Incarceration Task Force Date/Time: February 11, 2009, 2:00-4:00pm

Attendees:

Grayson Robinson, Arapahoe County Sherriff (Chair)
Michelle Sykes, (TFL)
Christine Adams, DCJ/Facilitator
Tony Carochi, Deputy Director of Prisons
Germaine Miera, DCJ/staff
Pam Clifton, CCJRC
Paul Herman, The Center for Effective Public Policy
Martin Stuart, CCDB
Norm Mueller, Defense Attorney
Debbie Zwirn, Logan County Commissioner
Inta Morris, Dept. of Education
Kim English, DCJ
Chris Lobanov-Rostovsky, DCJ/Manager of Sex Offender Management Board
Cheryl Davis, DCJ/Manager of Domestic Violence Offender Management Board
Gary Darling, Larimer County

Sharon Winfrey, Larimer County/Manager Pre-trial services

Absent:

Bill Lovingier, Denver County Under Sheriff Glenn Tapia, DCJ Gary Golder, DOC Regi Huerter, Re-Entry Committee Chair Rhonda Fields, Victim Advocate John Suthers, Attorney General

Welcome

The group reviews and revisits the recommendations that came back to the Incarceration Task Force for further work.

GP-17/Transferability of Program and Treatment Participation

Discussion:

Grayson Robinson welcomes the group

GP-17/Cheryl Davis reports to the group regarding DV offender treatment

Cheryl Davis and Chris Lobanov-Rostovsky of DCJ are in attendance to report on statutory issues regarding transferability of program treatment.

A statute originally created the DV management board. Legislation defines DV offenders including DV probation, parole, comm. corr. or deferred judgment offenders. The board's authority does not expand to offenders who are incarcerated and because of that they can't create standards for offenders who are incarcerated. This has been a roadblock over the years.

The board would really be in favor of creating standards for offenders who are incarcerated (jail and prison). They believe it would promote victim safety and community safety to establish a continuum of care. The offender would be more likely to succeed if there was a link to get them treatment 'inside' that could flow into treatment on the outside. The DVMB believes there is a need for an expanded statute.

DORA last year performed their sunset review of the Domestic Violence Management Board. The sunset report included a recommendation to expand the board's authority. A bill was proposed regarding this recommendation but the alteration was taken out of the bill due to lack of fiscal availability. The fiscal note was for 1.5 FTE.

The standards currently pertain to community based programming. There would be differences for incarcerated offenders.

The main point is that the board is willing and the only obstacle is resources. The board has worked in jail settings before but DOC would be another issue altogether. The board has not been approached by DOC with this.

The environment and culture in an incarcerated environment vs. a community based program would be the biggest differences.

Could jail staff or personnel become certified treatment providers? What would be most beneficial is domestic violence clinical intervention and behavioral change, thinking styles, thinking distortions, etc. Educational pieces in jail would be most effective.

DV treatment now is so much more than just an educational component.

DV offender treatment right now in Colorado is 36 weeks.

GP-17/Transferability of Program and Treatment Participation (cont.)

Issue/Topic:

GP-39/Statewide Bond Schedule and GP-40/Bond Commissioners

Discussion:

Next year the board is rolling out a new model that isn't in terms of weeks, but rather offender risk. In the future it is more conceivable that someone could do educational pieces in jail and that could impact how long they're in treatment when they come out.

The board would like a framework where what happens 'inside' can translate to the outside.

The Victim Advocacy component of treatment would be hard to do 'inside' vs. community based treatment. Without input from the victim advocate, there is no way to tell anything but the offender's version.

Cog. Behavioral treatment and thinking distortions, lack of accountability, resistance, minimization is easier to address in the community.

Again, the board would like to work with the jails and explore who WANTS to do the programming and work collectively to put some sort of minimum standards together that could be implemented and staffed within the jail.

Jails would be interested and dedicated to exploring ideas where inmates can participate in these programs in jail and have a good flow out to the community.

The new model will focus on competencies they need to work on and the length of treatment will be determined by progress and risk.

Per Tony C., DOC tried to get DV certification for staff a few years back and they didn't meet training requirements.

The board now has four different levels of approval.

One of the private prisons is providing some DV programming. Currently state standards don't apply to whatever happens in DOC.

Discussion:

Grayson Robinson invited Gary Darling and Sharon Winfrey from Larimer County to present on the system they use in their county. (See full power point attached below)

Cash bonding-

Cash bonds set in Larimer county are based on a person's ability to pay. Larimer makes the bond reasonable enough for the person to make it. They would rather see \$1000 go to the court rather than \$1000 to the bondsmen.

Problem with 10% bonds – you have to have pre-trial supervision. With a 10% bond you need supervision. 1600 people currently under pre-trial supervision.

See separate PowerPoint attachment.

GP-39/Statewide Bond Schedule and GP-40/Bond Commissioners (cont.)

Discussion:

There has been Pre-trial programming in Larimer County since 1977.

In 2004 the county contracted with a consultant to see where criminal justice is headed. Study showed expansion of pre-trial and implementation of bond commissioner would mean a big reduction in jail beds. With that in mind they expanded pre-trial program.

Boulder, Jefferson, Larimer and Douglas counties all now have bond commissioners.

Larimer has 9.2 pre-trial FTE in the jail. Match the staffing to peak hours in the jail. 9.2 FTE covers supervision unit as well. Design work units to different levels of risk.

Larimer doesn't have a bond schedule per-se, but they do have bond guidelines. The bond commissioner sets a cash, property or surety bond. If offender doesn't make bond by next court date it can be over-ridden.

