

**Transition Task Force**  
**Date: March 10, 2009, 3:30pm-5:30pm**

**Attendees:**

Regis Groff, Retired Senator (Chair)  
Louise Boris, Colorado Coalition for the Homeless (Task Force Leader)  
Carol Peebles, Colorado Criminal Justice Reform Coalition  
Charlie Smith, Colorado Department of Human Services  
Dean Condor, Juvenile Parole Board Chair  
Doyle Forrestal, Colorado Behavioral Healthcare Council  
Sean McDermot, Colorado Criminal Defense Bar  
Bridget Klauber, Defense Attorney  
Paul Herman, the Center for Effective Public Policy  
Christine Adams, Division of Criminal Justice  
Germaine Miera, Division of Criminal Justice  
Brian Gomez, Department of Corrections  
Traci Garrett, University of Colorado  
Wendy Fernald, University of Colorado  
Ken Tomlinson, Judicial  
Reo Leslie, Private therapist

**Absent:**

Regi Huerter, Denver County Director of Public Safety

**Issue/Topic:**

Update of recommendations sent back to task force.

BP -48 – Drop off

**Discussion:**

Brian Gomez and Carol Peoples report back about a trial program that is looking at alternatives to the Smith road drop-off sight.

There is a group (Denver Inner City Parish) that is willing to have people at the drop off site (Smith Rd.) to greet parolees.

- This is intended to be linked to reentry services.
- The parish will be provided with a list of names, dates, and times so that they're not just waiting.

Brian Gomez reports that 5-7 offenders are dropped off each week.

- Have begun (now) to track how many are each type of release.

Carol will meet with Bill Lovinger (Denver Undersheriff) to discuss location.

- May end up using DRDC parking lot if there needs to be a separation of people.

Right now the parish is worried about driving. For now the service will be more of a "put the bus tokens and maps in people's hands".

- They won't drive because there is too much liability.
- Liability has been addressed elsewhere statutorily (for community corrections in Missouri) as a means of providing protection to those providing this service.
  - o For example, if a volunteer were to be hurt by a parolee.

Question: What is the likelihood that the drop-off location could be changed?

- Probably good because of the high cost of the current location.

**Issue/Topic:**

Update on Pro-Social Supports recommendation

**Action:**

Doyle is meeting with Carl Wotowis on Friday – maybe they could come up with a few ideas for this group to react to at the next meeting.

- Possible ideas for first steps.

**Discussion:**

\*\*\*See handout on next page\*\*\*

Doyle Forrestal presented to the group her findings from talking to various people about work that needs to be done regarding pro-social supports. In addition to the handout, the following issues were discussed:

Need to take an individualized approach to each offender.  
Need a person to connect these people to the various services that are available.

This may overlap with mental health

- High needs populations and the recovery model may be a place to start.
- Charlie – hasn't heard of other states using this model with offenders, but it is an established model with other populations.
  - May be the antithesis of what it means to be in prison though because being empowered while still in prison may not be something that people want.
    - o But individuals must feel empowered in order to stay successful.
      - Be it simple life skills or more in depth treatment.
      - This is a way to have positive people around you for support in crisis situations if and when they occur.
  - Drug courts and mental health courts may be similar ideas (to the recovery model) to work from.
  - Paul states that while other states may not have all of these characteristics in their systems, conceptually the idea does exist.
    - o In Ohio reentry courts exist
  - Colorado should have an identifiable group of people because of the assessments.
  - Questions: what is the extent of peer to peer mentoring for inmates after release?
    - Answer: almost non-existent (standard condition of parole)

Individualized services do exist, but to have a person that helps connect the offender to all of the services they need would be beneficial.

  - These people are called "navigators."
    - They know the community (what's out there) and they know how to get them hooked up with services.
  - Juvenile system already uses this concept.
    - They have a "tracker" that takes them to all of the connections they need.
  - Be it internal or external, there needs to be a philosophical shift so that the staff are supportive.
    - All need to work together to create this network.

Pro-Social Supports Subcommittee, presented by Doyle Forrestal  
Transition Task Force

March 10, 2009--Update

**Goal**

- Develop opportunities to enhance and expand on what is currently working to keep offenders successful in the community.
- Develop a pro-active approach to connecting individuals, post-release, with resources that will keep them successful in the community, and reduce recidivism.

