Community Corrections Task Force Colorado Commission on Criminal and Juvenile Justice

Minutes

January 9, 2014, 12:30PM-4:30PM 710 Kipling, 3rd floor conference room

ATTENDEES:

CHAIR Theresa Cisneros, 4th Judicial District, District Court Judge

TASK FORCE MEMBERS

STAFF

Paul Herman, CCJJ consultant Christine Adams, Division of Criminal Justice Kim English, Division of Criminal Justice

Alaurice Tafoya-Modi, Private Defense Attorney Christie Donner, Criminal Justice Reform Coalition David Lipka, Public Defender Dennis Berry, Mesa County Criminal Justice System Glenn Tapia, Division of Criminal Justice Greg Mauro, City and County of Denver Gregg Kildow, Intervention Community Corrections Services Joe Cannata, Voices of Victims Kathryn Otten, Jefferson County Justice Services Barry Pardus (for Steve Hager), DOC Division of Adult Parole and Community Corrections

ABSENT

Peter Weir, 1st Judicial District Anthony Young, Parole Board Bill Gurule, 12th Judicial District, Probation Brandon Shaffer, Parole Board Eric Philp, Division of Probation Service Harriet Hall, Jefferson Center for Mental Health Jacqueline McCall, Department of Corrections Shannon Carst, Colorado Community Corrections Coalition Steve Reynolds, 9th Judicial District Stan Hilkey, Sheriff, Mesa County Steve King, State Senator

	Discussion:
Issue/Topic: Welcome and Introductions	Theresa Cisneros welcomed the group and previewed the agenda.
	Kim English announced that the Community Corrections report has been posted on the web (<u>http://dcj.state.co.us/ors/pdf/docs/2013_COMCOR_Report.pdf</u>) and that Christine Adams will email the link to the group tomorrow.

Issue/Topic:	Discussion:
Purpose Statement	The purpose of community corrections is to ensure public safety and further the
Action	sentencing goals of the State of Colorado. This is accomplished by utilizing community corrections boards and the local community to identify appropriate
	<i>individuals</i> to be placed in the community, <i>implement research-based policies,</i> <i>practices and programs</i> to assist individuals so that they may successfully
	function in the community.
	Paul Herman stated that the purpose statement will be up on the board throughout the meeting. While we're talking about all of the work group activities and plans it may require changes. We can discuss this as it becomes
	necessary.

Issue/Topic:	Discussion:
Issue/Topic: Population and Continuum of Care Work Group Report Back Action Further develop their final recommendations.	 Discussion: Glenn Tapia reported back for the Population and Continuum of Care work group reviewed data for low risk/low need and high risk/high need outliers. We believe that community corrections facilities should have the flexibility to address the special needs of these pops. Low risk/high stakes cases were of the most interest to this group. Glenn handed out a summary of the data discussed during the work group's meeting earlier today (hand out is attached at the end of these minutes). Page 1 shows that low risk offenders (those with LSI scores between 1-18) have the lowest recidivism rates while high risk offenders (LSI scores of 29 and above) have the highest recidivism rates. Page 2 shows average LSI scores by program type. Page 3 shows recidivism by services received and that the more services received the better.
	 Page 4 shows program success for those who didn't vs those who did receive each service type.
	 Page 5 shows criminogenic needs and responsivity factors. Funding of community Corrections was based, originally, on a lower risk population. If there is an outlier population that is very high risk we
	might want the funding to address this scheme instead.

	For instance, research suggests that we address their
	criminogenic needs first before requiring them to get work.
0	Page 6 demonstrates that those who recidivated had a shorter
	lengths of stay than those that did not recidivate for both one and
	two year recidivism checks.
0	Page 7 is also related to length of stay. It shows that people seem to
	fail within the first 60-90 days.
	 The idea is that we should treat the outlier populations
	differently. We need to rearrange funding to help treat the
	high risk/high need offenders. Regarding the low risk offenders, we're getting the same amount of funding for
	folks that may not need treatment. We need the ability to
	use our resources for those that need more services.
0	How does funding work, where does it come from? 1/3 comes from
_	offender, 2/3 comes from state.
0	Is there any flexibility in how the money is spent? Statute lays out
	how the per diems work and its one size fits all.
	 We still have a group of people that are in the "vanilla" beds
	who don't quite qualify for special beds but need more than
	vanilla treatment.
0	How were the very high risk offenders defined? LSI of 36 and above.
0	You can see that those who did and didn't have mental health needs
	had similar recidivism rates. This shows that mental illness is not a
	criminogenic need in and of itself. These people may need a different
0	plan than those with both mental health and criminal thinking issues. Is the <i>Thinking for a Change</i> curriculum appropriate for the high risk
Ŭ	offenders? Some with training in it think it is.
0	We're also getting people with higher criminal history scores than
	ever before.
0	Without including the low risk group there are still 92% that are
	medium or high risk. Have you talked about the medium group that
	are still in the top priority box of the criminogenic needs table (see
	page 5 of the handout)?
	 We need to get past the category titles of low/med/high
	risk/need and start looking at all of their needs. Needs will
	be considered separate from and after risk is considered.We need to build a mechanism that is flexible with funding
	and services.
0	We don't want to over-encourage programs to take the low risk
_	offenders because they have better outcomes. The best bang for
	your buck, or change, will be with the medium and high risk
	offenders.
	 Do we have the capacity to look at criminogenic needs? Yes.
	 Not every LSI Score of 26 is the same because
	individuals will have different criminogenic needs.
	 It's appropriate to look at a different method of funding but
	if many (possibly the majority?) of the medium risk group
	would fall into the top category with criminogenic needs
_	how would this affect how the funding is used?
0	How are offenders placed in programs now? Once they come into a

