What is C-SCHARP?
The Colorado Second Chance Housing and Re-Entry Program (C-SCHARP) is a comprehensive approach to prisoner reentry that increases the chances of recovery for identified people on parole with co-occurring substance abuse and mental health disorders by providing evidence-based practices both inside and outside of prison. Participants selected for the program and released on parole are ideally transitioned immediately into supportive housing unit (a “housing first” model). C-SCHARP uses an Assertive Community Treatment model to provide behavioral health and wraparound support to the parolee during transition. The C-SCHARP Program is a collaboration between the Colorado Department of Corrections (DOC), Division of Housing (DOH) and three community mental health centers: Aurora Mental Health Center (AUMHC), AllHealth Network (AllHealth), and Mental Health Center of Denver (MHCD). Each center provides participants mental health services, substance abuse services, housing assistance, and independent living resources in order to assist them with reintegration back into society.

Assessment of Program Model Fidelity
During program implementation, each CMHC received funding for case managers to provide the appropriate level of care for each of the participants. During the course of the evaluation, it was learned that the provision of care in each of these organizations varied widely, and may have impacted the outcomes of care. Therefore, the evaluators conducted interviews with program staff from the three community mental health centers (CMHC) in order to better understand how the C-SCHARP program model had been implemented within the specific context of each CMHC setting. Understanding variations in how the model was implemented in each CMHC is an essential part of evaluating the C-SCHARP program. Fundamental differences were observed regarding substance abuse services, availability for open campus hours, definition of the case management team, and frequency of case management contact.

Substance Abuse Services
Each of the CMHCs addressed substance abuse services differently. For instance, Aurora Mental Health Center (AUMHC) provided substance abuse services directly on site, while Mental Health Center of Denver (MHCD) contracts for these services. MHCD has a number of certified addiction counselors, but these case managers are not specifically allocated to the C-SCHARP program. Similarly, AllHealth Network (AllHealth) offered a variety of different substance abuse groups weekly that C-SCHARP participants were able to attend for the first year of the program. However, after an organizational decrease in staff the number of groups decreased and C-SCHARP participants were directed to an Intensive Out Patient facility (IOP) facility in order to receive substance abuse services. These differences in substance abuse services indicate that some C-SCHARP participants will have to navigate more than one system and create relationships with various providers to meet recovery goals.
Open Campus Hours
The CMHCs maintain various philosophies regarding use of the organization space when not in treatment. AUMHC permits and supports individuals receiving service to spend time on campus regardless of appointments, and provides support for those receiving services to hang out with each other. Similar services are available in the MHCD system, but not at the Adult Recovery Center where C-SCHARP case managers are housed. AllHealth also has drop in access for C-SCHARP participants available, but similar to MHCD it is not housed in the same location as the case management services.

Team Definition
The MHCD team provides a variety of services on site, which may include case managers, nurses, and psychiatrists. However, there is limited communication with the C-SCHARP participant’s parole officer. AllHealth identified additional communication barriers with parole officers, specifically in the last 6-7 months of the program, and highlighted that parole officers stopped attending monthly meetings, and were less responsive via phone. In contrast, case managers at AUMHC often communicate with parole officers prior to the participant release, and may even coordinate a pick up upon parole. Therefore, the C-SCHARP team is inclusive of partners outside of the traditional mental health space.

Contact Frequency
C-SCHARP participants receive treatment and contact as needed by MHCD, whereas case managers at AUMHC often interact with participants on a daily basis. This may include the provision of medication every day, or a phone call to check in. AllHealth offers 4 possible contacts per week which may include face to face appointments, phone calls, and home check-in visits, depending on the level of care identified, and need of the individual participant.

Recommendations
The findings from our interviews with CMHC program staff suggests that the CMHCs have implemented the C-SCHARP program model very differently, resulting in variations in how services are delivered, despite similar underlying goals. Further investigation of the relationship between program model fidelity, or how closely the program was implemented in accordance with the ideal program model, and variations in participant outcomes at each site is needed. It is recommended that future implementations of the C-SCHARP program model emphasize consistency of program adoption in the participating CMHCs in order to better understand the success of the program in impacting the people they serve.

For more information about the evaluation of the C-SCHARP Program, contact the Mental Health Center of Denver’s Program Evaluation Manager: J. Taylor Moore, PhD (taylor.moore@mhcd.org)