

Metro County Mentally Ill Inmate Taskforce Accomplishments

Background

In 2007, the seven Denver metro area counties (MACC) formed a taskforce to identify and address mental health issues in county jails.

Initial goals included:

- Quantify fiscal costs to counties for serving increased population of mentally ill inmates in metro area jails
- Complete a regional assessment of how mentally ill people move through the various criminal justice system in metro counties
- Develop recommendations based on the regional assessment

Accomplishments to Date

Regional Study:

- Seven metro area counties participated in a regional study mapping how mentally ill individuals move through the criminal justice system.
- The study identified gaps in the system, regionally and county by county, where more attention and/or resources were necessary.
- Counties continue to work through formal county workgroups to accomplish the study's goals.

Fiscal costs:

- In 2008, county jails spent an average **\$9.4 million every quarter** to house seriously mentally ill inmates.
- Costs have increased resulting in **counties spending \$37.8 million dollars in '08.**
 - Each county jail spent an average annual amount of \$185,913 on Axis I prescription drugs
- Seriously **mentally ill inmates stay in jail an average of 5 times longer** than other inmates and are more expensive to house.
 - Axis I inmates = 127 ALOS, General population = 24 ALOS
 - Axis I inmate = \$75.57/day, General Population = \$67.32/ day
- Beginning in 2008, county jails began tracking the number of inmates needing IDs – **currently 37% of the seriously mentally ill jail population needs IDs.**

Legislation:

- SB08-006 – Suspension of Medicaid Benefits
- SB08-007 – Medicaid Application Prior to Release
- SB09-006 – County Jail ID Unit (priority for 2009)
- HB09-1022 – Recidivism Reduction Grants (priority for 2009)

Ongoing Efforts:

- Education of Policy Makers and Administrators
 - Outreach to DOLA regarding federal housing funds coming to the metro area
 - Continuing work with legislative, executive and policy groups addressing mentally health issues
 - Training planned to focus on reduction of medication costs and establishing links between jails and mental health centers
 - Ongoing federal lobbying efforts too support legislation and policies designed to reduce recidivism and mentally ill in jails.
- Good Neighbor Database
 - Continuing efforts to develop a database jails and health providers may use to identify and reduce the number of mentally ill inmates in jails and prison.

Denver Metro Area Counties, Colorado:

Taking Action for Change

Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System

Introduction

The purpose of this report is to provide a summary of the *ACTION: Taking Action for Change* project provided by Policy Research Associates, Inc.(PRA) at the request of the Denver Metro Area County Commissioners (MACC). This report (and accompanying electronic file) includes:

- A brief background of the project
- A review of PRA's *Cross-Systems Mapping* workshop
- A summary of the information gathered at site visits for each of six counties
- A cross-systems intercept map for each county as developed by the group during the workshop and accompanying priorities for change
- Observations, comments, and recommendations from Policy Research Associates, Inc. to help the Denver Metro Area Counties to achieve their goals

Recommendations contained in this report are based on information received prior to or during the *ACTION: Taking Action for Change* workshops and supplemental information provided by the individual counties. Additional information is provided that may be relevant to future action planning.

Background

The Denver Metro Areas County Commissioners, at the recommendation of Denver County, requested that Policy Research Associates, Inc. conduct a series of workshops to further planning to provide assistance with mental health and other services for individuals with mental illness and often co-occurring substance use disorders in contact with the criminal justice system. The project consisted of:

- A regional meeting to engage the counties in the project, gather background information from each county, and plan for local site visits
- Site visits at each county to assess cross-system collaborative efforts, gaps in services and resources
- A second regional meeting to offer PRA's observations, assessment and recommendations

The following counties received site visits:

Adams

Broomfield

Arapahoe

Douglas

Boulder

Jefferson

Denver County was involved in the regional meetings, but as it had already received services from PRA, it did not receive a site visit.

At each site visit, PRA conducted its *Cross-Systems Mapping* workshop. This involved:

- Creation of a map indicating the points of interface among all relevant systems
- Identification of gaps in service and opportunities for collaboration
- Development of a set of priorities for change

A list of participants is available in the resources section of this document. PRA workshop facilitators included: Jackie Massaro, LMSW, Dan Abreu, M.S. CRC. LMHC., Travis Parker, M.S. LIMPH. CPC, and Connie Milligan, LCSW.



