



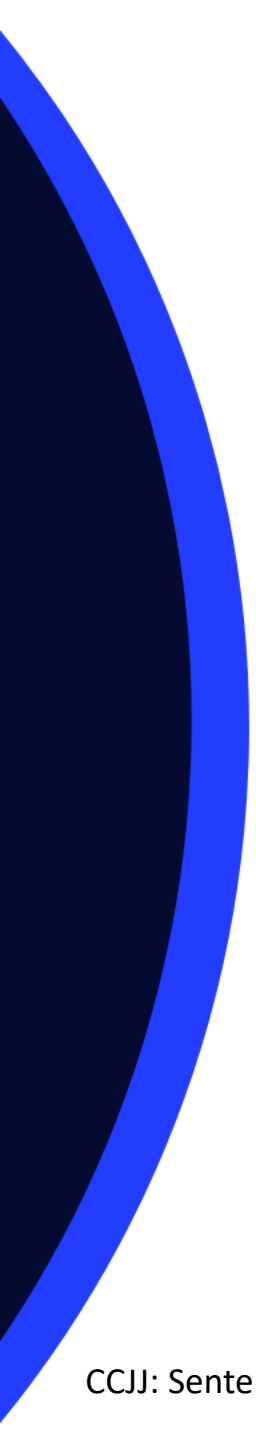
Sentencing Alternatives/Decisions & Probation Working Group

**FY 2022 Draft Recommendations
2022 Outlook and Plan**

Presented on behalf of the Working Group by Glenn Tapia, Working Group Leader, to the Sentencing Reform Task Force of the Colorado Commission of Criminal and Juvenile Justice on October 6, 2021.

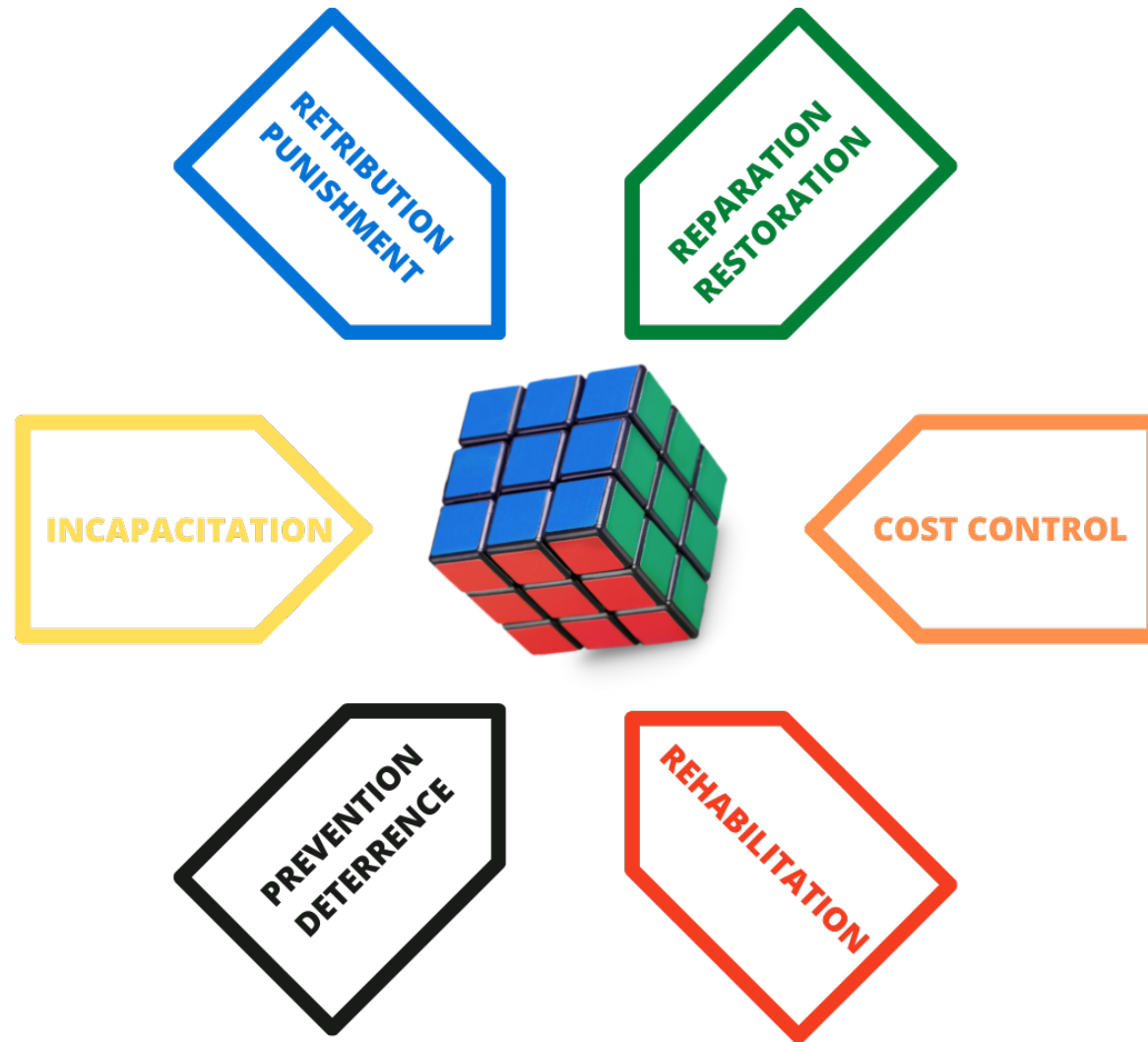
Scope of Work from CCJJ & SRTF

- 1. Define statutory purpose of probation**
- 2. Evaluate probation level of supervision in the interest of proper dosage and approaches (e.g. avoiding over-supervision)**
- 3. Examine probation practices regarding the use of conditions, length of supervision, responses to violations, and revocations**
4. Examine impact of Traumatic Brain Injury (TBI) in revocations and other outcomes and recommend strategies to better accommodate persons with TBI
5. Examine ethnic and gender disparities in probation outcomes/practices and recommend strategies to abate disparate treatment and/or outcomes
6. Examine impact on prison population
- 7. Consider alternatives that can be utilized at the time of sentencing**