**Findings**

- State agencies and various community groups provide services specific to the needs of certain offenders in the community.
- There are some programs, such as mentoring, cognitive behavioral therapy, peer specialists and other services that could be utilized as part of pro social supports.
- Recommendations consistently focus on connecting people to the programs that meet their individual need.
- Families can either part of the problem, or are not properly engaged in the process of transitioning the individual back to the community.
- The faith-based community is often utilized, but perhaps we are not using them as effectively as we could be for the supports necessary beyond the "basic needs."
- There is little experience currently in bringing programs together and matching offenders to those programs that meet their needs.

**Areas of Focus**

- Research consistently points to intensive services directed to those individuals at the greatest risk of recidivating.
- One possibility is to create a program with comprehensive services that have specialized programs or the ability to connect individuals to those special programs.
  - The treatment plan must meet the individualized needs of each offender to ensure the focus of services will best aide successful transition to the community.
  - Community programs must be directed in a way that supports pro social activities, and reduce the possibility of returning to behaviors that could cause contact with the criminal justice system.

**Experience with the Recovery Model in Mental Health**

- Community mental health centers work with difficult populations, with successful outcomes that keep people out of institutions, reduce the occurrence of homelessness, and even help people to recover from their mental illness and lead productive lives.
- This is often referred to as the recovery model in mental health, as the field has evolved from institutional to community-based care for individuals with serious mental illness.
- The recovery model includes the following concepts:
  - Consumer driven, individuals are involved and make decisions about their needs
  - Supports are provided in an individualized approach

- Personal supports are created to ensure supportive relationships, social inclusion, coping skills, better self-awareness, and fostering hope and optimism in the individual
- Elements of the recovery model include:
  - Ensuring the individual has appropriate housing, income, a safe environment, and access to health care
  - Nurturing a positive self image so the individual will feel comfortable to engage in community rather than withdrawing or falling back on past behaviors
    - Fosters social involvement and navigating public infrastructure
  - Supportive relationships are developed to surround the individual with people who believe in their ability to recover
    - This includes engaging family, friends and the community
    - Peer mentors and supports

## **Supportive relationships**

A common aspect of recovery is said to be the presence of others who believe in the person's potential to recover, and who stand by them. While mental health professionals can offer a particular limited kind of relationship and help foster hope, relationships with friends, family and the community are said to often be of wider and longer-term importance. Others who have experienced similar difficulties, who may be on a journey of recovery, can be of particular importance. Those who share the same values and outlooks more generally (not just in the area of mental health) may also be particularly important. It is said that one-way relationships based on being helped can actually be devaluing, and that reciprocal relationships and mutual support networks can be of more value to self-esteem and recovery.

## **Empowerment and Inclusion**

Empowerment and self-determination are said to be important to recovery, including having control. This can mean developing the confidence for independent assertive decision-making and help-seeking. Achieving social inclusion may require support and may require challenging stigma and prejudice about mental distress/disorder/difference. It may also require recovering unpracticed social skills or making up for gaps in work history.

## **Coping strategies**

The development of personal coping strategies (including self-management or self-help) is said to be an important element. This can involve making use of medication or psychotherapy if the consumer is fully informed and listened to, including about adverse effects and about which methods fit with the consumer's life and their journey of recovery. Developing coping and problem solving skills to manage individual traits and problem issues (which may or may not be seen as symptoms of mental disorder) may require a person becoming their own expert, in order to identify key stress points and possible crisis points, and to understand and develop personal ways of responding and coping.

**Issue/Topic:**

Update on Employment  
recommendation sent back to Task  
Force

**Action:**

Carol will have more information in  
April

**Discussion:**

Carol Peeples reports back on what she and her work group have been trying to accomplish with this recommendation. They are using the CCJJ recommendation (BP-52) as a guide.

The group is trying to get an idea of how many people are prepared for employment upon release from DOC.

They need to know what other states are doing (e.g., Kansas, Washington). Some cities have passed ordinances to remove the "have you ever been convicted of a felony" question from the first page of job applications.

