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Community Corrections Task Force
Colorado Commission on Criminal and Juvenile Justice

Minutes

July 11, 2013, 12:30PM-4:30PM
Jefferson County Juvenile Assessment Center

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ATTENDEES:
CHAIR
Peter Weir, 1ˢᵗ Judicial District

TASK FORCE MEMBERS
Glenn Tapia, Division of Criminal Justice
Gregg Kildow, Intervention Community Corrections Services
Shannon Carst, Colorado Community Corrections Coalition
Greg Mauro, City and County of Denver
Dennis Berry, Mesa County Criminal Justice System
Christie Donner, Criminal Justice Reform Coalition
Kathryn Otten, Colorado Department of Labor and Employment
Steve Reynolds, 9ᵗʰ Judicial District
Harriet Hall, Jefferson Center for Mental Health

ADDITIONAL ATTENDEES
Ken Gaipa, Addiction Research and Treatment Services
Marlene Hiller, CACCB
Sharon Detter, COMCOR, Inc.
Scott Gallagher, Citizen
Brad Kamby/Arapahoe County Judicial Services
Gina Shimeall/18ᵗʰ Judicial District Community Corrections Board

STAFF
Paul Herman, CCJJ consultant
Kim English, Division of Criminal Justice
Germaine Miera, Division of Criminal Justice

ABSENT

David Lipka, Public Defender	Dr. Anthony Young, Parole Board
Joe Cannata, Voices of Victims	Steve King, State Senator
Eric Philp, Division of Probation Service	Stan Hilkey, Sheriff, Mesa County
Theresa Cisneros, 4ᵗʰ Judicial District, District Court Judge	Bill Gurule, 12ᵗʰ Judicial District, Probation
Claire Levy, State Representative	TBD/DOC Division of Adult Parole and Community Corrections

Issue/Topic:	Discussion:
Welcome and Introductions	Peter Weir welcomes the group and previews the agenda.

Issue/Topic:	Discussion:

Data Information Request – Report Back / LEAN project outcomes
 	
Action
	CCJJ Consultant Paul Herman starts the meeting with a discussion of the task force's continuing educational process of the community corrections system as a whole.
	
	During the last meeting, task force members asked Glenn to pull a small group together to map out, in detail, the process of offenders coming into and out of Community Corrections. Glenn has a presentation and feedback regarding that work, however, before he goes over those outcomes he will explain a little bit about results from another project (a LEAN Event) that looked at some other Community Corrections issues.
	
	DISCUSSION OF THE PROCESS (from Glenn's LEAN PowerPoint)
	• The LEAN project was officially titled the Community Corrections Utilization Rapid Improvement Event (RIE).
	• The origin of the project came from a DOC Symposium on Offender Re-Entry in 2011.
	• The first meeting for the RIE group took place in June 2012 and included representatives and stakeholders from a variety of departments.
	• The group was given a very specific mandate to look at issues regarding re-entry, including looking at community corrections and specifically the transition offender.
	• There was another LEAN event focusing on Evidence Based practices regarding regression decision in community corrections
	• There was another LEAN event on housing and treatment for the high risk/high need dually diagnosed offender.
	• Glenn states that 'LEAN' doesn't stand for anything in particular but is just a facilitation model.
	• The goal is to really analyze and break apart the system and recreate it to look at gaps and places for improvement.
	
	DISCUSSION OF OUTCOMES FROM LEAN EVENT
	• Issues the group wanted to look at-
	   -Why was Comm. Corr. reverting money to the legislature every year.
	   -Why isn't everyone who gets out of DOC going through Comm. Corr.?
	   -More work needed on the establishing greater date certainty for next level of progression.
	• With these questions in mind, the group mapped out a value stream to identify the areas that needed work.