AREA 1 Define the statutory purpose of probation

Competing Demands of the Criminal Justice System



Survey Areas

- **Statutory Purposes of Sentencing (CRS §18-1-102.5)**
- **Known but Non-Statutory Purposes of Criminal Justice**
- **Guiding Principles of the 2020 Probation Standards**
- Also reviewed current law
 - Statutory Purpose of Parole (**CRS § 17-22.5-102.5**)
 - Statutory Purpose of Community Corrections (**CRS § 17-27-101.5**)



SURVEY RESPONDENTS

25 TOTAL RESPONSES

CCJJ Working Group Members plus Probation Leadership



Define the statutory
purpose of probation

Proposed Purpose of Probation

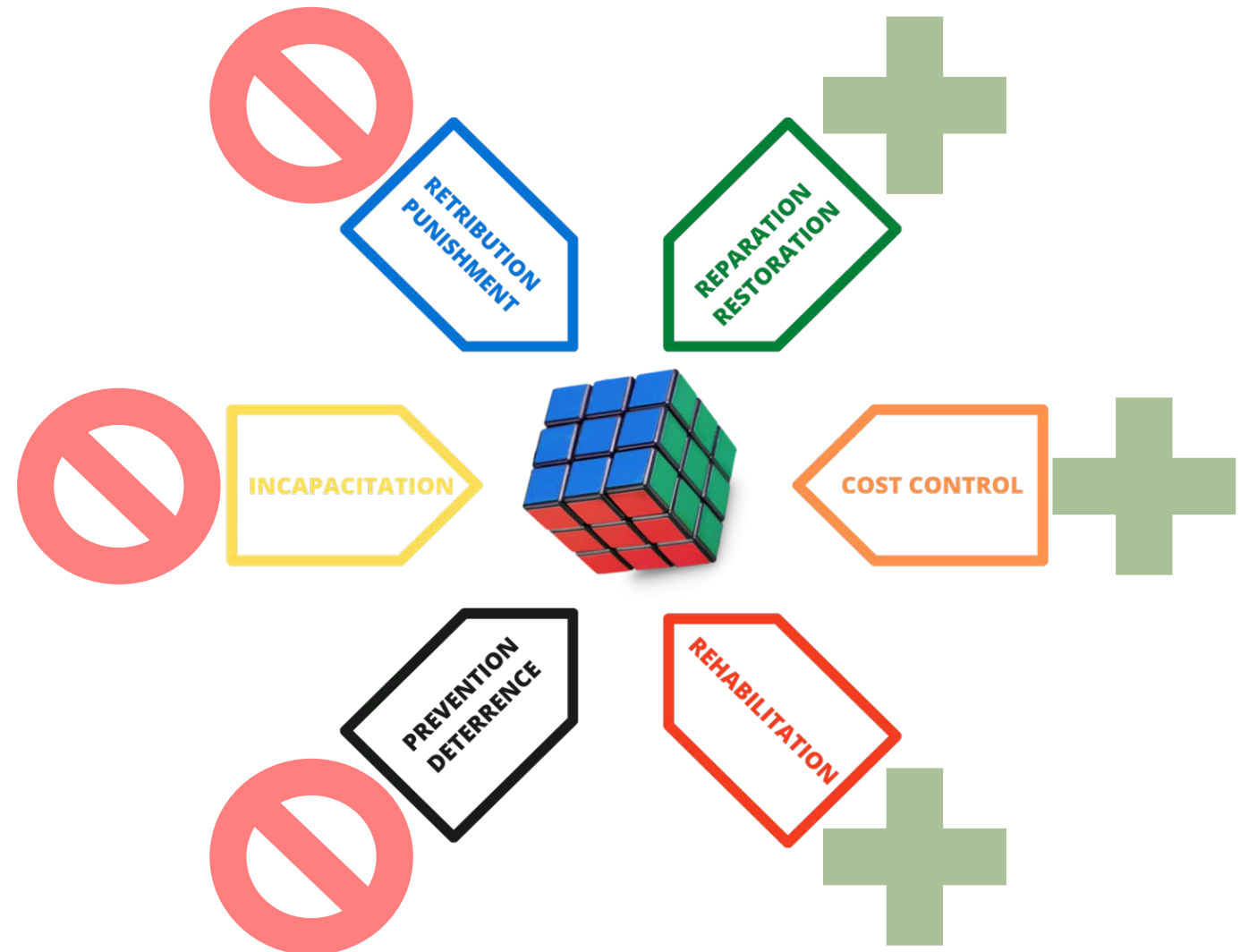
(Legislative Recommendation)

