



# Office of Community Corrections

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<http://dcj.state.co.us/occ>



**COLORADO**  
 Division of Criminal Justice  
 Department of Public Safety

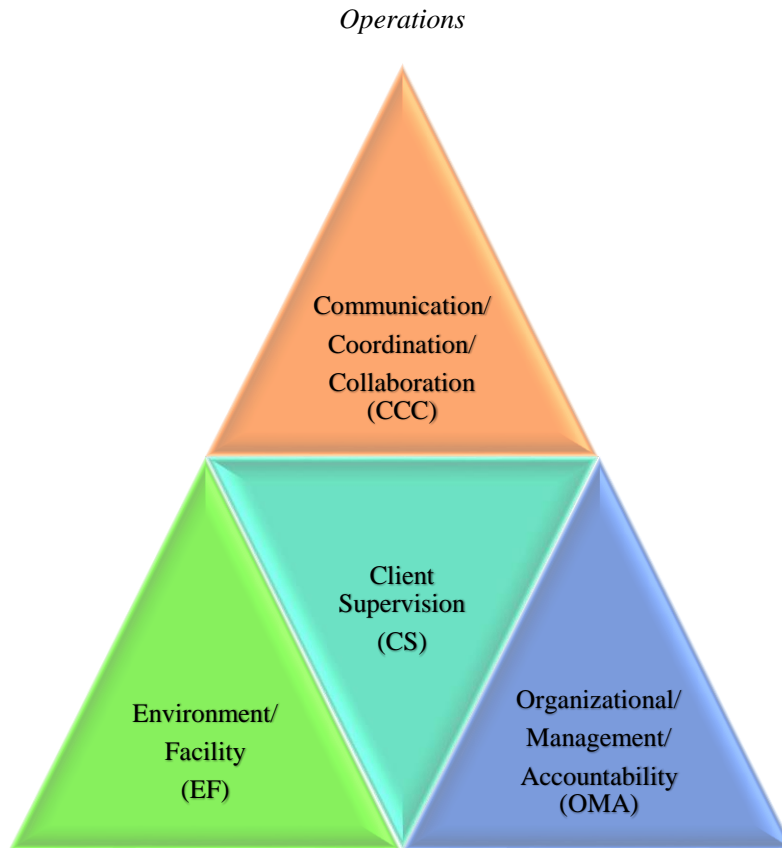
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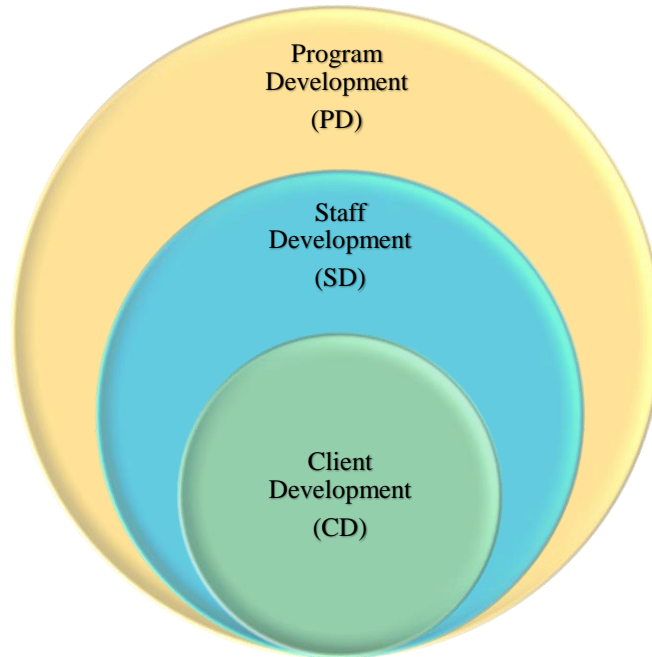
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## **Message from the Director of the Office of Community Corrections**

### **The Evolution of Colorado Community Corrections**

Colorado Community Corrections is a rich and multi-dimensional system with many aspects to its current climate and to its deeper system culture. Our system in 2017 has evolved from a big idea in the late 1970s to use a unique state/local partnership model in order to empower local communities to contribute to the crime control goals of the State of Colorado. Over time, the *Colorado Community Corrections Standards* have become a central component of our system culture along with the deep rooted value of support from local governments. The 2017 *Colorado Community Corrections Standards* represent a major milestone in the continuing evolution of our system.