Issue/Topic: (continued) Data Information Request – Report Back / LEAN project outcomes **Action**	• Four main areas were identified that needed work- -Marketing to CC Offenders and Case Managers in DOC -Establishing wait list priority -Coordinating moves -Implementing EBP and Removing Employment Areas • All in all there were 52 opportunities for improvement and an implementation plan was put in place to address immediate and longer term improvements. • 9 implementation tasks were identified including -Removing employment barriers -Improving communication between case managers and parole board -Prioritizing the waitlist -Improving coordination of movement and backfill -Improving knowledge and marketing of community corrections -Moving more ISP-I Regressions to CC instead of facilities -Defining what an alternate referral is -Working on the community referral form -Shifting funding capacity for specialized treatment beds What's next Paul noted that this group did a great job getting a lot of the heavy lifting done identifying areas of improvement. The group also identified other areas of improvement, and it's the same areas this group has identified. There are lots of groups with like minds working toward the same goals and this kind of work demonstrates that even though things can be complex, they can be resolved and moved into practice in just a handful of days. This group produced some really effective work as far as significant systems changes – and major progress was made during this process. Things had actually changed and were up and running by the end of that week.

Issue/Topic:	**Discussion:**
Process Working Group Report **Action**	At last month's June meeting the group discussed various ways that offenders are both accepted into and transferred out of community corrections. The goals of this discussion were to understand the entire community corrections process more thoroughly, hopefully resulting in the ability to look at the similarities and dissimilarities in the process and at certain decision points. Another goal was to identify consistencies or lack of consistencies and look for tools or guidelines that could help improve different decision points. Glenn presents the outcomes from the Process Working Group to the task force.

| Issue/Topic: (continued)

Process Working Group Report

Action | *DISCUSSION POINTS*
• The group was tasked with the large and complex job of creating various flowcharts.
• The group consisted of-
 - Glenn Tapia from DCJ
 - Dennis Berry, Mesa County Community Corrections
 -Shannon Carst, Correctional Management, Inc
 -Brad Kamby, 18th Judicial District
 -Ken Gaipa, Addiction Research and Treatment Services
 -Mike Ruttenberg, Larimer County Community Corrections
 -Sharon Detter, COMCOR, Inc
• There are referral processes and program processes for all populations. Different ways to get into the program and how to get through the program.
• This Working Group mapped out dozens of processes and still didn't get to sex offenders or specialized parole.
• The flowcharts with different referral and program processes can be found on the PowerPoint handout and discussion points are outlined below.

• **Diversion referral process**
 -The group pulled out the general key decision points
 -Diversion regular residential has certain statutory limits
 -At pretrial the DA and defense get involved
 -A Judge may or may not order PSIR
 -A referral is made to 'the' community corrections system and can be a probation referral, court referral or defense referral
 -Out of a nexus of events there's decision making

• **Diversion Program Process**
 -After acceptance there's a progression matrix through the program and then to a decision toward the end to find out 'Is this guy ready for non-res'
 -the pink areas on the flowchart represent future EBP opportunities
 -At any point in this process there's the possibility for an offender to trip up with a negative termination
 -If a technical flub happens in non-res an offender can be reverted to residential and stabilized.

DISCUSSION
 -The Diversion Program Process shows 4 levels of transition through the program.
 -This newly created standardized level process is being implemented strategically, approximately 5 programs at a time around the state.
 -Question: Is there a correlation between success rates and program audit compliance? No, these two measures are not currently tied, and they probably aren't inter-related. Audit measures often have to do with program basics, for example the #'s of UA's taken and the number of headcounts performed each day, etc. – those kinds of compliance measures. Therefore audit compliance doesn't necessarily reflect success and recidivism. |

Issue/Topic: (continued) Process Working Group Report **Action**	-This can actually work in reverse, a program that is not in compliance with standards (not doing as many UAs as they should) – may have better outcome rates simply because someone isn't getting caught. -It's difficult to pull stats on program practices and recidivism rates as audits for each facility are only mandated once in every five year time period. -Would it be constructive to look at programs that are doing great and if their practices are producing more positive outcomes? -Maybe what we're talking about is the evolution of standards and trying to implement evidence-based standards. (flip chart 1) -In systems where the EBP process is farther along, those practices can start being integrated into regulations and standards. -For example, TC's (Therapeutic Communities) have the lowest recidivism rate yet the most serious offenders because they focus on the upper four criminogenic needs for six months (EBP focused) before going the traditional CC route of putting an offender into the community right off the bat and requiring them to get a job, etc. -Is there something that we know is out there now that just needs to be implemented into all systems? -Taking it from the abstract to the practical also has a big economic impact. -This group didn't look at opportunities for change as much as just the process. -The flowcharts exercise showed that when there are more elements in the flow, there are more opportunities for change. -We should probably also look at statutory limitations in our work (flip chart 2) -Another factor is that nobody gets risk/needs assessments until after pleas are made. -If we could be more thoughtful about that we could keep low risk/needs folks out of the system. -Also, there's not much reporting done on board decision making. Not a lot of transparency. There may be guidelines but no baseline information. No info and no reasons identified. -The screening process is very opaque. -Board decision making varies jurisdiction to jurisdiction and board member to board member, but again, there are no standards at all. -People define 'Risk' very differently board to board. -People have different constructs of what is risk. • **Transition Referral Process** -Statutory timelines trigger referral timeframes. -Discretionary referrals come from individual DOC case managers that decided independently whether or not to make a referral for an offender. -DOC offenders or their case managers can opt out of a referral. -The first referral is statutory, the re-referral is discretionary. -A DOC referral can be driven by where the offender wants to refer to. -Offenders need to have a primary referral location, and 3 back-up locations.