Policy Research Associates

ACTION: Cross-Systems Mapping

Adams County, Colorado

Adams County Cross-Systems Map Narrative

The following information reflects the notes taken during the *Cross-Systems Mapping* workshop. These notes include a description of the map at each intercept point, as well as the gaps and opportunities identified at each point. These notes may be used as a reference in reviewing the Adams County Cross-Systems Map. A cross-system group may choose to revise or extend the information gathered in the activity.

Intercept I/Adams County: Law Enforcement / Emergency Services

☼ Law Enforcement Services

Local law enforcement services in Adams County include:

- Arvada Police Department
- Aurora Police Department
- Brighton Police Department
- Commerce City Police Department
- Federal Heights Police Department
- Thornton Police Department
- Westminster Police Department
- Northglenn Police Department
- Adams County Sheriff's Department, which services all unincorporated areas

☼ Crisis Protocol

- When a person is experiencing a mental illness crisis, they are typically transported to a local hospital emergency room for evaluation
- Although sometimes an ambulance may be called, most often the person is transported by the local police
- Dispatch Service receives calls
- If it is clear that the emergency involves a person with mental illness, an officer trained in crisis intervention may be sent
- Police officers determine which hospital to transport an individual by proximity and whether the hospital can utilize an M1 hold (72 hours)
- A 24 hour crisis line is also available to CIT officers

☼ Police Crisis Intervention Teams

- The county has a solid commitment to Police CIT
- Programs operate in all jurisdictions
- Sheriff's Dept. Corrections Officers are also CIT trained in order to better manage inmates with mental illness

☼ Crisis Services at Hospital Emergency Rooms

- Available hospitals for CIT and other officers
 - North Suburban Hospital
 - Platt Valley Hospital
- Community Reach Crisis Unit Mobile
 - Sometimes available for CIT officers
 - Responds to hospitals for evaluations
- Psychiatric hospital beds
 - Neither hospital has psychiatric beds
 - Finding beds is a significant problem
 - Release and cycling back into crisis is too common
 - People can stay in the emergency room waiting for a psychiatric bed for days

- There is a lack of connection to the Veterans Administration for veterans who come into contact with the police
- There is no cooperative relationship between the Veterans Administration and local police
- Felony diversion opportunities are insufficient
- **Intercept I: Identified Opportunities**
- CESE Program
 - Has specialized forensic case management services
 - One stop care center
- Veterans Administration Contact Directory is available
- Mental Health Association currently seeking funding for three Crisis Triage Centers for the Denver Metro Area

Intercept II/Adams County: Initial Detention / Initial Court Hearing

- ⌘ Arrest
 - Upon arrest, all detainees are brought to the county jail
- ⌘ Jail
 - The jail is known as Adams Detention Center
 - Beds = 1728
 - Staffing is for 1425
 - Census at the time of workshop 1305
- ⌘ Summons and Release
 - A person may be given a summons (asked to return to the court) and released
 - This disposition is at the discretion of the arresting officers
 - It can only be utilized for nonviolent Class Four felonies or below
 - It was noted by the group that officers are not likely to give a summons to a person with mental illness
 - Those who do receive a summons often miss court dates because many are homeless and have no permanent address with which they have regular contact
 - It was noted that CIT case management could provide reminders to individuals with whom they are in contact
- ⌘ Booking
 - Booking involves -- person is placed in an intake room where they are searched and entered into the system
 - Arresting officer provides verbal report to the booking officer
 - Nurse screening is available 24 hours
 - Medications for new admissions are verified as soon as possible
 - This is difficult on evening and third shift
 - There are formulary limitations
- ⌘ Pre-trial Services and Advisement (First Appearance)
 - Pre-trial service gathers social and criminal history for a report to the Advisement judge
 - The judge uses this information to set bond
 - Pre-trial Services is prepared to gather and deliver the information for Advisement in approximately 24 hours
 - Mental health history
 - Generally speaking, Pre-trial Services does not make an effort to gather information about a person's mental health history

☒ Courts

- No current mental health dockets or courts
- Family Court will incorporate a mental health docket in 2008

