Community Corrections Task Force
Colorado Commission on Criminal and Juvenile Justice

Minutes

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

ATTENDEES:

CHAIR

Theresa Cisneros, 4th Judicial District, District Court Judge
Peter Weir, 1st Judicial District

TASK FORCE MEMBERS

Brandon Shaffer, Parole Board
David Lipka, Public Defender (by phone)
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
Heather Salazar, Department of Corrections
Joe Cannata, Voices of Victims
Kathryn Otten, Jefferson County Justice Services
Shannon Carst, Colorado Community Corrections Coalition
Walt Pesterfield, DOC Division of Adult Parole and Community Corrections

ABSENT

Alaurice Tafoya-Modi, Private Defense Attorney
Christie Donner, Criminal Justice Reform Coalition
Eric Philp, Division of Probation Service
Harriet Hall, Jefferson Center for Mental Health

STAFF

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

Issue/Topic:	Discussion:
Welcome	Co-Chairs, Theresa Cisneros and Pete Weir welcomed the group and began the meeting. The order of the agenda was changed to accommodate those who needed to leave early.

Issue/Topic:

Final Recommendations to be Presented to the CCJJ

Action

Before the NEXT CCJJ meeting we would like a report back on how these recommendations have been addressed and/or worked on.

Discussion:

There were a couple of changes that
Merging of 2 recommendations was discussed however, the specifics of how the numbers changed were not known at the meeting. The following was added by Christine Adams to show which items were merged and to explain the renumbering/reordering of items:

Original Number	Then Became	FINAL NUMBER
Board WG #7	Referral WG #5	#14
Referral WG #7		
Board WG #6	Population WG #9	#6
Population WG #2		
Board WG #3	Board WG #15	#3
Board WG #4		

Members of the task force should review the final format and send any concerns you might have to Christine.

We need to know if each recommendation is intended to be a policy or statutory decision.

Board Work Group:
Only the feedback on referral item got moved to policy (although it may need to be statutory). All other recommendations are statutory.

Population group:
We haven't really discussed this at the task force level. But we also have a budget category in addition to statutory and policy.
Recommendation 5 – budget
Recommendation 6 – budget

- Need to bring board decision making up to date with the data. Need to resource boards to have structured decision making, we need to address the reality of where the population is.
- Resourcing to accept higher risk programming is addressed through #5 while #6 addresses structured decision making. If the boards are going to accept very high risk offenders community corrections should be resourced to develop and implement a structured decision making process.

- There are several boards that would like to be risk based but we don't have the funds to do so.
- It would be helpful to lay out what percent of offenders are very high risk.
- It may be helpful to add the pie chart (or the information from the pie chart) to number 5 in the final recommendation.
- Do we really want to see traction or are we okay seeing it gently nudged? We have to be careful that no one thinks a tool will just spit out an answer. Yes or no, it's a process. It's difficult to put this process into statute. It's better to put it into policy. We need to think of this recommendation as advancing decision making with local boards. We're not talking about a statutory change.
- 17-22.5-404 → efficacy of structured decision making. This encourages the use of actuarial risk assessments.
- Are we sending this to the various boards hoping they use it, or do we want to make them use it? I don't think the distance from here to there is that great. The transition referrals are all coming from one entity but diversion referrals will be more complex because they're coming from different systems.
- If the funding piece could actually take us into the future by forcing community boards to access information to help with their decision making.
- Isn't what we're talking about a separate recommendation? The whole IT thing to connect the systems is separate. Here we're talking about the risk based tools.
- "Let me (Brandon Shaffer) say, for the record, that I'm not a fan of local control. If we build a system at the state level for local jurisdictions to use it will not be used. If you do something with the state and local interest in mind it will work. But in today's world we have so much access to information through the internet. There is no reason that the tool used is different across the state. The decision is yours. Just use the same information."
    - "But local control, all the way to what tool to used, is the fundamental basis of what community corrections is."
    - "I'm saying the tools and information should be standardized, but the decision is yours (the board)."
- In order to have good structured decision making you need to have good information. This seems to be an implementation issue.
- On one hand we want boards to have some traction to have advanced decision making but not the same tool across the state. But it has been pointed out that there is no one way to make decisions.
- It seems that there are three questions: is it policy and is it research based (not evidence based), do we need funding, and how we implement them? But we don't need to discuss the

implementation piece today.