Issue/Topic: (continued) Process Working Group Report **Action**	-By the time an offender gets to a third or fourth referral it's pretty much a long shot. -The level of attention to an inmate's parole plan is not always there, as DOC case managers have a lot on their plates. -DOC case managers don't have much access to community corrections program information. -Can we make a recommendation to DOC about practices they should think about implementing six months prior to release, and make a recommendation about referral processes to the boards, and the whole programmatic process? -How far ahead are offenders identified as comm. corr. eligible? The first referral is time driven. But there is an opportunity on the 2nd referral where the offender can just fall into the abyss. -One of the issues that always comes up is the role of DOC case managers. -For people outside or inside of corrections, maybe the case manager is not the person to do this. -Maybe there should be 'navigators' in the prison system that take this on as their only role? -DOC thinks this is being accomplished through their pre-release specialists, but the scope of their work doesn't include referrals -This should be the work of a discharge planner of sorts. -A re-entry specialist focusses on employment and education, regardless of where the offender goes. A discharge planner would focus more on where the offender would be placed. -Pre-release specialists in the facility are getting people ready to release, etc. -Once an offender goes to 940 Broadway (the parole office), that's where they come into contact with the Community re-entry specialist and their parole officer. -The Re-entry specialist is the liaison working with parole. -Another opportunity at the referral stage is who gets referred and when and where. This is applicable more on DOC side. -Comm. Corr. facilities are still not getting good info from DOC on offender needs, medical, psychological, etc. -The absence of information is affecting how decisions are made. If boards don't have info and don't have specific information, the trend is to say 'no'. -Boards often get referrals on someone with a month left on their sentence. -A structured comm. corr. facility often won't take an inmate so we put them on ISP in the community. -Do board members understand what a 'no' vote means when they deny someone? If they say no because they're worried about community safety do they realize that a 'no' vote means the offender is coming back anyway – but without the structure a halfway house would provide? - That issue goes back to board performance and transparency. -Does a board member know that if they say no, the offender might just get probation instead? -When a board member says no to a DOC client and they end up on the street instead, that's a problem.

Issue/Topic: (continued)
 	
Process Working Group Report
 	
Action
	-Referral info should have not just risks of clients but also the pros of a client. DOC case managers are reluctant to provide that info in case it backfired on them.
	
	• **Transition Program Process** -
	-What's different about the DOC population is that DOC decides the progression through the program, irrespective of how the program thinks the offender is doing.
	-Just like Diversion, a TV violation can happen at any point in the process.
	-Recidivism for this group is lowest in the 7 to 10 months timeframe
	-Pulling DOC/Transition offenders out of community corrections programs for ISP too early can be a problem.
	- Transition movement is not necessarily evidence-based, and there could be better ways to make decisions about how they're moved through the programs.
	-There are issues transferring transition folks from residential to ISP.
	-There's an issue in term of TV's and the COPD process.
	-There's an overlay of presumptive parole and ISP (the offender, case manager and CPO need to be on the same page).
	-There's currently no structured process for moving the offender to ISP.
	-If there were a matrix process in place (rather than the decision being made by an individual PO) it would result in better decision making.
	-The COPD process is driven by wardens and the case manager is responsible to the warden.
	-The institutional part of DOC could drive big change in this arena.
	-There are more problems with Transition than Diversion.
	-Are there things in the Diversion process that could be applied to transition process?
	    *Yes, better information is provided with Diversion
	    *There's a problem with information up front on transition clients
	    *Boards and programs get better info on Diversion clients whether it comes from PSIR or probation or whatever
	    *Mesa is looking at a revised PSIR through EBDM process (revised charts with criminogenic factors, etc.
	