■ **Intercept III: Identified Gaps**

- No mental health court or other diversion
- Lack of transition planning

■ **Intercept III: Identified Opportunities**

- 24/7 medical and mental health evaluation available at booking
- Hospital access is good for persons who become acute or unable to manage in jail
- Mental health classification is done
- EMDR available
- Funding for a social worker is available from public defender's office
- Public Defender's Office has a relationship with the District Attorney's Office to negotiate treatment disposition for a limited number of individuals; possibility of building on this relationship for a formal diversion program
- Family Court will incorporate a mental health docket in 2008
- 30 bed infirmary in the jail for medical and special needs; an opportunity to do better management for persons with mental illness
- Good mental health evaluation services in the jail
- Pre-trial supervised release – an opportunity for possible expansion for persons with mental illness
- Community Reach resources available – for persons sentenced to Probation

Intercept IV/Adams County: Re-Entry

☒ Re-entry Mental Health Services

- Jail provides limited services for persons with mental illness returning to the community
 - No transition case management
- Good information flow from the jail to mental health providers and to probation
- Community Reach
 - Provides rapid diagnosis
 - Accepts referrals from CESE (Community Engagement Supervision Evaluation)
 - Picks up the cost of medications
 - Each person assigned a case manager who assists with benefit applications
 - Forensic Program – has 150 persons on probation
- Non-eligible persons (for CESE)
 - No transition case management
 - Significant gaps in obtaining medication following release
 - Lack of resources to assist people with applying for benefits
 - Benefit application process is long

☒ Medications

- Prescriptions -- 3 day prescription for individuals with mental illness
- Probation department has asked for 30 day prescription because it is often impossible to get an appointment for psychiatric evaluation or medication management in the community in time to continue medication without interruption
- Jail mental health staff indicated that the 3 day prescription policy was based on advice from their legal counsel, but agree to revisit the policy, especially when there is a clear designated referral and

- Staffing includes: therapist, nurse, psychiatrist, program director, case manager, probation officer
- Dedicated case loads -- staff to work with people with mental illness
 - One adult officer
 - Perhaps this is insufficient given that there are 10,000 people on probation in one year in Adams County and 100 probation officers
- Community Corrections
 - Community Corrections is a sentence with both residential and non-residential phases
- Parole
 - Has MOU with Community Reach
 - Parole officers can refer to treatment
 - Parole has funding to pay for treatment
- **Intercept V: Identified Gaps**
 - No medication for parolees
 - Lack of residential beds in Adams County
 - Insufficient assistance available to access benefits; SOAR training is needed
 - Cross-systems training – look at CIT training for parole officers
 - Lack of parole dedicated case loads – perhaps this could be piloted on a limited basis
 - Lack of partnerships between parole and service providers for re-entry
- **Intercept V: Identified Opportunities**
 - Parole Violation Diversion
 - A halfway house
 - 300 beds, 22% for those with mental illness
 - Medications paid for within halfway house
 - Parole officers very involved
 - Time to Change
 - Opens in July 2008
 - 280 bed facility
 - Adding approximately 120 or more beds for people with mental illness
 - Day space for persons with mental illness is separate, with less stimulation

Adams County Priorities

Subsequent to the completion of the Cross-Systems Mapping exercise, the assembled stakeholders began to define specific areas of activity that could be mobilized to address the identified gaps and opportunities. A total of six priority areas were identified. These priority areas, ranked by the workshop participants, are listed below:

1. Funding Indigent Services (15 votes)
2. Felony Diversion (11 votes)
3. Discharge Planning (10 votes)
4. Crisis Triage Center (9 votes)
5. Transition Case Management (9 votes)
6. Mental Health Court/Diversion (8 votes)