### **Safe, Effective, and Sustainable Community Corrections**

Now that we have the benefit of emerging science and ongoing research to guide our efforts, the *Standards* herein represent a shift in our philosophy and approach to crime control. The Division of Criminal Justice, in partnership with local community corrections boards, local governments, and the private sector have been working to integrate modern criminology and implementation research into the policies, practices, and organizational habits of community corrections programs. These *Standards* are intended to codify our ongoing work, our intent, and our mission to advance Colorado Community Corrections into the future. It has been our purpose, at the Office of Community Corrections (OCC), to help the system evolve so that we serve as a safe, effective, and sustainable part of the larger criminal justice strategy in Colorado. Our system, through the Governor's Community Corrections Advisory Council, has chosen to adopt research-informed methods to crime control and community safety. These *Standards* represent that important decision.

### **Why Change the Standards?**

Looking back, there have been many pathways to the current *Standards*. We are first guided by the data. The Office of Community Corrections has been tracking longitudinal data for the last 15 years and we have documented increasing levels of risk, need, mental illness and criminal histories of our client population. As our population has grown to be more challenging and more complex, our short-term and long-term outcomes have reflected this change in population. This is very consistent with well-researched relationships between risks, needs, and outcomes of our client population. However, it does impose a responsibility that we must work harder and adapt our practices to better fit the risks and needs of our modern client population. In the last seven (7) years, our system has become smaller in population, yet larger in appropriations from the Colorado General Assembly. It is this compilation of longitudinal data that drive our decisions to advance Colorado Community Corrections. Our intent is to devote and sustain supervision and risk-reduction practices that align with the published sciences of our field. It is also for these reasons that we strive to use public funds in the most responsible manner in order to help control crime and promote wellness in local communities.

The events that have followed our last major revisions (2010) have also set the stage for the current body of professional standards for our field. In 2011, the OCC collaborated with over 100 community corrections stakeholders throughout Colorado to study the data trends of our field and make a commitment to evidence-based risk reduction methods. Also in this year, the Division of Criminal Justice initiated formal efforts to assist programs to develop, install, and implement evidence-based risk reduction methods such as Motivational Interviewing, Structured Sanctions, and Contingency Management practices. In 2012, community corrections stakeholders further collaborated with the Colorado Department of Corrections and the Governor's Office of State Planning and Budget to recommend continued strategies to advance and improve community corrections utilization. It was those efforts that led to development of the Community Corrections Progression Matrix, which was designed to assist community corrections staff in better addressing the risks and needs of the client population. It was this same collaboration that led to formal recommendation to the Division of Criminal Justice to develop evidence-based and research-informed *Standards*. In this same year, I encouraged local communities and providers to develop a vision and strategy for advancing programs and services into the year 2020. In 2013, Governor Hickenlooper established Executive Order B2013-010 which charged the Governor's Community Corrections Advisory



