

Correctional Treatment Board



MINUTES
July 16, 2013
1:30 p.m. to 4:30 p.m.

Members In attendance: Brian Connors, Eric Philp, Marc Condojani, Kelly Messamore, Jeanne Smith, Dave Walcher

Non-Members in attendance: Glenn Tapia – DCJ, Jagruti Shah – OBH, Rich Gebhardt – Signal, Terri Hurst – CBHC (phone-in), Linda Edwards - Judicial

Approval of Prior Minutes

Eric moved to approve with a second from Jeanne. Minutes were approved.

Budget Discussions

- Reviewed YTD FY2013 Budget/Cash Fund. Final reporting for FY13 will be done in August
- **DOC spending update on TASC and Treatment.** They are spending more on TASC than the CTCF appropriation, but there is no formal request for more CTCF money.
- **OBH spending update on SSC and JBBS.** OBH used more of the CTCF appropriation to support the JBBS money and used block grant funds to meet historical SSC funding levels. They are expecting to use all CTCF money that was allocated to SSC funds once June invoices come in. Marc expects to continue current funding of JBBS levels and use block grant funds for SSC costs. He is willing to look at the use of CTCF money within OBH as unmet needs elsewhere arise. Delta JBBS still underspent by \$100K
- **Provider Rate Discussion:** Glenn asked whether anyone had heard about cost increases for treatment. He is hearing that which means state budgets will be able to pay for less treatment. A discussion about rates, service and providers was had.
 - The State does not influence market rates for treatment.
 - There is no consistency between state agencies as to rates that are paid. OBH, Probation and Comcor do not set rates for treatment modalities. DOC does rate-setting with providers, but generally pay more for the additional work providers must do to get on the Parole ATP list.
 - Competition in providers helps with competitive rates
 - Rates are the only factor when choosing treatment providers – quality and availability of treatment matter just as much, if not more.
- **Quality Treatment Discussion:** Dave asked how we consider outcomes/quality of care?
 - OBH – put some performance measures into their contracts – benchmarked against what they considered providers who were doing a good job. Mostly they look at “reduction in usage” as outcome data but are looking to add the process measure of engagement.
 - Eric: Issue with substance abuse is that “success” is often measured after tx is finished. However, after tx is complete, the criminal justice system often doesn’t have the authority to track the offender, so outcome data can be hard to get. We can look at recidivism, but recidivism is crime data and doesn’t always relate to success with prior treatment. This is a difficult thing to measure. We need to look at things like how quickly offenders are engaged, aftercare, modalities, community connections, others.
 - Marc: We also have an issue with all our data systems. There is no ability now to assess fidelity, nor is this issue audited. Different populations respond to different treatments. We need to work with providers on this concept and also work on how to track success with the concept and audit it.

Board Co-Chairman

Marc Condojani, Director
Community Treatment & Recovery
Division of Behavioral Health
Department of Human Services

Board Co-Chairman

David Walcher, Undersheriff
Arapahoe County Sheriff's Office
County Sheriffs of Colorado

Board Members

Jim Bullock, District Attorney
16th Judicial District
Colorado District Attorney's Council

Brian Connors, Chief Deputy
State Public Defender's Office

Kelly Messamore, Assistant Director
Division of Adult Parole,
Community Corrections, YOS
Department of Corrections