1. To serve as a sentencing option and a response to crime in order to moderate future criminal behavior and victimization.
2. To support people in an individualized process of restoration and repair of harm to the person, to the victim, and to the community.
3. To initiate behavior change through the coordination, brokering, and provision of educational, therapeutic, and skill-building services.
4. To help people account for their behavior in the interest of supervision, harm reduction, serving justice, and safer community placement.
5. To achieve an effective balance of accountability, behavior change, risk reduction, recidivism reduction, and reparation of harm in consideration of public safety.
6. To serve as a cost-effective option for appropriate individuals who would benefit from community supervision.
7. To honor the rights and voice of victims of crime

What is NOT the Purpose of Probation

(Legislative Recommendation)

Punishment/Retribution
Prevention/Deterrence
Incapacitation





AREA 2

Avoiding Over-Supervision

Evaluate probation level of supervision in the interest of proper dosage and approaches (e.g. avoiding over-supervision)

Petty Offenses and Probation



~650
People

- **ACTIVE POPULATION**

524 adults and 127 juveniles are active on probation for a case where the most serious convicted charge is a petty offense

~1639
New
Cases
Per Yr

- **3 YEAR AVERAGE OF NEW SENTENCES**

1391 adults and 248 juvenile cases are sentenced to probation (including deferred agreements) where the most serious offense was a petty offense.

Petty
Crimes

- **MOST FREQUENT CRIME TYPES**

- **Disorderly conduct:** 39.5%
- **Theft less than \$50:** 25.8%
- **Drug-mostly marijuana:** 9.9%
- Alcohol related: 8.6%
- Trespass: 8.5%
- Public indecency: 3.4%

Petty Offenses and Probation



50%

- **SUCCESSFUL COMPLETION RATE**

53% for adults and 49% for juveniles

1
YR

- **SENTENCE LENGTH/SERVED**

- Adults: Avg Sentence Length: 11 mos
- Adult: Avg Time on Probation: 12 mos
- Juvenile: Avg Sentence Length: 9 mos
- Juvenile: Avg Time on Probation: 13 mos

\$1000
to
\$1500

- **COST TO THE PERSON ON PROBATION**

Swift, Proportional, Fair Response to Petty Offense Behavior

- The courts should have **additional options** to use rather than probation, fines, and jail for some Petty Offenses
- Probation **may help some and harm others** in the interest of over-supervision and **collateral consequences**
- The CJ response should be a **swift and restorative-based intervention** for first time cases, those with minimal criminal history, and low-risk cases (if assessed).
- Should be with minimal traditional criminal justice supervision with a **focus on linkage to community resources and self-directed change**.



2

Develop a Swift Reparative Intervention Program (SRIP) for Persons Convicted of a Petty Offense

Guiding Principles

1. There should be a **petty criminal justice response to a petty criminal offense** in the interest of a swift, proportional, and fair response to the behavior.
2. The response should **do no harm** to the person and should also provide an appropriate level of **accountability and repair of harm** for the behavior.
3. The response should be **short-term and low-cost** to both the public and to the person.
4. The response should **divert persons** from traditional criminal justice supervision and incarceration.
5. The response should be monitored for completion but **not formally supervised in the traditional sense** of probation or community supervision.
6. The response should be grounded in **restorative justice, psycho-educational, or therapeutic approaches**.

Swift Reparative Intervention Program (SRIP) for Persons Convicted of Petty Offenses (Legislative Recommendation)

- Options for Court for Petty Offenses and Drug Petty Offenses:
 - Fine
 - Jail term not to exceed 10 days
 - Term of probation not to exceed 180 days
 - *Swift Reparative Intervention Program (SRIP)*
- SRIP Program is defined and executed at the local level with state funding support, where needed, and based on local resources/capacity.

Swift Reparative Intervention Program (SRIP) for Persons Convicted of Petty Offenses

- Service-Oriented Response to Petty Crime
 - Educational or Psycho-Educational Programming
 - Peer Mentoring
 - Restorative Justice Intervention
 - Life Coaching
 - County Human Services
 - Self-directed intake to treatment depending on the needs and circumstances of the person.
- Shall not consist of formal/traditional supervision like probation or diversion.
- Rather, the program shall consist of administrative monitoring of court orders and connecting people to direct services in the community.
- The person's completion of the court order should be self-directed, time-limited, administratively monitored only, and not formally supervised.

Swift Reparative Intervention Program (SRIP)

State Grant Program in CDPS

- The General Assembly should create a **grant program in the Colorado Department of Public Safety (CDPS)** with state appropriations.
- The grant program shall be available to **local-level criminal justice, human service, and community organizations** in order to fund personnel, administrative and direct-service resources to assist persons in completing a *Swift Restorative Intervention Program*.
- Grantees shall be resourced and required to provide **community navigator services** to connect persons to local services to include Medicaid, SNAP, SSDI, housing, treatment, educational, stability, and other human service needs.



