Transition Task Force
Date: April 7, 2009, 3:30pm-5:30pm

Attendees:
Regis Groff, Retired Senator (Chair)
Louise Boris, Colorado Coalition for the Homeless (Task Force Leader)
Carol Peeples, Colorado Criminal Justice Reform Coalition
Brian Hulse, Intervention Community Corrections Services
Charles Smith, Colorado Department of Human Services
Traci Lacock, University of Colorado
Doyle Forrestal, Colorado Behavioral Healthcare Council
Lou Archuleta, Department of Corrections
Ken Tomlinson, Judicial Department
Nancy Rider, Homeless Initiative
Bridget Klauber, Defense Attorney
Brian Gomez, Department of Corrections
Regi Huerter, Denver County Director of Public Safety
Paul Herman, Center for Effective Public Policy
Christine Adams, Division of Criminal Justice
Germaine Miera, Division of Criminal Justice

Absent:
Greg Kildow, Intervention Community Corrections Services
Reo Leslie, Private therapist
Keith Penry, Douglas County Sherriff
Greg Mauro, Denver Community Corrections
Sean McDermot, Colorado Criminal Defense Bar
Dean Condor, Juvenile Parole Board Chair
Don Quick, DA for 17th Judicial District

Issue/Topic:	Discussion:
Finalize recommendations BP48/Drop-off issue **Action:**	Jeaneene Miller and a group at DOC has been assigned to look at all of the recommendations, analyze them and let everyone know how DOC will report back on them. At this point DOC is waiting to put anything in writing until their internal review committee has looked at the recommendation. The DOC internal review committee has 33 others recommendations to consider before they can address this recommendation and report back. The Oversight Committee will likely talk about this and the other recommendations and how to proceed.

Issue/Topic:	Discussion:
Pro-Social Support Issue Doyle Forrestal Recommendation 1: Navigator **Action:** 1. Doyle will provide (via Harriet Hall) fiscal information for the cost of this type of program in one area. 2. Doyle will look into actual data from JCMH (impact evaluation data). 3. DCJ will write up official request, for Regis, to ask DOC for data on the John Inman Center (impact evaluation data). 4. Germaine will obtain information from the Denver Homeless Initiative navigator about their program.	***Handout is attached separately*** The Jefferson Center for Mental Health (JCMH) already has a navigation program. The idea would be to create a similar program for the criminal justice system. Question: How does this integrate with the reentry specialists that already exist in DOC? - It would be a resource for both the consumer (the offender) and the probation/parole officers. - The ideal situation would be to actually have a "doer" to connect the individuals to the resources they need, not just someone to tell them where to go. There is a similar existing program for juveniles (through the Department of Behavioral Health). Question: What was the genesis of the navigation program for mental health? - They had many needs that were diverse. Eventually a separate program was created to provide this service rather just a database for case managers. - The program for JCMH began out of the county jail – people were leaving the jail and coming right back because they didn't get the necessary services. This would be a resource for all offenders – not just those with mental health issues. - It would be a waste to limit the number of people that would have access. - Could be either private/non-profit or public. Question: Was the JCMH program created with new or existing (reallocated) funds? - When mental health funds were cut and restored in ~2006 we decided to reassign the money. Therefore, both and neither. There is concern that this recommendation will require too many monetary resources. - A legislator may argue that they have a whole district of non-criminals who could use this kind of help. - Very good idea, but idealistic, "pie in the sky." This will make it difficult to get support.

	- On the other hand, a stream of federal money is coming in that may help, regardless of bad state budgets. - Also, these are the high risk individuals (to reoffend) which could be a selling point if there are public safety issues. . Doyle envisions that this [navigation] person would be available to the officers, the offenders, and people that get calls for help. Question: Would this person report to the PO? - It wouldn't be a condition of parole, more just a resource. - The John Inman Center in Denver has been providing this type of service for parolees, but once you're off paper you're no longer provided services. So there still needs to be some continuing link. - Independent living facilities (in the 70s and 80s) provided these kinds of services. Still exist in NYC. Therefore there may be models for us to look at. Question: Is this something the group wants to move forward with? - Support: All - Don't support: 0 - Can live with it: 0 Question: Are there additional pieces of information that need to be added to this to move it forward? - Cost/finding needs - How would this type of program interface with the various CJ entities, what would the boundaries look like? - What exactly would it mean to run a pilot? Statewide is probably impossible. - Data from JCMH to show what has and hasn't been successful. (JCMH staff would like to see an actual "doer" to enhance their own program.) - Data from Jon Inman center (But we need to be clear that it doesn't fall totally on the DOC population.) Model from Denver Homeless Initiative - 71% workforce retention - 89% of those are offenders - Most have MH issues and need meds. - Once they have employment and meds they're very successful. Need to be mindful that we have a system, Stout Street, which is pretty crushed at this point. - Denver Mental Health is probably doing better because they have jobs and can pay.