Strengths by County

Diversion	Adams	Arapahoe	Boulder	Broomfield	Douglas	Jefferson
Intercept 1	<ul style="list-style-type: none"> -CIT (multiple departments) -Detox beds available -Inpatient Beds available -Step down unit available 	<ul style="list-style-type: none"> -CIT -CIT Case Mgmt. -Inpatient Beds avail. -Arapahoe House for detox and co-occurring disorders 	<ul style="list-style-type: none"> -CIT -Detox beds available -Inpatient beds available -Step down unit available 	<ul style="list-style-type: none"> -CIT -Good Samaritan -Detox -Inpatient Beds available 	<ul style="list-style-type: none"> -CIT w/case management -Detox beds available -Inpatient beds available 	<ul style="list-style-type: none"> -CIT -Jefferson Community Mental Health Emergency Services -Criminal justice/mental health case management -Social detox available -Some inpatient Beds available -DHS referrals
Intercept 2	CESE Program	ADMIT Program sometime 2008 -Some MH jail diversion for	Public Defender Office: social worker		<ul style="list-style-type: none"> -Pre trial serv. -Screening upon admission -Jail MH services info to FAC 	<ul style="list-style-type: none"> -JCMH Case Managers -DHS Referrals
Intercept 3	<ul style="list-style-type: none"> -Community Corrections -CESE 	<ul style="list-style-type: none"> -Community Corrections -Mental health court 2009 	Community Corrections	<ul style="list-style-type: none"> -D.U.I. docket -Community Corrections 	<ul style="list-style-type: none"> -Community Corrections -SMU in jail 	<ul style="list-style-type: none"> - Community Corrections -Special housing unit in jail - Public Defender Office: social workers DHS Referrals -In-reach JCMH Case Managers

Strengths by County

Jail Based Service	Adams	Arapahoe	Boulder	Broomfield	Douglas	Jefferson
Screening	Yes	Yes	Yes	Yes	Yes	Yes
Medication access in jail	Yes	Yes	Yes	Yes	Yes	Yes
Treatment access in jail	Yes	Yes	Yes	Yes	Yes	Yes
Special programs/ training	Yes	Yes	?	Yes	Yes	Yes
Reentry	Yes	Yes	No	No, unless prob.	Prob. Only ADMH Net.	Yes
In reach	No	Yes	No	No	No	Yes
Medications upon release	No	No w/exceptions	No	No	Yes	No
Prescriptions upon release	3 day script	3 day script	Sometimes	30 day script	3 day script; occ. 30 script	3 day script
Appointments upon release	Yes	Yes	Sometimes	Sometimes	Yes	Yes
Identification upon release	No	Community re- entry will help with	No	No	Yes (in process)	Transition planner can help with
State Prison Releases	Adams	Arapahoe	Boulder	Broomfield	Douglas	Jefferson
	Transition planning from San Carlos and Parole FFS in the community	Transition planning from San Carlos and Parole FFS in the community	Transition planning from San Carlos and Parole FFS in the community	Transition planning from San Carlos and Parole FFS in the community	Transition planning from San Carlos and Parole FFS in the community	-Transition planning from San Carlos and Parole FFS in the community -VA Services -JCMH Case Managers -JERP

Priorities by County

Adams	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
	Increase in funds for community based mental health services (15)		Felony diversion (11)	Discharge planning (10)	Cross systems training (8)
	Crisis triage center (9)		Mental health court/diversion (8)	Transition case management (9)	
added at wrap up meeting	More inpatient beds (3) Increase CESE			Information sharing (2) Increase CESE*	Increase CESE*
Arapahoe	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
	Crisis triage center (7)	Jail diversion (7)	Specialty court (7)	Medications upon release (18)	
	Expand CIT (7)			Affordable housing/shelters (11)	
	More inpatient beds for treatment (6)			Availability of treatment slots for indigent people (10)	
	Mobile crisis (5)			Expand re-entry case management (7)	
Boulder	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
	Crisis triage center (19)	No diversion (9)	Develop forensic peer specialists (1)	Medications upon release (12)	Resources for non-PACE consumers (8)
	Lack of detox for persons with mental illness(9)	Lack of medications (9)	Training for Judges*	Medicaid access (4)	Services for persons on parole transition (4)
* added at wrap up meeting	CIT full implementation*	Information sharing (3)		Access to care (3)	Employment access (3)
		Bond Commissioner Role *		Develop forensic peer specialist (2)	Housing (3)
				Halfway house for prison releases (2)	
				Cross system training (1)	