Barriers to Success on Probation

(Access to quality behavioral health treatment and telehealth)

CCJJ Enabling Legislation

CRS 16-11.3-101

Legislative Declaration

- (g) *Many factors may contribute to an offender's criminal behavior, including but not limited to **substance abuse, mental illness, poverty, child abuse, domestic violence, and educational deficiencies. Often times, factors contributing to criminal conduct and re-victimization are not addressed adequately within the justice system.***

CCJJ Enabling Legislation

CRS 16-11.3-101

Legislative Declaration

- ***(2) Therefore, the general assembly declares that a commission comprised of experts in criminal justice, corrections, **mental health, drug abuse**, victims' rights, higher education, juvenile justice, local government, and other pertinent disciplines shall be formed **to engage in an evidence-based analysis of the criminal justice system in Colorado** and annually report to the governor, the speaker of the house of representatives, the president of the senate, and the chief justice of the Colorado supreme court.***

Problem Statements

- Accessing in-person behavioral health services is often **challenging and limiting** for people on probation.
- Persons with justice involvement report that childcare obligations, transportation issues, employment obligations, driver's license limitations, and limited hours for accessing in person treatment **places them at risk of non-compliance**.
- Some people also report that in-person treatment often positions them in **risky situations** for relapse when exposed to high-risk situations and other people in group settings who are less invested in their personal behavior change.

Problem Statements

- Rural communities experience a limited supply and somewhat monopolized in-person treatment for justice involved people.
- Permanent telehealth capacity provides opportunities to supplement basic weekly outpatient treatment with more enhanced or intensive outpatient substance use disorder services.
- Telehealth can also offer easier access to after-care services for those who are in transition from inpatient to outpatient services.

Opportunity Statements

- Research has started to emerge that show promising opportunities for telehealth services, especially when used as a supplement or adjunct to in-person therapeutic interventions.
- The COVID-19 pandemic provided opportunities for the criminal justice system to temporarily build capacity for telehealth services.
- Telehealth for behavioral health services, if made permanent, can increase supply and can mitigate monopolized access to clinical services to justice involved people.
- It can also address the myriad of competing issues that people face when balancing general life obligations with requirements of community-based supervision.



Increase Access to Telehealth Services

Increase Access to Telehealth Services

(Policy Recommendation)

- Relevant state agencies should modernize their respective regulatory and funding structures in order to facilitate easier, broader, and more permanent access to telehealth services for those on community supervision.
 - Office of Behavioral Health (CDHS)
 - Behavioral Health Administration (HB 21-1097)
 - Department of Health Care and Policy Finance (HCPF)
 - Division of Criminal Justice (CDPS)
Sex Offender Management Board (SOMB)
 - Division of Criminal Justice (CDPS)
Domestic Violence Offender Management Board (DVOMB)

Increase Access to Telehealth Services

(Policy Recommendation)

- These agencies should also establish a clear intent and formal communication with providers to **support telehealth services as an adjunct to in-person treatment.**
- Standards should be revised to not only limit barriers to telehealth, but to **incentivize providers to continually build capacity for telehealth services** as an adjunct to in-person treatment. There should be fiscal and regulatory incentives for providers to serve rural areas in Colorado.
- Standards around licensing, certification, and service delivery should be developed or revised to **maintain or increase quality of service whether in person or via telehealth adjunct services** and to remove duplicative or conflicting requirements for providers. Increased access to treatment **should not compromise quality of treatment.**



Barriers to Success on Probation

(Access to quality behavioral health treatment and telehealth)

General Problem

- Treatment Providers in Colorado
 - Are not incentivized to help justice populations
 - Often do not want to help justice populations
 - Are not trained or certified to work with justice populations
 - Apply standards and approaches for voluntary (non-CJ) populations to CJ populations
- The Behavioral Health and Criminal Justice Regulatory and Reform systems are siloed

Problem Statements

- Community supervision outcomes are very dependent on the degree to which behavioral health treatment is of high quality in content, appropriately matched, and effectively delivered.
- Behavioral health treatment complements the work that supervision agencies do to reduce risks, to address needs, and to attend to responsivity issues for people on institutional and community supervision.
- Colorado spends a considerable amount of public funds, often collected from clients, to support cost of behavioral health treatment. However, the degree to which treatment is effective and cost-effective, in and of itself, is elusive.

Problem Statements

- While many treatment providers and programs in Colorado claim to be evidence-based, applied treatment service delivery has illuminated real-world issues **treatment is inaccessible, of seemingly low quality, or is not individualized** where to justice populations.
- The State of Colorado has **no structures in place to formally measure the degree to which treatment is adherent** to purported evidence-based models.



Does Treatment Quality and Fidelity Even Matter?

Functional Family Therapists (WSIPP)



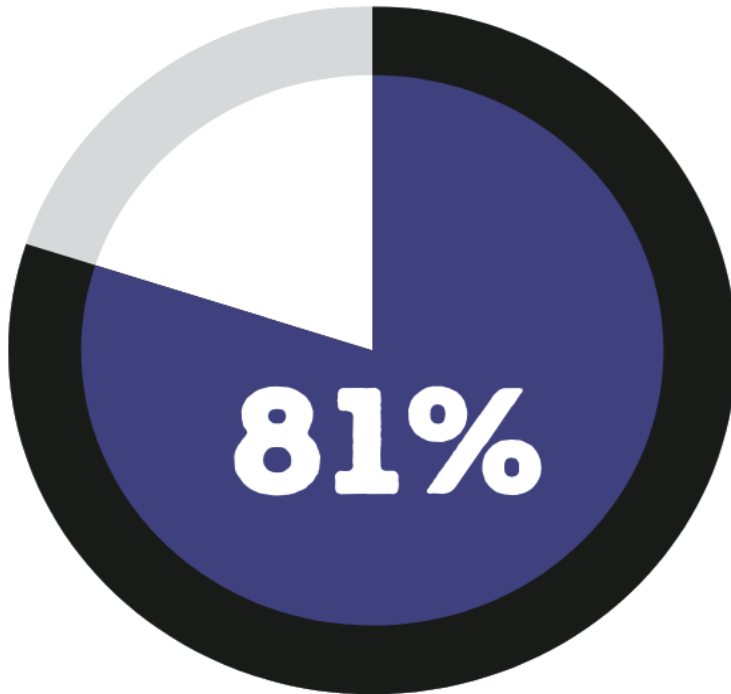
FIDELITY

source: National
Implementation Research
Network (NIRN)