Council to *recommend modifications to the Colorado Community Corrections Standards and community corrections contracts to improve the quality of programs and to enhance public safety; to identify and recommend evidence-based strategies to increase success rates and to reduce recidivism in community corrections; and to provide coordinated communication to providers, boards, referral agencies, and the general public in order to facilitate the advancement of community corrections in the State of Colorado.* In 2014, the Colorado General Assembly requested that the Department of Public Safety develop a future plan for performance-based contracting for Colorado community corrections while the Colorado Commission on Criminal and Juvenile Justice (CCJJ) set forth a formal recommendation to revise the current *Standards* to better address risks and needs of the client population. The CCJJ also set forth a recommendation for the Division of Criminal Justice to develop a program evaluation tool that would assess each programs' adherence to evidence-based principles and practices. It was this recommendation that served as the impetus for the Program Assessment for Correctional Excellence (PACE) tool that accompanies these *Standards*. In 2015, the Results First Analysis of the Governor's Office of State Planning and Budget led to formal action of the General Assembly to fund the develop and implementation of the PACE tool for our field. In that same year the OCC began revisions of the *Standards* with a subcommittee of the Advisory Council, which worked throughout 2016. Finally, in 2017, the Colorado General Assembly passed House Bill 17-1147 into law, which set forth a new statutory purpose of Colorado Community Corrections, which reads, in part, to *improve public safety by reducing the incidence of future crime through the design and implementation of research-based policies, practices, programs and standards.* These *Standards* comprise the total efforts to respond to these consecutive legislative, executive, and strategic directions to modernize the practices and policies of community corrections in our state.

It is my strong belief that the *Standards* also serve ethical and human purposes. Those purposes are to provide better services to community corrections clients; to further develop and professionalize community corrections staff; and to provide better crime control to victims and communities. Simply put, it is the right thing to do in order to promote wellness among the human lives that are touched by crime.

Finally, it is also my firm belief that these *Standards* provide a genuine opportunity for community corrections in Colorado to serve as a national model for offender risk reduction. I believe that our system is a *good* one and these *Standards* provide an opportunity for providers to become *great*. I believe that while change is an inevitable phenomenon in our system, progress is a choice; and we choose to be progressive and forward-thinking in our continuing evolution as a system. I believe that these *Standards* help to achieve a vision of the Governor's Community Corrections Advisory Council that was set forth in 2009 and that they serve as an artifact of a cultural paradigm shift in community corrections strategy.

### **The Process of System Advancement and Change**

With all that in mind, the change to these *Standards* from our 2010 model will be neither easy nor immediate. I encourage all stakeholders of community corrections to exercise patience and tolerance as providers work toward adherence to the new *Standards*. Some *Standards* will take much longer than others to implement and the changes to our practices will take several years to habitualize. It will require substantial effort among providers, boards, local governments, and the OCC. Concurrently, I also strongly encourage the leadership of community corrections providers throughout the State of Colorado to apply focused, intentional, assertive, and authentic initiative in order to align practices with the goals and expectations set forth in the *Standards*. Those providers who have chosen to work with the implementation efforts of the Division of Criminal Justice have been proactive in aligning practices with these *Standards* before they have been codified. The work ahead for all of us is as meaningful as it is challenging. The OCC commits to offering collaborative technical assistance to providers, through the PACE evaluation and audit processes, as part of a larger cycle of continuous quality improvement.

### **Next Steps**

The work of the OCC in the near future will focus on audits of the *Operations Standards* commencing in early 2018. This process will parallel work that is currently underway to establish a baseline measurement of the PACE evaluation tool and several aspects of the *Behavior Change Standards* from 2017 to 2020. Providers are advised to commence proactive and immediate work in 2017 to adhere to the *Operations Standards* in preparation for future audits. Providers are also advised to develop both short-term and long-term strategic plans, through the PACE baseline process, in order to demonstrate gradual and increasing adherence to the *Behavior Change*

*Standards*. It is the goal and intent of the OCC to measure, track and report incremental increases in adherence to these *Standards* throughout the next decade.

### **Performance Based Contracting for Our Future**

In 2015, the Governor’s Community Corrections Advisory Council developed a formal plan for Performance Based Contracting (PBC) at the request of the Colorado General Assembly. This plan is guided by the following principles, which should also be used to guide work towards adherence to these *Standards*:

**PRINCIPLE 1:** The Performance Based Contracting (PBC) model should have primary basis in the desired future state of Colorado Community Corrections rather than its current state.

**PRINCIPLE 2:** The current structure of Colorado community corrections and its historical roots have value. However, current practices and traditions should not be a barrier to achieving the future desired state of the system.