 program there are a battery of assessments that lead to a plan. This plan prioritizes the criminogenic needs. But they still have to get a job to pay for everything. Problem is that they end up with a plan that they can't fulfill until they have a job to pay. We need to focus on their needs rather than their sustainability in a program. What impact do you see this change having on length of stay? If their sustainability at the front end is affected and they're not immediately in debt this would help them get better jobs later. For this same reason low risk offenders would possibly get out sooner. Length of stay is now based on a progression matrix (approximately 8 weeks at each level). This matrix is new though Length of stay used to be time based.
 Only about 25% of the programs are currently on the matrix but most should be using it by the end of the year
 year. In the past expectations were vague. The matrix forces us to communicate expectations better. Within the matrix model we have some ability to address what we're suggesting today to a certain degree. Do you have the authority to charge less or waive funding to get offenders what they need now? Yes, but then the facility is short the amount waived. It's a resource issue. County programs are probably better able to do this than private programs [because of where their funding comes from]. But there is only so much of this we can do before funding is too low to provide services. Might be a question of the role of subsistence. As we begin to think that maybe community corrections shouldn't be cheaper than prison we may realize that the subsistence model isn't right. We're funded to serve the low risk offenders but that's not who we're actually serving
 (only 8%, approximately, of our population). If the data supported developing this new process would you as stakeholders be willing to have fewer beds? What's the % of open community corrections beds now? Generally community corrections is smaller than it was 5 years ago. It's not that there is money available for those empty beds. They are unfunded beds. There may be people to fill them if we worked with DOC. It's also jurisdictionally driven. Bed reduction to fund special programs has been used before.
affect the whole criminal justice system. Where will they go? Who are the people being rejected now?
 If community corrections is serving the larger system we should be open to everyone. This is different if we're serving the public or the offenders.

of scope.

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	 We have two options: 1) ask the Legislature for more money or, 2) ask them to keep the money the same but expect less to be served. We would then go back to show how it's worked and that more money is needed to serve more. If you look at how we do things we tend to ignore the implementation science. If you can get more money, great. But if you could implement evidence-based practices for less people would it worth it? Evidence-based practices are there and we should be utilizing then. But not just when we like it. Let's challenge ourselves to implement evidence-based practices – walk the walk not just talk the talk. If it's successful for the offender long term isn't that what we want? We can be in an ivory tower and say that we should do these things but the reality is that there are current restrictions. Yes but what you all need to do is go to the legislature with suggested changes. We (the task force and the CCJJ) need to make recommendations that will really make changes.
Issue/Topic: Community and Community Boards Work Group Report Back	 Discussion: This group hasn't yet met. Based on discussion at last month's meeting we need to look at it from the community perspective rather than the system silo perspective.
Action	• What have other states done? It would be nice to have a summary to help the group move forward.
 David Lipka will contact members as well as potential members. David should send Christine Adams the final list of members. Christine Adams will send the community corrections statutes distributed a few months ago. At least one meeting will occur before the next task force meeting. 	 When we say "where is the community in community corrections?" what are we talking about? Currently we have community corrections and community corrections boards. The boards determine who should and should not go into programs. A lot has to do with the management of community corrections. We're talking about the community corrections system that currently exists. How is the community engaged to support and meet the needs of community corrections? Are there lost opportunities to partner with other community based systems? Connecting people to their natural environment is always the
Send Christine Adams statement	weakest link. Mental health has started working with corrections

over the last few years but not as much with community corrections.