FIDELITY MATTERS

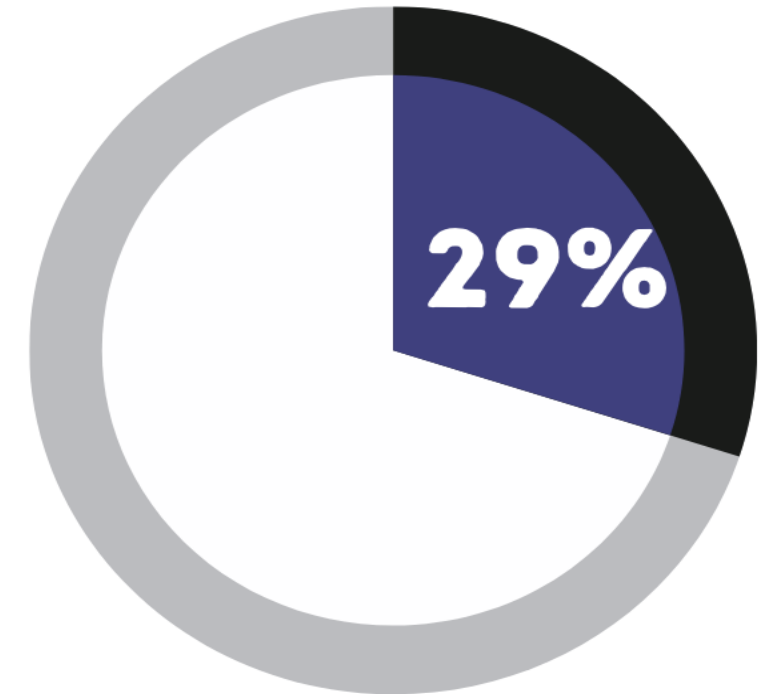
**DIALECTICAL BEHAVIORAL THERAPY (DBT) PLUS 12-STEP SUPPORT
(FOR OPIOID-DEPENDENT WOMEN)**

HIGH-FIDELITY THERAPISTS



**ABSTINENCE
(DRUG FREE U/A)**

LOW-FIDELITY THERAPISTS



Linehan, M. M., Dimeff, L. A., Reynolds, S. K., Comtois, K. A., Welch, S. S., Heagerty, P., & Kivlahan, D. R. (2002). Dialectical behavior therapy versus comprehensive validation therapy plus 12-step for the treatment of opioid dependent women meeting criteria for borderline personality disorder. *Drug and alcohol dependence*, 67(1), 13-26.

Problem & Opportunity Statements

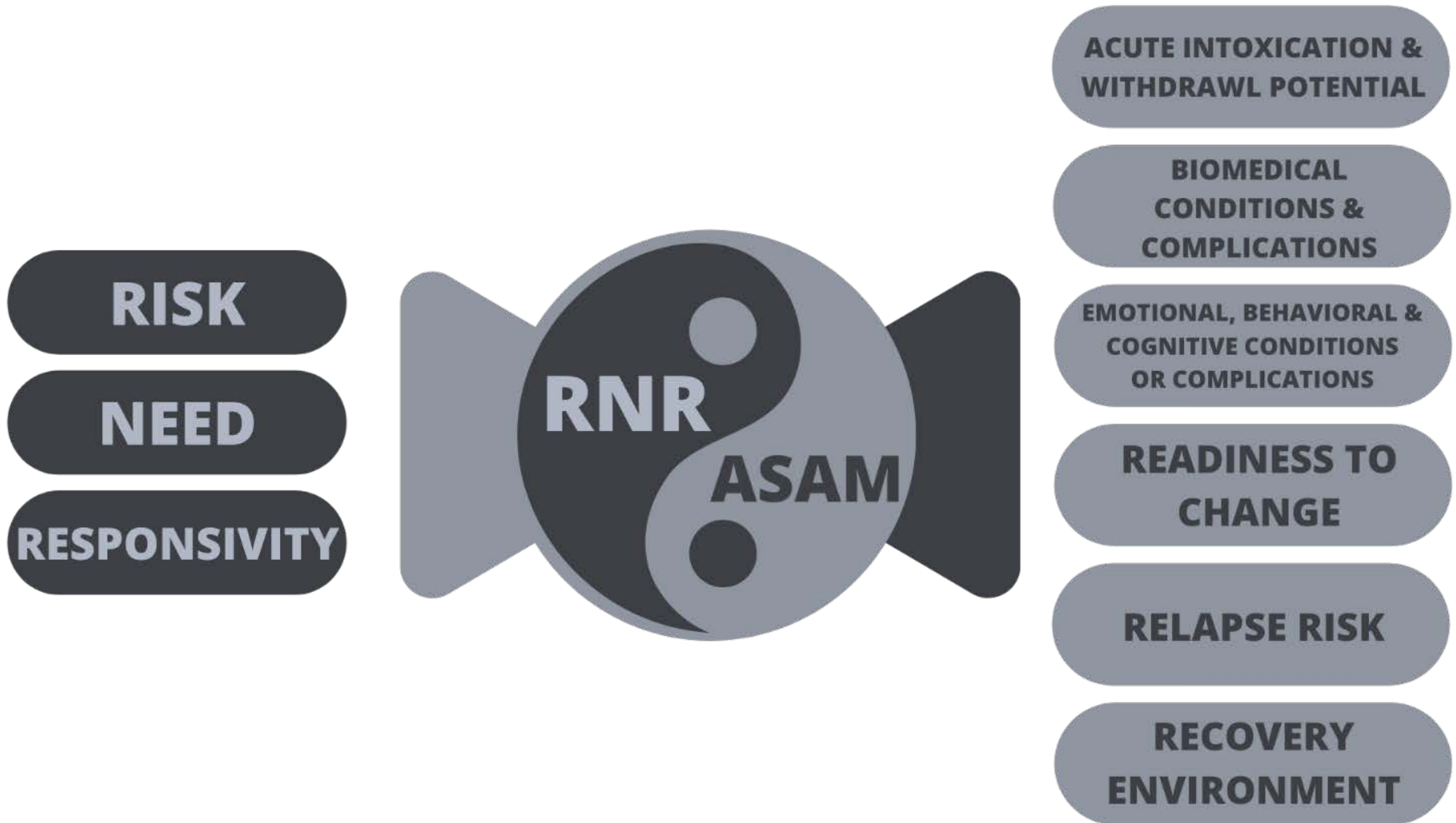
- Clinicians and counselors often do not understand the criminal justice system, have little formal training and competence with evidence-based risk reduction, and consideration for victim dynamics and safety considerations.
- Conversely, line-level supervision staff often do not have formal training and competence with behavioral health approaches that originate from addiction medicine and other behavioral health sciences.
- Often, low and high-risk people are mixed into both inpatient and outpatient treatment groups which is counter to research for evidence-based risk reduction.
- This provides viable opportunities for cross-system collaboration, skill-building, and policy reforms to improve collaborative treatment for justice involved people.