Strengths by County

Diversion	Adams	Arapahoe	Boulder	Broomfield	Douglas	Jefferson
Intercept 1	<ul style="list-style-type: none"> -CIT (multiple departments) -Detox beds available -Inpatient Beds available -Step down unit available 	<ul style="list-style-type: none"> -CIT -CIT Case Mgmt. -Inpatient Beds avail. -Arapahoe House for detox and co-occurring disorders 	<ul style="list-style-type: none"> -CIT -Detox beds available -Inpatient beds available -Step down unit available 	<ul style="list-style-type: none"> -CIT -Good Samaritan Detox -Inpatient Beds available 	<ul style="list-style-type: none"> -CIT w/case management -Detox beds available -Inpatient beds available 	<ul style="list-style-type: none"> -CIT -Jefferson Community Mental Health Emergency Services -Criminal justice/mental health case management -Social detox available -Some inpatient Beds available -DHS referrals
Intercept 2	CESE Program	ADMIT Program sometime 2008 -Some MH jail diversion for	Public Defender Office: social worker		<ul style="list-style-type: none"> -Pre trial serv. -Screening upon admission -Jail MH services info to FAC 	<ul style="list-style-type: none"> -JCMH Case Managers -DHS Referrals
Intercept 3	<ul style="list-style-type: none"> -Community Corrections -CESE 	<ul style="list-style-type: none"> -Community Corrections -Mental health court 2009 	Community Corrections	<ul style="list-style-type: none"> -D.U.I. docket -Community Corrections 	<ul style="list-style-type: none"> -Community Corrections -SMU in jail 	<ul style="list-style-type: none"> - Community Corrections -Special housing unit in jail - Public Defender Office: social workers DHS Referrals -In-reach JCMH Case Managers

Strengths by County

Jail Based Service	Adams	Arapahoe	Boulder	Broomfield	Douglas	Jefferson
Screening	Yes	Yes	Yes	Yes	Yes	Yes
Medication access in jail	Yes	Yes	Yes	Yes	Yes	Yes
Treatment access in jail	Yes	Yes	Yes	Yes	Yes	Yes
Special programs/ training	Yes	Yes	?	Yes	Yes	Yes
Reentry	Yes	Yes	No	No, unless prob.	Prob. Only ADMH Net.	Yes
In reach	No	Yes	No	No	No	Yes
Medications upon release	No	No w/exceptions	No	No	Yes	No
Prescriptions upon release	3 day script	3 day script	Sometimes	30 day script	3 day script; occ. 30 script	3 day script
Appointments upon release	Yes	Yes	Sometimes	Sometimes	Yes	Yes
Identification upon release	No	Community re- entry will help with	No	No	Yes (in process)	Transition planner can help with
State Prison Releases	Adams	Arapahoe	Boulder	Broomfield	Douglas	Jefferson
	Transition planning from San Carlos and Parole FFS in the community	Transition planning from San Carlos and Parole FFS in the community	Transition planning from San Carlos and Parole FFS in the community	Transition planning from San Carlos and Parole FFS in the community	Transition planning from San Carlos and Parole FFS in the community	-Transition planning from San Carlos and Parole FFS in the community -VA Services -JCMH Case Managers -JERP

Priorities by County

Adams	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
	Increase in funds for community based mental health services (15)		Felony diversion (11)	Discharge planning (10)	Cross systems training (8)
	Crisis triage center (9)		Mental health court/diversion (8)	Transition case management (9)	
added at wrap up meeting	More inpatient beds (3) Increase CESE			Information sharing (2) Increase CESE*	Increase CESE*
Arapahoe	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
	Crisis triage center (7)	Jail diversion (7)	Specialty court (7)	Medications upon release (18)	
	Expand CIT (7)			Affordable housing/shelters (11)	
	More inpatient beds for treatment (6)			Availability of treatment slots for indigent people (10)	
	Mobile crisis (5)			Expand re-entry case management (7)	
Boulder	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
	Crisis triage center (19)	No diversion (9)	Develop forensic peer specialists (1)	Medications upon release (12)	Resources for non-PACE consumers (8)
	Lack of detox for persons with mental illness(9)	Lack of medications (9)	Training for Judges*	Medicaid access (4)	Services for persons on parole transition (4)
* added at wrap up meeting	CIT full implementation*	Information sharing (3)		Access to care (3)	Employment access (3)
		Bond Commissioner Role *		Develop forensic peer specialist (2)	Housing (3)
				Halfway house for prison releases (2)	
				Cross system training (1)	