- Not talking about service providers in a clinical sense but other community programs.
- How are these programs supported programmatically and financially?
- Are these programs supported by the community? How do • we educate the community about these programs to keep them from fighting against community corrections?
 - "Not in my back yard" doesn't come up a lot;

	partnerships do come up though and a need to
	educate the boards.
	 We should explore grass roots partnerships. We don't have a representative for these voices on this
	task force. May need to have this conversation in a
	different forum.
•	If we were to ask community corrections to define "community" what would it be?
	 All of us. Every stakeholder we listed months ago.
	 But how do you operationalize this on a day to day, program to program basis?
	• A clear statement from the group has been the lack of engagement
	by the community at large. This may be beyond what we can do but part of the problem within the system may be reachable \rightarrow
	community corrections and what it is (image and how it operates), is
	hard for the community to understand. We could help with this.
	 As a citizen you can educate me all day long and until it
	affects me personally I won't pay attention. For this reason
	statewide education will be a waste of resources. It's better
	to focus on specific neighborhoods that may be affected.
	 We're putting a lot of weight on a recent Jefferson County eventioned which is alway but we need to look at things from
	experience which is okay but we need to look at things from
	 a more global perspective. Do you all want to figure out how to create these partnerships? How
	 Do you all want to figure out how to create these partnerships? How do we move forward with the community issue?
	 Is this a solution without a problem?
	 What exactly are we pushing up to the CCJJ?
	Hypothesis: Community partnerships will increase
	success and reduce recidivism.
	But is this a tangible recommendation? Is it a
	valuable thing to explore? We've created tons of
	recommendations that weren't legislative but policy
	and practice. Some have gone places and some haven't.
٠	Does evidence support the need to provide services to help transition back
	into the community after they leave community corrections? We could
	suggest to the CCJJ that these linkages be supported because the evidence
	shows that they're essential to success.
	 Hasn't the importance of these linkages been explored to death with the reentry research?
	 None of these have been explored in a grass roots way. To explore the different models.
	 A ton of research does exist but maybe it's more academic
	by design?
•	What about the boards? Is this a different conversation or are they part of
	this conversation?
	 If it's in the realm of how boards support these linkages then yes, it's part of this conversation.
	 Does the board represent the community? There's a difference of
	opinion about what their role and responsibility is. Diversity is also
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an issue.
Does everyone have community members on their board? Every
member is a community member but they may not be there to
represent the community.
Community doesn't need to be bound by geography. Need to be
wherever they're connected to. Might live, work or go to school
someplace else.
want to continue discussing community or do we want to focus on the
two areas (transition and boards)?
We started this conversation talking about boards – who should be
on a community corrections board?
Philosophically if you're thinking about your board as the link
between community corrections and the community then we need
to have a group look at this. Maybe we need a working group to
discuss what we want to examine further regarding boards.
Who should lead the board member group? David Lipka
 Other members from the task force: Harriet Hall,
Kathy Otten.
 Need to decide who else should be on this group.
Bring by-laws
 May meet outside of the metro area. Since David is
leading it they may meet in Colorado Springs or
Pueblo.
• Will set a meeting date after today's meeting. Or will
send a doodle.

Issue/Topic:	Discussion:
Referral Process Work Group	 This group hasn't yet met.
Report Back	 Will be led by Greg Mauro.
Action	 Asked if invitations to join work groups need to come from the task force chairs or if he can contact them directly. For efficiency purposes work group leads should contact members/potential
• Plan at least one meeting before	members directly.
the next task force meeting.	 Refer to the December, 2013 minutes for the work group's statement of work, scope of work, membership list and data needs.

Meeting was adjourned at 4:30pm.

Meeting Schedule 2013

Thursday, Feb. 13 th	12:30pm-4:30pm	710 Kipling St., 3rd floor conference room
Thursday, Mar. 13 th	12:30pm-4:30pm	710 Kipling St., 3rd floor conference room
Thursday, April 10 th	12:30pm-4:30pm	710 Kipling St., 3rd floor conference room

				Terminati	on Reason			Recid	livism	
	Ν	%	Success	Escape	New Crime	Technical Violation	1 year	N	2 year	N
Mental Health Diagno	sis*									
Diversion										
No	2801	79.3%	56.0%	13.2%	3.7%	27.0%	15.3%	822	26.3%	396
Yes	729	20.7%	40.1%	17.4%	3.0%	39.5%	16.8%	143	27.4%	62
Transition										
No	4357	83.9%	65.2%	9.9%	3.1%	21.8%	17.5%	1363	31.7%	647
Yes	837	16.1%	56.8%	12.5%	2.9%	27.8%	15.3%	216	32.0%	103
Total										
No	7158	82.0%	61.6%	11.2%	3.3%	23.9%	16.7%	2185	29.6%	1043
Yes	1566	18.0%	49.0%	14.8%	2.9%	33.3%	15.9%	359	30.3%	165
Initial LSI										
Diversion										
Low	311	8.3%	65.3%	8.0%	4.2%	22.5%	6.0%	116	14.8%	61
Medium	1496	39.8%	59.7%	11.9%	3.5%	24.9%	12.6%	462	21.7%	221
High	1948	51.9%	42.8%	17.7%	3.5%	36.0%	22.4%	419	36.8%	204
Transition										
Low	428	7.7%	80.8%	3.7%	1.4%	14.0%	7.2%	293	14.9%	94
Medium	2313	41.7%	68.3%	8.2%	3.2%	20.4%	15.2%	1208	30.5%	348
High	2800	50.5%	55.6%	14.1%	3.1%	27.3%	21.3%	1152	37.8%	336
Total										
Low	739	7.9%	74.3%	5.5%	2.6%	17.6%	7.2%	293	14.8%	155
Medium	3809	41.0%	64.9%	9.7%	3.3%	22.2%	15.2%	1208	27.1%	569
High	4748	51.1%	50.3%	15.6%	3.2%	30.8%	21.3%	1152	37.4%	540