Problem & Opportunity Statements

- People on community supervision face dual stigmas of being justice-involved and mentally ill and/or with serious substance use disorders. Often, people are not admitted to behavioral health programs simply because of criminal justice system involvement.
- University of Delaware has recently produced compelling research on the negative effects of this dual stigma through the National Institute of Health, Justice Community Opioid Innovation Network (JCOIN) in the National Institute of Drug Abuse.
- These data suggest opportunities to integrate specific research and service delivery models that integrate criminology, addiction medicine, behavioral science, and general health approaches. (ASAM, Risk/Needs/Responsivity, Social Determinants of Health)

Problem Statements

- Reforms to federal [Medicaid](#) policy and state policy of the Office of Behavioral Health ([OBH](#)), treatment providers are required to place people in substance use disorder ([SUD](#)) [treatment according to American Society for Addiction Medicine \(ASAM\)](#) criteria and federal (Medicaid) funding is limited to narrow criteria for that which is considered *medically necessary*.
- However, the institutional and community supervision systems in Colorado bases treatment matching, [primarily on the Risk/Need/Responsivity \(RNR\) model pursuant](#) to law codified in 1991 to standardize substance use treatment matching for justice populations in HB 91-1173 (CRS §16-11.5-102.)



**Community corrections in Colorado:
Program outcomes and recidivism,
FY 2012-13**



December 2013

Prepared by
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**Community corrections in Colorado:
Program outcomes and recidivism
Terminations January 2014-December 2016**

April 2018

Revised August 2019 with additional clarification

Prepared by
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When RNR and ASAM Become Integrated Rather than Competitive

Table 7. FY 2011-FY 2012 Residential community corrections terminations (FY 2011 and FY 2012) and recidivism rates (FY 2011 successful terminations): needs assessment and treatment matching

	N	%	Termination Reason				Recidivism			
			Success	Escape	New Crime	Technical Violation	1 year	N	2 year	N
Recommended Substance Abuse Treatment Level vs. Actual Treatment Level										
Diversion										
Not Matched	655	19.2%	55.9%	10.5%	3.8%	29.8%	20.3%	182	33.3%	84
Matched	2750	80.8%	54.4%	13.9%	3.0%	28.7%	14.5%	787	25.3%	384
Transition										
Not Matched	963	20.0%	66.8%	8.9%	2.1%	22.2%	19.0%	300	32.2%	143
Matched	3840	80.0%	65.5%	9.0%	3.0%	22.4%	16.8%	1210	29.8%	583
Total										
Not Matched	1618	19.7%	62.4%	9.6%	2.8%	25.3%	19.5%	482	32.6%	227
Matched	6590	80.3%	60.9%	11.1%	3.0%	25.0%	15.9%	1997	28.0%	967

Table 7. 2014-2016 Residential community corrections terminations and recidivism rates (2014 successful terminations only): treatment matching

	N	%	Termination Reason				Recidivism		
			Success	Escape	New Crime	Technical Violation	N	1 year	2 year
Recommended Substance Abuse Treatment Level vs. Actual Level of Treatment Received*									
Diversion									
Matched	5063	80.4%	51.6%	17.5%	2.4%	28.4%	867	18.8%	35.9%
Not Matched	1232	19.6%	48.8%	17.5%	2.4%	31.3%	219	23.7%	43.8%
Transition									
Matched	4934	83.1%	60.7%	13.7%	2.1%	23.6%	1038	21.5%	35.6%
Not Matched	1005	16.9%	58.5%	13.1%	2.0%	26.4%	204	24.5%	40.2%
Condition of Parole									
Matched	821	80.5%	68.3%	10.1%	2.1%	19.5%	173	22.5%	38.7%
Not Matched	199	19.5%	62.8%	8.5%	2.0%	26.6%	42	31.0%	54.8%
Total									
Matched	10818	81.6%	57.1%	15.2%	2.2%	25.5%	2078	20.5%	36.0%
Not Matched	2436	18.4%	53.9%	14.9%	2.2%	28.9%	465	24.7%	43.2%

* The degree of correspondence between the recommended substance abuse treatment level and the treatment level to which the client was referred is based on 7 levels of treatment specified by the Standardized Offender Assessment - Revised (SOA-R), excluding medical and mental health referrals.