The on-call judge takes a lap-top home on the weekends in case they are needed to look at specific cases and give their approval.

A data collection system has been in place since the mid 90's, but a new system was implemented in 2007. Community Corrections paid for the data system for LCCC and other agencies.

Annual budget is 1.6 million

Larimer does not follow a set bond schedule as they believe it does not allow for any of the considerations that should be made for informed bond decisions. Someone's 14th Felony vs. someone's first should be taken into consideration. Most indicators have to do with criminal history. Then other factors (age, ties to the community) are considered for TYPE of bond.

Larimer runs an average of 10,600 bookings per year with a LOS of 16.2 days (4 to 5 days less than other counties due to process).

80% of jail beds in Larimer are taken up by 15% of the inmates.

25% of people sentenced to sheriff are in an alternative program (work release, electronic monitoring). 4% more than Arizona. It's not just a jail problem, it's a systems problem.

GP-17/Transferability of Program and Treatment Participation (cont.)

Discussion:

The group returns to the issue of Transferability of Program and Treatment Participation in regards to the treatment of Sex Offenders.

<u>GP-17/Chris Lobonov-Rostovsky reports to the group regarding Sex</u> <u>Offender treatment</u>

The biggest problem is with taking courses while inside that aren't transferable to the outside.

There are good treatment programs in DOC but there are some challenges with how you get transferability once the offender is out. There are some challenges systemically. It is hard to track treatment records from inside to outside.

There are issues surrounding funding as well. Funding starts and stops in different silos. Funding for Treatment in DOC can have a hard time crossing over to funding outside.

There are some challenges involved with this topic and the treatment committee is trying to address transferability issues. This is a system wide issue and all parties are doing the best they can to try and address these issues. Providers are trying to fill that gap.

Could there be a standard that says when an offender is released, the community treatment provider will review the prior treatment provided inside? This would involve getting providers to think about working in tandem with treatment, also confidentiality issues, etc. To successfully complete a course of treatment may mean getting an offender stabilized inside and then transfer him to the outside.

The treatment program in DOC is incredibly comprehensive and covers all the components of treatment. However, it's easier to apply skills in a very controlled environment and different when clients are in a 'risk' environment. They can get the book knowledge but not necessarily the applicable risk knowledge.

Sex offenders are a hot button topic. There are problems in the system throughout with moving these folks along. To parole sex offenders is a scary proposition for everyone involved.

The sex offender program in DOC withered during the last administration. However, Ari is a huge supporter of the program and is trying to revive it.

There is evidence to show that sex offender treatment can be transferable and successfully accomplished. The Colorado program is one of the most highly respected in the state.

The SOMB is working with the Defense Bar to address issues about SO's not being released from DOC.

The Commission will also be looking at Sex Offender issues when they start to look at sentencing.

Next Steps

Discussion:

Let's change bond schedule verbiage to "bond guidelines". Put in a modification for the revision of wording in report in June. Clarify verbiage for June report.

What are the next steps for moving forward on the other issues?

If working groups are created both Christopher and Cheryl want to be part of the issues moving forward.

The desire for transferability, do we know that we really are doing the best we can? Is that accurate?

Are there data out there that we should know about that we don't know about?

One of the concerns regarding transferability is that until sex offender's start being released, it doesn't make a lot of sense to spend a whole lot of time on this.

Do we have data on inmates who have completed phase 1 and phase 2? Phase 1 and Phase 2 - 23 released since 1997.

Transferability – Do we know the scope of the number of people.

200 people a year go through sex offender treatment and get released and continue treatment as a condition of parole. Of that group, how many went through the TC program?

We need hard data and information to help us decide is this worth this group's time along with everything else we're doing.

What are the numbers on DV? What are the numbers on Substance Abuse? Where do we want to put our focus?

Step 1-

Get the data and the numbers

Step 2-

Decide what we want to pursue and sort through. Focus on the potential options.

Step 3-

Make decisions on those options

Use your time wisely and have the greatest impact possible. Get someone from ADAD here to start working on standards. Ask them

Here's our issue, what's your advise on this? Let ADAD know what we're trying to achieve.

Transferability for sex offenders has a small impact right now. Substance Abuse treatment transferability affects a much bigger population.

Next Steps (cont.)

Action:

For the March meeting-

Grayson Robinson to look at Domestic Violence statute and how it may need to be amended.

Martin Stuart to work on Sex Offender statute regarding treatment in the community and suggest possible changes.

Pam Clifton to research Substance Abuse standards.

Pam also to report back with a legislative update in March.

Grayson Robinson to work on verbiage change for bonding.

Discussion:

If numbers are big on DV and we can work with board on standards helping to create appropriate standards for their programs. If you get over that hurdle you can get on with it.

Local jails – we don't have capacity nor time or talent to work with DV's.

Concrete suggestions-

Statutory change on DV side saying 'who is an offender', so we can clarify what the criteria is for treatment, and for who can be paroled.

Guidelines would determine credit for in custody treatment, you'll still have a component left once you're released.

Someone needs to take the statute, look how it needs to be amended and bring it back in March regarding domestic violence, Grayson Robinson.

Sex Offender transferability issue. A statutory change that would make it matter. Create a statutory change as far as what is the definition of someone who can get treatment in the community. SOMB says they want change but nobody has the political will to do it.

If we don't take on the statutory change issue transferability is not meaningful at this point. Martin detail out changes he'd like to see.

What are the exact SA standards? Pam will find out what does a judge expect when he says you have to go to class, who sets the standard. How does it look now, what are the gaps, how do we want to proceed.

We will change our language on bonding - Grayson