- This needs to say shall, not should. And it should be statutory, not policy if we're serious about making this happen.
    - Statutory: 4+1 chair
    - Policy: 4
- Policies coming out of CCJJ are more like "good things to be done" but it's not a decision. With a statutory recommendation we (the Commission) will have to find someone to carry it.
- It could be drafted differently. My issue is the 22 jurisdictions. But I believe in what we're trying to accomplish.
- It's important that resources are available to do this the right way.

We need to move on. We can come back to this later if we have time.

Recommendation 7 – policy
Recommendation 8 – policy, but the risk factor analysis is currently in statute so to do this would require a statutory change.

- The statue says that programs with high risk offenders must be analyzed more often than those with low risk.
- Two options – modify the statute or modify the recommendation.
- You have to remove the RFA from the statute. But you can implement this with policy.
- We do the RFA annually by policy whereas the literal reading of the statute is to do the RFA of high risk programs once.
- Technically, the RFA could stay in statute, we've done it, and we could do this program evaluation by policy as well.
- It was suggested that we remove the RFA from statute and make this a policy recommendation. This is an example of how putting things in statute can cause problems.
- We should add language to the end in order to state that the current DCJ RFA will be repealed.
    - Vote: all in favor

Recommendation 6 – the wording has been modified and tabled for another day regarding how this will be implemented.

- DCJ shall receive funding to help the local boards develop a tool to implement this recommendation. Are you talking about a tool – which exists – or a process? Not every jurisdiction has a tool. We need resources to help us (all Jurisdictions) develop "the tool" based on local values. Put the mandate on DCJ to develop a model.
- We will add language to address the development of these processes.

Recommendation 10 – statutory, but maybe we should lighten up on the language of specific tools mentioned.

- Staff will take the CARAS off of the flow charts before tomorrow's

CCJJ meeting.

Recommendation 11 –policy. The perspective of staff is that if I say yes for a person and something goes horribly wrong I'll be held liable. But there is something we can do to make sure boards are getting all of the information.

- Paul → I won't give my speech but there's no basis in fact for that concern. And who is in a better position to make a better recommendation? The DOC staff making the statement doesn't make the final decision.
- Another concern is that different case managers may give different recommendations with the same information for the same people.
- DOC Administration noted that there's a statute prohibiting CPO's and case managers from advocating for offenders and DOC put it into an AR. But advocacy can be defined in many different ways. DOC administrators don't want the case managers to be too friendly with the offenders so that's partly why they can't advocate for them. But an opinion may not be the same as advocate.
- It's also possible that some inmates may pressure the case managers to put them in for community corrections.
- Probation does this all the time for diversion cases, based on objective criteria. Although this does differs by judicial district.
- Paul → there may be issues in terms of implementation, but you voted on these already so let's not spend too much time here.
- This could be done with policy but statute would give more teeth.
    - If it's a statutory change it would have to be submitted to DCJ for approval.

Recommendation 12 – policy
Recommendation 13 – policy
Recommendation 14 – This may be a business practice. We want this information, what will it take to get boards to do this?

- There are only so many levels of board policy: local, statute, and contracts. If you developed a mechanism for them to report back and by contract require them to use it would that work? Would it be with DCJ or DOC? Not sure where DCJ really fits in.
- What you voted on is the boards and DOC. Does DCJ control all of the contracts?
- Boards would be asked to report back to DCJ on status of the recommendation. But we don't have authority to do anything if something isn't implemented. If possible, we may reach out to try and help.

Recommendation 15 – policy, AR.
Recommendation 16 - feels like policy but we've asked for this for 10 years and it hasn't happened.

Issue/Topic:	**Discussion:**
Next Steps for Tabled/Deferred Items **Action**	Referral Work Group. 1. Appropriate Case Management Personnel • This should be DOC personnel. 2. Accessible Assessment Summary Report • The work group has not yet tackled this issue. The Population and Board Work Groups have not addressed their tabled issues yet.