- They still disclose, just not on the first page.
  - o Background checks still happen, so nothing is being hidden.
- It is believed that this will allow the individual to get a foot in the door which in turn will help them get a much needed job.

**Questions:**

- What is the state's hiring policies?
- Are there policies in place that allow them to permanently discriminate?
- If the state doesn't hire people with felonies how can we expect private companies to do so?
- Are there green collar jobs available?

Bottom line: we need more information. But there are some good ideas out there.

- Possibly have simplified background check by CBI?

DOC does have people from OWDS to train (offender workforce .....)

- Initiative by the NCIS and Dept. of Labor (DOL).
- Carol hasn't been able to contact the DOL, they haven't responded to her messages. Dean Condor said he could get Carol in touch with someone at DOL.

**Issue/Topic:**

Update on the Assessment Process in all sectors of the criminal justice system.

**Action:**

The group will revisit this process in April and come up with an 'ideal' assessment system.

**Discussion:**

The group went over the current assessment processes and gaps in Judicial/Probation, Institutions/Entrance, Institutions/Pre-release, Parole Board, Parole and Community Corrections.

\*\*\*See handouts on next page\*\*\*

## Assessment Process - Current



- LSI & Mitts transferred electronically (E)
- PSIR's on paper only
- Weld County using "Filebound"
- SSI (substance abuse gatekeeper screener) (E)
- ASUS (adult substance use service)
- Probation also uses LSI independently for classification (ID, Classify, Supervision planning)

### Available tools

- MH screen with certain populations
- SARA (Spousal Risk Abuse Assessment)
- Oregon Sex Offender Assessment (E)

- Medical/MH Screen
- MH (done with every offender location change within DOC)

### Assessment Battery Includes

- IQ test
- Basic Education grade equivalency (ongoing, DRDC administration of this is not trusted. Offender retested once in facility)
- Voc /Employment History Screen
- Psychological test (Coolidge)
- Anger & Violence
- LSI (administered improperly, piece meal)
- SSI (everyone, but high scores go to ASUS)
- All info goes into CM classification

- PAS
- DOC staff doesn't understand purpose of LSI
- In need of one document that ties scores/tests/assessments/case plans together
- DOC staff doesn't understand purposed of LSI

### Community Mental Health referral form (to inform Community P.O.)

Dependent on release of info by offender.

Offender can specify where it can and can't go.

- CARAS
- Case managers not getting all the paperwork they need
- Need for parole board feedback loop
- LSI scores in some files not all (50%) raw data not available
- Board gets skeletal pack
- CM has full file

- Treatment Plan driven by parole board
- LSI first 30 days
- Every 6 mos. Or sooner
- SSI or ASUS of 3 or higher goes to SOAR (? Charlie)
- SO provider does assessment
- Specialized assessment tools administered by providers

- LSI
- ASUS
- SSI
- Treatment Worksheet
- Assessment tools theoretically to drive case plan
- Jurisdictional differences
- Boards haven't grasped use of risk assessments

## Assessment Process – Gaps



## Problems in General-

1. Paper vs. Electronic forms
2. Parole doesn't make an effort to get the probation file
3. Case supervision and violation info not transferred to DOC
4. PSI's not done on everyone
5. Inconsistent use of standardized assessments (tools)
6. Classification is driving programs rather than need. Offender takes whatever is offered at the facility they are assigned.
7. Lack of availability of programs in the community



- Collect wealth of info that never gets to DOC
- Info sharing between community providers and criminal justice agencies
- How does info get to CJ agencies and is it strong enough?
- Gaps in info to providers as well

- DRDC not trusted when it comes to assessments (offender retested in institutions)

- LSI done on everyone of just CC parolees?

- Boards need info about programs to set conditions of parole

- MH tool not set up for use here
- Lack of individualized assessment for offenders under parole
- Parole board needs to know
  - Needs
  - Programs
  - Conditions
  - Difference between needs inside and out

- There are counties without Comm. Corr. facilities (Aurora)
- MH tool note set up for use here
- They don't take anyone difficult
- Assessment process for admittance
- Jurisdictional differences
- Boards haven't grasped use of risk assessments