Issue/Topic:	**Discussion:**
Pro-Social Issue Recommendation 2: Recovery Model **Action:**	***Handout is attached separately*** The Recovery Program idea is specific to high needs offenders. Question: How does this intersect with things that are already in motion, in regard to the conditions of EBP? - Many of these items are included in the approach at the Inman Center. - Work with the offenders to develop positive supports – family, peers and community. - Whole model is structured around key needs (housing, employment) but also ongoing skills that help them to deal with a crisis situation. Therefore this recommendation would take put the EBP principles (8) into

motion.

- Rather than focusing on one issue, look at the whole.

The recommendation provides a theoretical framework – but what does this look like practically?

- How can we make this operate in the real world?
- Can we break it down into something concrete?
- How would you operationalize this idea?
- Does the word "recovery" encapsulate the true meaning of what we're trying to do with the CJ system?
- A recovery model is what we're doing on the whole – it is not itself an action plan.
- It is more of an approach as to how to work with this population.

This issue is something that we didn't get to during Phase 1 of the task force – so that might be why we're still at a philosophical level. We've been talking about social supports since this group began. But it waited until after we addressed survival needs.

- LSIR addresses leisure needs.
- Criminogenic needs – want PRO social support.

This is the area where we haven't been very successful because we haven't focused on it.

- Now that the person has their basic needs met (e.g., housing, employment), how do can they fill their time?
- This provides an opportunity for us to get into things that we haven't looked at before.

There are centers that train for employment, and are offender friendly.
SO where do we go from here?

- Is the actual recommendation that through reentry services, people are encouraged to create pro-social support (e.g., faith based communities)?
- Would we then give resources to systems that could create these support opportunities?
- Possible pilot: Use Jails, John Inman Center, TV Units that are being proposed – create these social networks.
- The recommendation could go through parole officers. Possibly through the previously discussed navigation system?
- Need to teach people to develop these skills – through modeling, and then the connection out.
- Specific things on how to teach these skills (PO, community) – concrete things that could support the idea of a recovery model.
- Brian Gomez recommends that people (DOC) support the philosophy but doesn't support telling people how to go about doing this.

"Maybe, rather than the icing on the cake, this is the pan the cake is baked in."
This is the philosophy that all of our other recommendations are based on.
But then this isn't really a recommendation, by itself.

This is what we believe the approach to the work should be (the practical work that has already been addressed).

As a former DOC person (Charlie Smith) it takes a tremendous step for them to even address that this is an issue. But DOC follows models that are very prescriptive (there are very distinct rules). This philosophy is not prescriptive. People will be more successful if we teach people to do this on their own, but this is a risk to DOC.

	It was stated that if we don't make the recommendation, social supports won't be recognized as an issue. Plus if we only react to the negative how can we reinforce positive behavior? Sometimes it takes recommendations to point a person in the right direction. Teaching the person how to think. It's not just CJ that needs to engage in this philosophy → "it takes a village" We can't forget that our charge is 6 months before, 6 months after.

Issue/Topic:	**Discussion:**
Next meeting May 5th 1:30pm -5pm Location TBD **Action:**	May 7th is the all day Oversight Committee. We need to have the complete recommendations to them, so that they can send them to the Commission. May 5th 1:30pm-5pm At the next meeting we will have an in-depth discussion regarding the Employment issue – see Carol's handout from today (includes CCJJ data request submitted earlier by the Incarceration Task Force, attached separately) Finalize the Social Support issues. Need to think about the gaps in the assessment process (BP-44).

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)

<u>Available tools</u>

- 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)

<u>Assessment Battery Includes</u>

- 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 (Coolridge sp?)
- 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

<u>Community Mental Health referral form (</u>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 assesments (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

Assessment Process - Ideal

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- Discharge Planning starts at entry
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