Issue/Topic:	Discussion:
Report Back/Next Steps for New Issues **Action** The data results presented for Item 3 are pasted to the end of the minutes.	Item 1: Funds to Local Government for Community Outreach • Pete's group met yesterday to discuss incentivizing communities to accept CC into their jurisdictions. Using the incentive process is a viable option. It was good to have economic folks at the table to discuss this issue. Item 2: Funds for Program Enrichment • The idea is to bolster resources for community corrections at the local level. • How would you go about determining the amount and the product? Just to have some formula we wanted to start with community corrections base budget ($68M). • The bottom line is do we want to make the statement that it's good public policy to funnel money to community corrections? We don't want it to be a program where if you do really well the money ends up being taken away. • We're looking at community corrections and part of that is funding. We need to make a statement to the powers that be that we really need to be funding this system if It's a good public policy option. Item 3: Funds for Mental Health Treatment • Christine Adams went over the data run by the DCJ, Office of Research and Statistics for the Task Force. • This data only accounts for those who actually went through community corrections. • Politically the timing is good to push for funding for mental health only programs. • People end up falling through the cracks because they have to have substance abuse problems too. • How many people are screened out of community corrections because they have mental health problems? Is there a need for another JERP program? Absolutely. There's a need for more in-reach to DOC. The initial hope was to duplicate that across the state. JERP differential is an

extra $52. This can only be done in certain jurisdictions.

- Residential Treatment Program (RTP) is at Centennial North and San Carlos.
- There are several funding sources for the correctional treatment funds. We need to expand resources to address mental health beds in community corrections. What form that takes is up to you. But we shouldn't pigeon hole to just JERP.
- The need for these beds is an unknown. If they're medicated appropriately many succeed.
- Could DOC tell us how many people are on psychotropic medications?
  - We might be able to pull some numbers.
  - How many are on these medications and how many are on the waitlist?
  - Might not be totally accurate because not everyone will be on the medications but it may be the best we can do.
- Glenn Tapia → I really like the idea of getting to the mental health only population and correctional treatment funds can't pay for it all. But I'm not sure I can defend 2.5% for such a small number of offenders. There's definitely an unmet need but maybe not to this degree.
  - Pete → that amount was completely arbitrary so it's negotiable.
  - Maybe instead it should be part of a funding package?
- At this point the kind of work that needs to be done is to work out the money, and what amounts would be defensible. What are the gaps between what the treatment funds would pay for versus mental health funds? We need a group to decide what information would be needed to move forward.

Item 4: Zoning for Community Corrections

- This issue was tabled for now. We have more zones than we realized.

Item 5: Community Corrections Board Transparency

- This item was deferred to the Boards Work Group but they haven't met since the last Task Force meeting.
- Community corrections boards are subject to the sunshine and open meetings law. But there was debate over what exactly this meant:
  - Votes must be subject to the public that was present. But that's it (according to the Jefferson county attorney).
  - My recollection is that votes must be public, not necessarily a record of who voted how. When you think of the volume of votes you're talking about this becomes impossible.
  - Some counties raise their hands while others write it down or use email but don't announce more than the score. It was argued that this violates the letter and the spirit of the law (C.R.S. § 24-6-402).

Item 6: County of Conviction and Placement

- This item was previously removed.

Item 7: Parole Eligibility Date

- This item was already taken care of.

Issue/Topic:	Discussion:
Next steps: Funding Sources Working Group/How to Implement Passed Recommendations **Action**	The following items need further discussion regarding funding: • #5 - funding for high risk offenders • #6 - EBDM • #8 - Program evaluation tool • #9 - ¾ house • Mental health only – new recommendation • Enrichment – new recommendation It was suggested that we first develop the last two recommendations and vote on them before we spend time and energy working on funding sources. • Should we wait and see what the fiscal impact will be? • We need to first decide if these are areas we want to pursue. • Do we not have access to a fiscal analyst to do this sort of thing? • It's our responsibility to identify to the best of our ability the fiscal impact our recommendations will have. • Brandon Shaffer, Heather Salazar, Pete Weir, Glenn Tapia, Shannon Carst and Steve Allen (staff for the Legislative Joint Budget Committee) will look at this. Steve Allen stated that using the data presented by Christine Adams and the highest number of people with MH only, and the amount for dual diagnosis it may be best to use a differential. • It might be best to have DOC contribute to a differential. This would leave DOC whole since they wouldn't be paying for medications, etc. • The difficulty will be settling on numbers.