**PRINCIPLE 3:** The PBC model should be used primarily as a tool for system advancement and recognition of superior performance. While the PBC model should contain provisions for addressing low performing providers, and contractual sanctions, its primary function is not punitive.

**PRINCIPLE 4:** Public Safety is comprised of three interdependent domains:

1. Compliance with core security functions,
2. Adherence to the Principles of Effective Intervention (program quality), and
3. Program efficacy using risk-informed outcomes.

All measures used in the PBC model should center on compliance with core security Standards, risk-informed outcome measures, and adherence to the Principles of Effective Intervention (National Institute of Corrections). Together these three (3) areas comprise the general definition of Public Safety for the purposes of PBC design and implementation.

**PRINCIPLE 5:** The PBC process and its measures should be fair, objective, and transparent to all boards, providers, and general stakeholders of Colorado Community Corrections.

**PRINCIPLE 6:** The PBC model should emphasize a state and local partnership.

**PRINCIPLE 7:** Overall system advancement and performance improvement is a long-term endeavor. The baseline results should be viewed as a starting point from which the Colorado community corrections system can grow over a period of time. Stakeholders should interpret the baseline results accordingly.

### **The Role of the Office of Community Corrections**

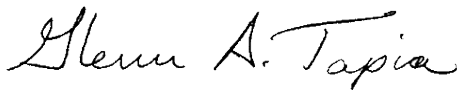
The role of Division of Criminal Justice in Colorado Community Corrections is set forth in Colorado law. It is our statutory purpose to fund, regulate, and provide technical assistance to boards and providers throughout the state. While many have perceived our role to be only that of regulation and funding, the OCC stands committed to assist providers and boards with the *Standards* through measurement, feedback, technical assistance, training, and implementation support. While we are not the only resource for technical assistance available to providers, we invite providers to request and accept our help. For those providers that look to us to provide technical support, we commit to working with you toward a common goal of adherence to these *Standards*. We hope and trust that providers and boards see our role in the field as both regulatory and supportive of efforts at the local level to advance community corrections into the future.

## **The State/Local Partnership and these Standards**

It is my firm belief that the strength of Colorado Community Corrections originates from the state/local partnership of our unique model. Our system has evolved from one that originally emphasized *local control* to one that also now emphasizes *local support*. I continue to enjoy the partnerships with local communities and local governments to sustain and advance our field. The OCC looks forward to our continued collaborations in that regard and in the spirit of our state and local partnership.

One of the central purposes of the Governor's Community Corrections Advisory Council is to develop and continually adapt the *Colorado Community Corrections Standards* over time. Without the very complex and difficult work of the Council, and its Standards subcommittee, the OCC would be alone in the efforts to guide the work of the field. Governor Hickenlooper's Advisory Council members, and its subcommittee members, have taken highly commendable work to apply both the technical and adaptive leadership necessary to develop and codify these *Standards*. I am confident that, while not easy, this work will result in safer, more effective, and more sustainable community corrections in our state.

Respectfully,

A handwritten signature in cursive script that reads "Glenn A. Tapia". The signature is written in black ink and is positioned above the typed name and title.

Glenn A. Tapia, Director  
Office of Community Corrections  
Division of Criminal Justice  
Colorado Department of Public Safety

## Value Statements from the Office of Community Corrections

**We Value Healthy and Adaptive Change** - The Office of Community Corrections (OCC) believes that we must change, in and of ourselves, while we encourage the field to change toward the future. It is our responsibility to be both adaptive toward the future as well as loyal to the core values of Community Corrections in Colorado such as the local/state partnership of our field; our core mission of community safety and overall system efficacy. As we support the system in changing, we value being introspective about our own processes and approaches as we evaluate the performance of others around us. We understand that our minds work better when open to the ideas and innovations around and within our field. We seek to capitalize on the philosophical and structural differences among the people and entities with whom we collaborate. The OCC strives find optimism even when we confront both technical, adaptive, and human challenges that provide opportunities for growth and advancement.

