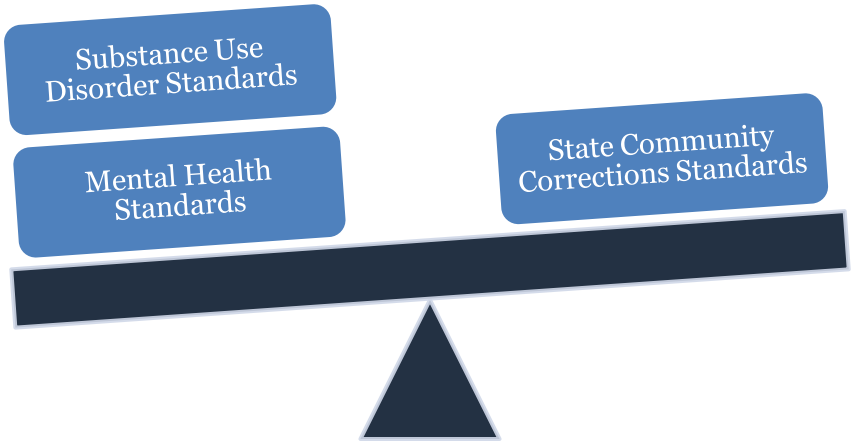

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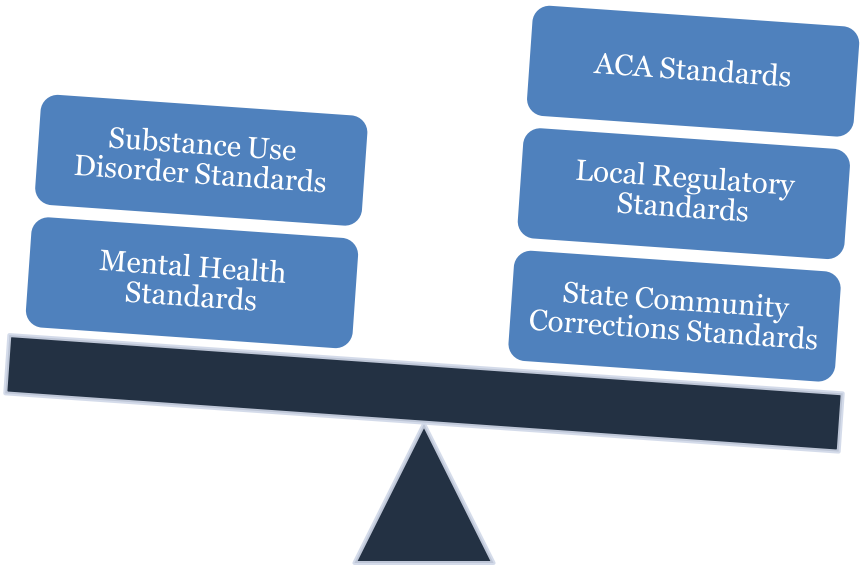