2008 Axis I Annual Impact Report

Updated As of 3/9/2009

County	# 7 Axis I Inmates Counted (in Qtr)	# 8 Axis I Average Daily Population	# 9 Axis I Average Length of Stay (ALOS)	# 13 Number of Inmates Awaiting Competency Evaluation	# 14 Average Wait Time For Competency Hearing	Q-1 NEW Question: Number of Inmates Needing ID's	IMPACT: Axis I Average Quarterly Costs
	Actual count of number of Axis I inmates on snapshot date.	Total Axis I inmates (# 7 @ left) divided by number of quarterly snapshots collected to date.	The total number days incarcerated of all Axis I in- mates as of snapshot date divided by total number of Axis I inmates.	Total number of inmates awaiting court ordered competency evaluation.	Average number of days from court ordered competency hearing date to competency evaluation	Total number of Axis I inmates needing ID's	Average Daily Population (# 8 @ left) times 91.25/days (the quarter) times \$75.57 (average Axis I inmate cost in MACC's 7 counties)
Adams	Q1 259	259	115	1	20	81	\$1,786,002
	Q2 245	245	104	2	24.5		\$1,689,462
	Q3 168	168	123	2	49.5		\$1,158,488
	Q4 155	155	128	2	49.5		\$1,068,843
	Average/Total	207	118	2	36		\$5,702,796
Arapahoe	Q1 229	229	163	10	20.33	125	\$1,579,130
	Q2 259	259	149	7	22.04		\$1,786,002
	Q3 266	266	163	1	29.2		\$1,834,273
	Q4 310	310	151	3	30.42		\$2,137,686
	Average/Total	266	157	5	25		\$7,337,091
Boulder	Q1 118	118	134.5	1	36	13	\$813,700
	Q2 103	103	144.15	3	8.3		\$710,264
	Q3 105	105	187.11	3	26		\$724,055
	Q4 116	116	107.08	2	21.5		\$799,908
	Average/Total	111	143	2	23		\$3,047,927
Broomfield	Q1 14	14	88.21	2	7	100	\$96,541
	Q2 16	16	57.56	0	0		\$110,332
	Q3 16	16	98.56	0	0		\$110,332
	Q4 14	14	112.36	0	0		\$96,541
	Average/Total	15	89	1	2		\$413,746
Denver	Q1 546	546	94.87	5	157	167	\$3,765,086
	Q2 534	534	101	2	24		\$3,682,337
	Q3 543	543	113	1	58		\$3,744,399
	Q4 529	529	104	3	25		\$3,647,858
	Average/Total	538	103	3	66		\$14,839,681
Douglas	Q1 57	57	157	1	10	10	\$393,058
	Q2 89	89	129	0	0		\$613,723
	Q3 93	93	130.2	1	20		\$641,306
	Q4 82	82	113	2	33		\$565,453
	Average/Total	80	132	1	16		\$2,213,540
Jefferson	Q1 143	143	150.9	2	16.5	107.00	\$986,094
	Q2 156	156	149	2	21		\$1,075,739
	Q3 167	167	144	2	21	83.00	\$1,151,592
	Q4 158	158	133	2	16		\$1,089,530
	Average/Total	156	144	2	19		\$4,302,956
08 Totals/Average 4 Quarters/1 Year	5,490	1,373	127	2	27	504	\$37,857,736
07 Totals/Average 2 Quarters/half year	2,700	1,350	116	3	40	--	\$16,736,254
06 Totals/Average 1 year	5,885	1,484	114	15	--	--	\$36,478,835
2.5 Year Average	5,630	1,402	119	7	33		\$36,429,130

Quarter 1 Snapshot Axis I Inmates Needing ID's

Q1 Axis I Inmates	1,366
Inmates Needing ID's	504
% IDs Needed	37%

2008 Quarterly Average

Quarter 1 Impact:	\$9,419,612
Quarter 2 Impact:	\$9,667,859
Quarter 3 Impact:	\$9,364,445
Quarter 4 Impact:	\$9,405,820
2008 Quarterly Average:	\$9,464,434
2007 Quarterly Average:	\$8,368,127
2006 Quarterly Average:	\$9,119,709