Meeting Schedule and Location for 2014-2015 (First 6 months)

Thursday, Nov. 13	12:30pm-4:30pm	710 Kipling St., 3rd floor conference room
Thursday, Dec. 11	12:30pm-4:30pm	710 Kipling St., 3rd floor conference room
Thursday, Jan. 8	12:30pm-4:30pm	710 Kipling St., 3rd floor conference room
Thursday, Feb. 12	12:30pm-4:30pm	710 Kipling St., 3rd floor conference room
Thursday, Mar. 12	12:30pm-4:30pm	710 Kipling St., 3rd floor conference room
Thursday, April 9	12:30pm-4:30pm	710 Kipling St., 3rd floor conference room
Thursday, May 7	12:30pm-4:30pm	710 Kipling St., 3rd floor conference room
Thursday, June 11	12:30pm-4:30pm	710 Kipling St., 3rd floor conference room

Item 3: Funding for Mental Health Treatment

Question: How many community corrections offenders have ONLY mental health problems (no substance abuse problems) and, of those, how many did not receive mental health treatment?

Method: Using community corrections client data for FY2013 and FY2014 (N=10,099[1]) two methods were used to determine how many residential offenders in the population had only mental health needs (versus mental health and substance abuse) and, of those, how many did not receive mental health treatment.[2] Both methods combine self-report and formal screenings to determine the number of offenders in need of mental health treatment.

Anyone who was found to also have a need for substance abuse treatment[3] was excluded.

Method 1: LSI/ASUS Combination

When combining LSI Emotional/Personal Sub-Scale scores and ASUS mood/adjustment subscale scores it was found that 22 individuals had a mental health only diagnosis. Of these, 63.6% (n=14) did NOT receive mental health treatment. [4] Examining the scales separately found the following:

- LSI: 152 offenders had only mental health issues and 61.8% (n=94) did not receive treatment.
- ASUS: 85 were found to have mental health problems and 85.9% (n=73) did not receive treatment.

Method 2: CCJMHSA/Mental Health Diagnosis

When combining scores from the Colorado Criminal Justice Mental Health Screening for Adults (CCJMHSA) [5]and a clinical mental health diagnosis it was found that 43 individuals qualified as having a mental health only diagnosis. Of these, 34.9% (n=15) did NOT receive mental health treatment. Examining these separately the following was found:

- CCJMHSA: 74 individuals were found to have mental health problems and 37 (50%) did not receive treatment.
- Clinical diagnosis: 79 offenders were found to have a qualifying diagnosis and 44.3% (n=35) did not receive treatment.

Findings: Over a two year period, it appears that no more than 152 (1.5% of 10,099) individuals had mental health problems only (not also substance abuse problems). Many did not receive treatment before terminating from community corrections. See Table 1 on reverse side.

[1] Only the most recent termination was used for each offender.
[2] Data was obtained from the Division of Criminal Justice, Office of Community Corrections and was analyzed by the Office of Research and Statistics.
[3] As indicated by receiving anything more than a "no treatment" score on the TxRw (Step 7).
[4] The LSI is a formal screening whereas the ASUS is a self-report survey.
[5] This is a self-report interview.

Table 1. Mental Health Only and Treatment Received

	LSI	ASUS	CCJMHSA	Clinical diagnosis
Number of clients*	152	85	74	79
Received Tx	58	12	37	44
No Tx	94	73	37	35

*Individuals may be in multiple categories

Prepared by Christine Adams, PhD; DCJ/ORS/CCJJ Community Corrections Task Force/October 9, 2014