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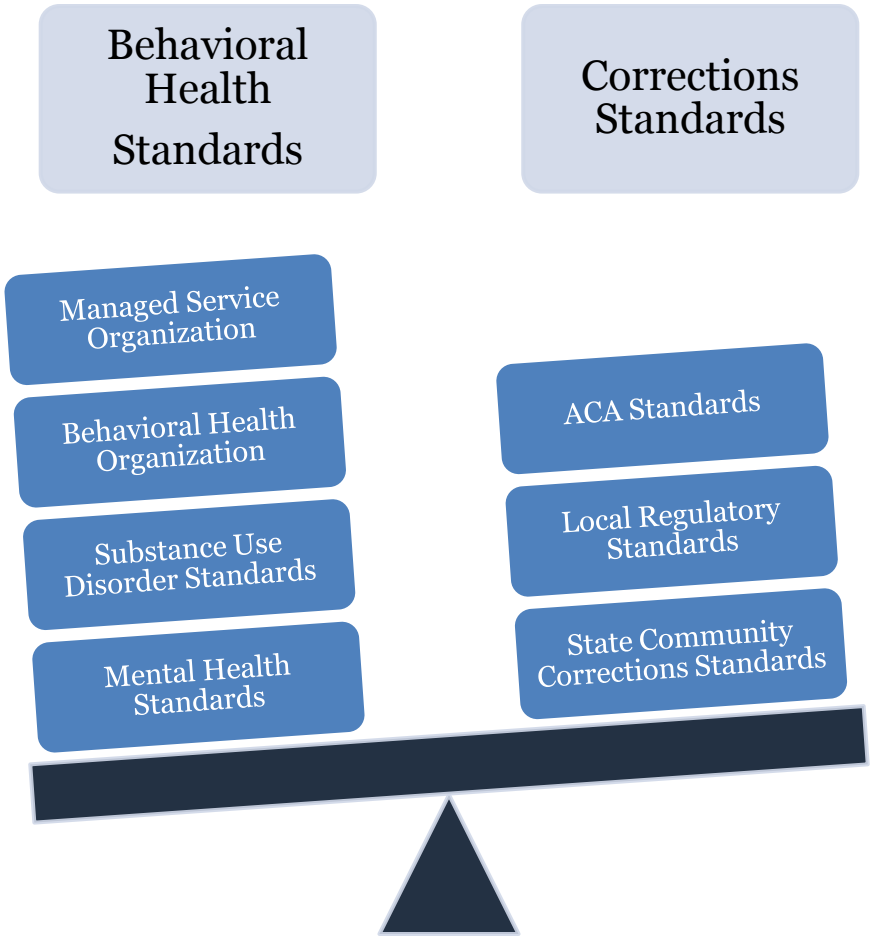

Overcoming the Challenge

- Developing evidence-based regulatory standards and Scope of Work
- Measuring what REALLY matters
- Identifying true implementation drivers in the regulatory standards
- Using clinical supervision as an opportunity for coaching and mentoring

- Using contractual and legislative tools to facilitate implementation rather than just *compliance*

Reality: The Power of Money

- Putting treatment funds in community corrections attracts the interest of the behavioral health community.
- In Colorado, Community Mental Health Centers have historically expressed little incentive or interest to prioritize CJ populations that are behavioral problems and that have unstable payor sources.

Administrative/Logistical Challenges

- One size fits all PMT doesn't adequately represent the desired outcomes of the program
- Narrative format on grant reporting restricts the provider from reporting other relevant measures that the grant resources are attending to.

Administrative/Logistical Challenges toward EBP Implementation

- Small size of specialized population is good for population management and clinical staff:offender ratios
- In context of a larger 200 bed facility, there is always temptation to put DOOR clients in other existing services to meet other criminogenic needs.
- However, mixing populations is inconsistent with aspects of the responsivity principle for these high risk/high needs offenders.

Administrative/Logistical Challenges toward EBP Implementation

- Group therapy, combined with manualized, curricula-based interventions provides challenges for deeply individualized treatment.
- Clinical staff must regularly balance the responsibilities to address the needs that are truly common among this population, while also addressing specific and individualized cognitive impairments or behavioral problems that aren't shared by the entire population.

Other Significant and Global Benefits

- Mental illness is a barrier to addressing criminogenic needs.
- Grant has enabled direct access to behavioral health and psychiatric services. The CJ agency has immediate access to an M.D. for medication adjustments, prescriptions, and psychiatric assessments.
- Allows the CJ system to do its job - assess risk, target needs, enhance intrinsic motivation, reinforce pro-social behavior, engage community support

Global Benefits

- These are high risk offenders with serious mental illness, psychiatric issues, and chronic substance use disorders. Without the DOOR program in place, these offenders would never have been accepted into community corrections and would, instead, be incarcerated.

Power of Collaboration

- Program success is directly associated with a firm necessity for high degrees of multi-level, and multi-layer cross agency collaboration:
  - State Division of Criminal Justice (public)
  - State and Local Probation (public)
  - State Division of Behavioral Health (public)
  - Local Community Mental Health Center (non-profit)
  - Local Community Corrections Provider (non-profit)
  - Local Community Corrections Board (public)
  - Local Vocational Rehab (non-profit)
  - Local Medical Community (non-profit)

Contact Us!

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