Table 6. FY 2011-FY 2012 Residential community corrections terminations (FY 2011 and FY 2012) and recidivism rates (FY 2011 successful terminations): client risk level and mental health needs

Colorado Community Based Populations Average LSI Score



Table 8. FY 2011-FY 2012 Residential community corrections terminations (FY 2011 and FY 2012) and recidivism rates (FY 2011 successful terminations): services received

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	N			Recidivism						
		Ν	%	Success	Escape	New Crime	Technical Violation	1 year	N	2 year
eatment Types Received	I									
otal										
Substance Abuse	4664	49.4%	68.9%	6.6%	2.6%	21.9%	16.3%	1510	27.8%	7
Employment/ Vocational	3458	36.6%	56.3%	11.9%	2.8%	29.0%	16.5%	955	28.3%	4
Education	1071	11.3%	57.6%	10.2%	2.5%	29.7%	17.2%	290	28.6%	1
Life Skills	2399	25.4%	62.2%	10.4%	2.6%	24.9%	14.3%	699	27.1%	3
Mental Health	1596	16.9%	56.1%	9.9%	3.0%	31.0%	14.0%	393	25.6%	1
Sex Offender	297	3.1%	39.7%	4.7%	1.7%	53.9%	15.4%	52	35.0%	
Domestic Violence	357	3.8%	72.0%	5.3%	1.1%	21.6%	15.4%	130	24.6%	
Anger Management	619	6.6%	70.6%	6.6%	2.9%	19.9%	15.6%	192	28.3%	
Cognitive Restructuring	2387	25.3%	67.1%	7.9%	2.9%	22.1%	13.9%	798	25.3%	3
Any of the above	7604	80.5%	62.6%	10.0%	2.8%	24.6%	16.3%	2288	28.5%	11
None of the above	1839	19.5%	38.7%	23.8%	5.0%	32.5%	19.8%	399	37.6%	1

Residential: Services, program outcome and recidivism, FY 11-FY12

Service received*	% of population receiving service	Program success	1 year recidivism				
Emp/Vocational	34%	0%	0%				
Education	11	0	+2				
Life Skills	24	+8	-3				
Mental Health	17	+3	-2				
Substance Abuse	53	+19	-2				
SO treatment	3	+18	+1				
Domestic Violence	4	+11	+2				
Anger Management 7		+12	-1				
Cog Restructuring	27	+16	-4				

*Comparison between those who received this service and those who did not.

Criminogenic Needs Responsivity Factors Non-Criminogenic Needs

First Priority Top 4 Criminogenic Needs	 Antisocial Thinking/Attitude/Cognition Hx of Antisocial Behavior/Low Self-Control Antisocial Peers Criminal Personality 	.20		
Next Priority Next 2 Criminogenic Needs	 Dysfunctional Family Relations Substance Abuse 	.10		
Next Priority Lower 2 Criminogenic Needs	 School/Work Leisure/Recreation 	.05		
Important Responsivity Factors	 Motivation Mental Health or Anxiety Cognitive Functioning Medical Needs 	Removing Barriers to Addressing Criminogenic Needs		
Lowest Priority (Non Criminogenic Needs)	 Self Esteem Finances Stress Creative Abilities Physical Conditioning 	Ox Power		

Table 9. FY 2011-FY 2012 Residential community corrections terminations (FY 2011 and FY 2012) and
recidivism rates (FY 2011 successful terminations): length of stay

Mean Length of Stay (days)		Termination Reason		One year recidivism			Two year recidivism					
	N	Overall	Success	Escape	New Crime	Technical Violation	Yes	No	N	Yes	No	N
Diversion	3830	204.3	265.3	91.3	159.3	162.9	263.3	256.3	1013	235.3	243.3	492
Transition	5613	189.0	223.4	95.7	122.8	149.6	203.8	232.4	1674	199.9	240.2	794
Total	9443	195.2	238.4	93.5	138.9	155.8	224.7	241.5	2687	212.1	241.4	1286