Opportunity Statement



~25%

The community corrections treatment matching model; perhaps the closest to an integrated RNR/ASAM model, shows promise for up to **25% recidivism reduction** for those who are matched with both RNR and ASAM disciplines.

Community corrections in Colorado: Program outcomes and recidivism Terminations January 2014-December 2016 (2018)



Improve Collaborative Treatment for Justice- Involved People

Improve Collaborative Treatment for Justice-Involved People

(Legislative Recommendation)

Collaborative Leadership and Governance Approach to Treatment

- State CJ and BH agencies collaborate with input from local jails and behavioral health entities
- Examine methods to integrate ASAM, Social Determinants of Health, and Risk/Need/Responsivity frameworks for more effective treatment matching and delivery.
- Review state and local standards to better align treatment matching criteria, improve care coordination, and reduce redundant or conflicting regulatory provisions and training requirements.
- Develop fiscal and regulatory methods to incentivize BH providers to accept and treat justice-involved people.

Improve Collaborative Treatment for Justice-Involved People

(Legislative Recommendation)

The **Behavioral Health Administration** (CRS §27-60-203)

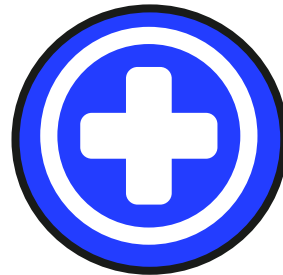
- Develop and implement formal methods to objectively analyze and report data on **treatment gaps for justice-involved persons**, especially for those with higher probabilities of recidivism.
- Objectively measure **fidelity to evidence-based serviced delivery**.
- Develop a **criminal justice treatment provider endorsement** license and client placement criteria.
- Develop a **certification and training program** for counselors to better address justice involved people.
- Intentional **collaboration with state criminal justice** system leadership for implementation of behavioral health reforms that involve justice system consumers.

Goals and Benefits of Proposal



- For justice-involved individuals

- Increased confidence in competence of providers
- Reduced exposure to stigma
- Increased accessibility to providers regardless as to what type of legal supervision.



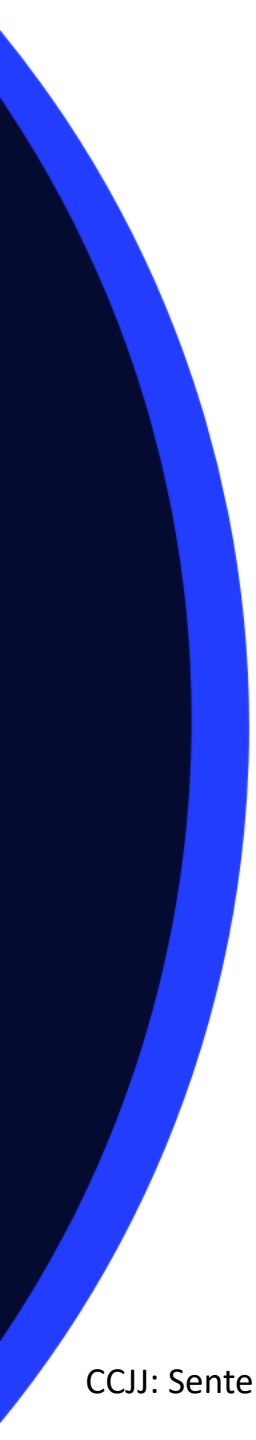
- For treatment providers

- Supporting quality outcomes for those serve
- Securing designation with the State to serve justice involved individuals with reduced administrative requirements
- Competitive reimbursement rates for specialty needs/populations.



- For the justice system

- Increased confidence in treatment provider options with a specialized criminal justice focus.
- A more streamlined approach to selecting and offering treatment and reduced administrative burden which should reduce cost.



AREA 3

Examine probation practices regarding the use of conditions, length of supervision, responses to violations, and revocations

CRS 16-11-209 (Duties of a Probation Officer)

(2) Any probationer, on probation as a result of a conviction, who is under the supervision of a probation officer pursuant to this part 2 and who is initially tested for the illegal or unauthorized use of a controlled substance and the result of such test is positive **shall** be subject to **any or all** of the following actions:

- (a) An immediate warrantless arrest;
- (b) An immediate increase in the level of supervision;
- (c) Random screenings for the detection of the illegal or unauthorized use of a controlled substance, which use may serve as the basis for additional punishment or any other community placement;
- (d) Referral to a substance use disorder treatment program.