Eric Philp, Director
Division of Probation Services
Colorado Judicial Branch

Jeanne Smith, Director
Division of Criminal Justice
Department of Public Safety

Board Staff

Tia Mills
Division of Probation Services
Colorado Judicial Branch

- Eric: Probation has put together information on what districts can/should look for regarding quality treatment. There is nothing in it about tracking outcomes but really just provides up-front information as to what to look for in quality treatment/providers. Probation contracts usually include language about billing timeliness and administrative details, but nothing on RNR, fidelity or other expectations about quality/outcomes. OBH has strong adherence to best practice literature, but there are no specific standards from OBH regarding any substance abuse curriculum.
 - Kelly: We need to find some way to “audit” providers and the use of curriculum, fidelity and others. However, treatment providers are resistant to this due to confidentiality and proprietary information.
 - Comcor: Have a good system to measure compliance with standards (ex) Guard posted 24 hours), but not quality/outcomes. Comcor standards aren’t quality based.
 - Treatment providers currently can get licensed by OBH but not provide quality treatment or even be aware of RNR principle. This needs to be looked at.
- **FY2014 Funding Plan Review:**
 - Stated priorities in the FY14 plan still exist: JBBS, Problem-Solving Courts, IRT and RDDT.
 - Increased funding was given to JBBS and work is being done to determine problem-solving court costs.
 - Movement on the use of IRT for conditions of probation is happening, but the issue is more about availability than lack of funding to pay for existing beds.
 - Detox is another need. OBH is putting crisis stabilization services into effect that districts can use to help stabilize people in the acute crisis stage. There will only be 5 facilities around the state and the RFP is currently out. Marc will update the board as these centers develop.
- **Needs and Possible Uses for FY2015 Increase**
 - **Comcor as condition of probation:** Eric and Glenn met to talk about this. There are currently probation districts that are pursuing IRT options by using existing offender treatment and services money. Glenn has helped them with how to proceed, but these will be separate contracts between probation and providers and the comcor program has no oversight or regulatory impact on the programming. Ideally, comcor can get increased funds to expand IRT capacity for probation/parole. This would allow for probation to make referrals and comcor to manage the payments to the providers. The Comcor board would be the gatekeeper and decide who gets into the probation beds. The comcor advisory council will be discussing this on Friday, July 19th. It was determined that the cost for 60 new beds would be about \$1.8M. Eric will have probation offices track IRT bed expense during FY2014 to get a sense of how much increase comcor would need in FY2015 for this bed expansion.
 - **DCJ Treatment Vouchers** – DCJ overspent its FY2013 voucher allocation by \$609,000. This is the minimum increase Glenn would need for FY2015. Comcor is trying to assess the treatment needs statewide before providing significant financial support for recovery support services.
 - **JBBS Aftercare** – Jagruti Shah used a 10% of program allocation assumption to determine an estimate for continuing care/after care costs related to the JBBS programs. Her estimated need to help with jail-to-community transition is \$310,000. Additionally she would like \$15,000 for training for JBBS case managers. The training would be in SSI/SSDI outreach and recovery – how to get greater success with offender application for support benefits.
 - **Probation** - FY2014 is going to track problem-solving court treatment costs separately to get a sense of how much these programs are costing. Right now they are mixed between SB318 funds and offender treatment funds. Eric thinks that Judicial’s base budget can cover offender treatment and problem-solving courts at current capacity. Another need might be diversion treatment. Judicial received an FTE and money for DA staff to support diversion efforts. Probation is the source for treatment related to these programs. It is not expected there will be a significant need for this program. The only request anticipated is related to IRT bed expansion for probation – and this will go to comcor to provide the beds.
 - **Recovery Support Services** – the needs vary depending on the programs. There are some services like emergency housing that would be beneficial to look at developing across the criminal justice system. There is no sense of need across the state and it is hoped that local board feedback will help provide information on recovery-support services needs.
 - **Data/Research/Evaluation Set-Asides:** The Board determined that it would be prudent to set-aside about \$500,000 to pay for research efforts, assessment evaluations or research projects to help develop initiatives around gap analysis efforts, assess system-wide assessment changes and meet other un-determined needs.
 - **FY2015 Summary of Needs:** \$610,000 for Comcor Treatment, \$325,000 for OBH JBBS after-care and training, \$500,00 for research/data/evaluation and an unspecified amount for IRT beds for probation

- **Gap Analysis Update:**
 - Tia sent out final gap results, treatment provider lists and a summary of questions to all the local boards. The intent was to get boards meeting to discuss their offender population, verify the treatment resources in the district and to begin discussions around un-met recovery support services. Hopefully there will be feedback by the August meeting.
 - Tia is going to visit the 19th and 22nd local boards for their next meeting.
 - The Board had expressed a desire to get at treatment capacity by treatment type/modality (IOP, WOP, EOP) statewide. HHS Consulting, who performed the initial gap analysis, can contact every treatment provider and ask about capacity and prepare a report for about \$15,000. Before any contact like this is done, it would be prudent for the Board to think about what other information is needed from treatment providers and what else can be done through outreach.
 - Signal MSO is also looking at what capacity information it can get from its providers.

- **Faye Taxman RNR Tool Update:**
 - Glenn gave a demo of the program assessment piece of the tool as it would work for the IRT function.
 - Tool classifies programs based on the groupings A-D that Faye developed. Our system doesn't group offenders this same way, so there is a bit of a disconnect
 - The tool is designed as a self-assessment, which could be problematic, but can be managed.
 - The tool is PROGRAM based, not PROVIDER based. Providers will likely have multiple programs.
 - Thoughts on demo:
 - Do we really need the tool to determine the results? Can we do our own survey?
 - The concepts behind the tool – RNR – are definitely needed and must be addressed with the provider community.
 - The current processes within the state need to be discussed with regard to RNR principle and the treatment community – ASAM (?) and offender population.
 - Can Faye re-tool her tool to use different groupings that work better with our systems?
 - Self-assessment is concerning.
 - The tool has a unique and interesting way to get providers thinking about their programs and how service is delivered. Waiting to get a “grade” on your program makes it engaging.
 - The tool is research-based and that makes it a strong tool. Maybe find a treatment provider to test the tool for their end and see how it goes.
 - It was useful for Glenn to think about the IRT program – length of time, dosage and other components. It might be interesting to use to start discussions with providers.
 - This might be a good tool to help providers determine what services they have and what programs they offer. It could also help the state lay out program expectations and give a mechanism for measurement of quality.
 - The board will think about the tool and come back in August/September to think about how we might move forward.
 - Tia and Marc will contact Faye to see if she can re-tool the groupings to better coordinate with our system in Colorado.

The meeting adjourned at 4:45.

August Meeting Topics

- FY2015 Review of requests and discussion of funding plan
- Local Board feedback on RSS
- Discussion on Faye Taxman RNR tool
- By-laws
- Data Committee Members – bring suggestions for members