	• **Cond. Of Parole Regular Residential – Referral Process**
	-Are there similar problems here as with Transition? Yes, it's basically the same referral process as transition.
	-Providers are reluctant to take Condition of parole offenders because they operate under different (DOC) rules
	-There is the same problem with this population (like Transition) as far as not enough information provided on the offender.
	-They have different rules (Cond. of Parole) becuase they're not on Inmate Status.
	-If someone is Condition of Parole but fails in Comm. Corr. they can be "released homeless", however they are also often sent back to prison via a revocation hearing. Sanctions are not as harsh for Cond. of parole as they are for Transition.

Issue/Topic: (continued) Process Working Group Report **Action**	-When a violation happens with these offenders a CVDMP is completed. -This group bypasses the referral unit -Denver created the jail-based Homeless Transition Program -A parole hearing officer can send them back to the Denver Program for 180 days rather than back to prison. • **Cond. Of Parole Regular Residential – Referral Process (Regressive Track)** -The quality of information used to make a decision is highly inconsistent. It's basically two sentences plugged-in. -These beds can be used as an emergency (homeless) placement, which does provide more stability than being on the street. • **Cond. Of Probation Regular Residential – Referral Process** -In terms of information provided with this population, it's the same as Diversion and pretty good. -There are contract limits. -The disciplinary process is through the probation system. -Non-res is not utilized. -The probation officer is not actively engaged in the Level 1-4 progression process. At the policy level it should happen that way, but in practice it doesn't -There's a major difference between transition offenders and diversion. There's a DOC liaison at every CC facility for transition offenders. -Ongoing probation officer involvement -Jurisdictions with problem solving courts use cond. Of probation beds (rather than revoke and sentence) to take advantage of specialized programs within CC. • **Diversion TC – Referral Process** -This track is much more streamlined -As a specialized program, they have the majority of the input (rather than DOC or probation). -A regular halfway house may not touch one of these offenders (because they have more issues) so Peer 1 will take them. -A TC client knows up front that it's a place to really do the work. -There's respect for the program, and the program makes most of the decisions about the offender -Diversion and Transition offenders are not treated differently once they're at a TC -All offenders are in for a long time at a TC -Once a TC client hits non-res, they could be going to TC continuous care and be worked with for 15 years. -The only way to opt out of a TC is to show stability in all areas of functioning. They'll get straight parole. That's the only group that has sort of a back door out of Peer 1. -Offenders coming out of a TC in prison are a pretty good bet for success in a TC halfway house. -Those offenders have motivation, because they made the decision in prison to be in a TC.

Issue/Topic: (continued) Process Working Group Report **Action**	-There are four different TC's in DOC, and those four TC's refer to Peer 1. -TC's are very intense -All offenders in a TC hit 8 out of 10 criminogenic needs -Info is way better on a Transition TC referral • **Transition TC – Referral Process** -TC referrals come from DOC for offenders who have been in a DOC therapeutic community program while incarcerated. -Unless there is a serious breach, everything is handled in house. There is a set of incentives and sanctions for violators. -DOC is pretty hands off with this group of offenders once they're transitioned to a TC halfway house. -DOC basically says 'you handle them. Take care of your people the way you deal with them' • **Diversion IRT – Referral Process** -This group of folks is already in Comm. Corr., but at some point there's drug use involved. -An internal treatment team is used to deal with these folks.

Issue/Topic: Next Steps **Action**	**Discussion:** Paul discussed the outcomes from this meeting with the task force members. *DISCUSSION POINTS* • Today's conversation was exceedingly valuable; going through this really helps understand the differences and identifies some big ticket items. • The group identified some big issues to start focusing on.

Future Meeting Dates:

Meeting Schedule 2013

August 8th   12:30pm – 4:30pm   710 Kipling St., 3rd floor conference room

September 5th   12:30pm – 4:30pm   Tentative/Jefferson County JAC