CRS 16-11-209 (Duties of a Probation Officer)

(3) If any probationer described in subsection (2) of this section is subjected to a second or subsequent test for the illegal or unauthorized use of a controlled substance and the result of such test is positive, the probation officer **shall** take **one or more** of the following actions:

- (a) Make an immediate warrantless arrest;
- (b) Seek a probation revocation in accordance with sections 16-11-205 and 16-11-206;
- (c) Immediately increase the level of supervision;
- (d) Increase the number of drug screenings for the illegal or unauthorized use of controlled substances;
- (e) Refer the probationer to a substance use disorder treatment program.

CRS 16-11.5-105 (Substance Abuse in the Criminal Justice System)

(2) Any offender who tests positive for the use of alcohol or controlled substances subsequent to the initial test required by section 18-1.3-209, C.R.S., shall be subjected to a **punitive sanction**. The judicial department, the department of corrections, the state board of parole, and the division of criminal justice of the department of public safety shall cooperate to develop and make public a **range of punitive sanctions** for those offenders under the jurisdiction of each agency which are appropriate to the offenders supervised by each particular agency.

It is the intent of the general assembly that any offender's test which is positive for the use of controlled substances or alcohol **shall** result in an intensified level of testing, treatment, supervision, **or other sanctions** designed to control abuse of substances for such offender.



CRS 16-11.5-105 (Substance Abuse in the Criminal Justice System)

CRS 16-11.5-105 (Substance Abuse in the Criminal Justice System)

(3) The judicial department, the department of corrections, the state board of parole, and the division of criminal justice of the department of public safety shall cooperate **to develop a range of incentives** for offenders under the jurisdiction of each particular agency to discontinue abuse of alcohol or controlled substances.

Colorado Probation Revocation Analysis

Findings and Recommendations Review

September 2021

Summary of Violation Trends

- Most revoked individuals have three or more violation categories cited on their complaint for revocation
- Missed and positive UAs are a common violation across all termination types, but missed appointments are significantly more common among unsuccessful completions
- Most new offenses cited on complaints are for drug or DUI offenses

Responses to Behavior are Inconsistent Across the State

- DPS implemented Strategies for Behavior Change (SBC) to respond to both positive and negative behavior but it is not currently used in every judicial district
 - File review found SBC entries were inconsistently recorded even in the districts that use it
 - Of individuals from districts that use SBC, only 41% had entries
 - Districts that don't use SBC may have another formal system of graduated responses, but those systems do not have tracking mechanisms
- Inconsistent use among districts causes issues with equity and prevents a probation-wide evaluation of current practices

Some CO Laws and Policies May Be Creating Barriers to Effective Responses to Substance Use

- Substance abuse evaluations are required by law (C.R.S. 18-1.3-209) for individuals convicted of felonies, misdemeanors, or petty offenses as part of PSI process, or if waived, probation intake
- However, drug testing is a standard condition that is not limited to those diagnosed with a substance use disorder
 - DPS reports spending equivalent amounts on substance testing and behavioral health services when subsidizing services for individuals on probation
- Many CO laws (such as C.R.S. 16-11-209) are focused on punitive vs. therapeutic/recovery focused responses to substance abuse



Implement Individualized Behavioral Responses to Probation Violations

Implement Individualized Behavioral Responses to Probation Violations

(Legislative Recommendation)

Repeal Limited, Finite, Punitive Responses to Violations

Replace with Individualized Behavioral Responses

- Strike language in 16-11-209 (2) and (3)
- Model the structure used in SB 19-108 (Juvenile Justice Reform)
- Require the SCAO to revise *Colorado Probation Standards* to use individualized behavioral responses (e.g. Treatment, Bx Interventions, Incentives, Sanctions) with consultation of the CCJJ
- Require districts to use the statewide system or an equivalent locally developed model
- Require probation to consider multiple factors in a petition for revocation after exhausting all other appropriate community based behavioral options

Implement Individualized Behavioral Responses to Probation Violations

(Legislative Recommendation)

Repeal Limited, Finite, Punitive Responses to Violations

Replace with Individualized Behavioral Responses

- Require a petition for revocation be approved by a Chief Probation Officer (or designee)
- Prioritize a summons over a warrant in revocation situations.
- Change legislative intent language to be consistent with Best Practice and ***FY22-SR #01. Define the Purposes of Probation [Statutory]***
- Use person-first language rather than *offender*

Forthcoming Proposals from SRTF Working Group (2021)

- 1. Define the Statutory Purpose of Probation**
(Legislative Recommendation)
- 2. Develop Swift Reparative Intervention Program for Persons
Convicted of a Petty Offense**
(Legislative Recommendation)
- 3. Increase Access to Telehealth Services**
(Policy Recommendation)
- 4. Improve Collaborative Treatment for Justice-Involved People**
(Legislative Recommendation)
- 5. Implement Individualized Behavioral Responses to Violations**
(Legislative Recommendation)

Potential Proposals from Working Group (2021/2022)

6. Risk/Need Based Supervision for Sex Offender Intensive Supervision Program (SOISP) (Legislative Recommendation)

2022 Study Areas

1. Redefine statutory purpose of probation
2. Evaluate probation level of supervision in the interest of proper dosage and approaches (e.g. avoiding over-supervision)
- 3. Examine probation practices regarding the use of conditions, length of supervision, responses to violations, and revocations**
- 4. Examine impact of Traumatic Brain Injury (TBI) in revocations and other outcomes and recommend strategies to better accommodate persons with TBI**
- 5. Examine ethnic and gender disparities in probation outcomes/practices and recommend strategies to abate disparate treatment and/or outcomes**
- 6. Examine impact on prison population**
- 7. Consider alternatives that can be utilized at the time of sentencing**