**We Value Our Personal and Collective Role in Healthy and Safe Communities in Colorado** - The OCC believes that it's not someone else's job to make the Colorado communities safer and more well. As criminal justice professionals and as citizens of our communities, we invite a personal role in making the community safer and the system better. We believe that our system and community will be better if everyone takes an individual role in its safety and wellness. In that respect, it is our belief that the Colorado Community Corrections is a good system that has many benefits and strengths. We also believe in continually challenging ourselves and others to advance and improve so that our good system can be great. We value the thought that we must continually work to make incremental progress toward a better system, even at the expense of perfection and we realize that system improvement cannot happen inside our own or others' comfort zones. It is our responsibility to understand stress is a force that is a necessary component of personal, intra-organizational, and system growth. We believe that our setbacks and challenges sometimes allow us to learn as we *fail forward* toward incremental growth, advancement, and success. We commit to thinking systemically about our work in order to minimize future problems and consequences of our actions today.

**We Value Our Relationships and Authentic Collaboration with Others** - The OCC understands that our ideas and minds are enhanced by those of others around us. We value collaboration and teamwork as much as we value our opportunities and mission to execute our individual work. In that regard, we value our professional relationships with all levels of the field and aim to continually improve and build our professional alliance with others around us in order to collaborate more effectively. We respect the fact that change is a personal journey as well as an institutional one. We agree to involve people in the change process and always remember that people matter. We understand that collaboration often comes with healthy conflict. We aim to use conflict in a productive and effective manner while always working to avoid unhealthy conflict within and around ourselves.

**We Value Our Integrity and Our Ethical Purpose** - In our decisions and actions, the OCC will always choose the ethical route; even if it is not the most popular or easy route. We liberate our environment from decisions and actions that undermine our individual and collective integrity. Our knowledge and wisdom lets us see the right path to take in our work; and our integrity drives our decision to choose that path over others. We model our ethics and integrity toward others we serve.

**We Value Courage to Accept and Adapt to Risks** - We recognize that progressive work comes with fear of failure and mistakes. We understand that the best laid plans often come wrought with problems that cause us to correct the course down the road. We have the courage to face those failures, even when standing upon well-conceived plans, and to simply accept the risks that come with execution and to do so with faith and optimism for success. We understand that adaptive, forward-thinking and progressive work often comes without a roadmap and also comes with human and organizational error. We agree to make mistakes – always with the best of intentions. We also agree to forgive ourselves when we do so and to quickly, authentically, and unconditionally forgive others who also *mistake gracefully*.

**We Value Each Other and Ourselves** - We respect and understand that there is real value in a healthy sense of humor, fun, and laughter in our work. While contending with the challenges we face, we welcome opportunities to enjoy ourselves, to laugh, and to otherwise savor the learning and growth we are all experiencing. We also believe our personal and professional development is important to both individual, team, and system success.

## The Community Corrections Improvement Cycle

### Plan-Do-Study-Act

The Office of Community Corrections (OCC) is committed to providing technical assistance and support as needed for Continuous Quality Improvement (CQI). The OCC will complete the “Study” portion of the Plan Do Study Act (PDSA) cycle through Audits and Program Assessment for Correctional Excellence (PACE) evaluations. Following the “Study” portion, the OCC is available for technical assistance, and strategic planning, as well as implementation support to assist programs with creating internal processes for CQI cycles.



## **Client Supervision (CS)**

### **CS-Facility Checks**

#### **CS-010: Random Headcounts and Facility Walkthroughs**

There shall be at least fourteen (14) random headcounts/walkthroughs conducted during each calendar day at residential programs. Seven (7) of these walkthroughs must include a headcount, during which each client's physical presence or itinerary (if off-grounds) will be observed. Every effort must be made to ensure headcounts are sufficiently random; this includes the times at which the headcounts are conducted as well as the route taken through the facility and the staff members conducting counts. Headcounts generally should not be announced to clients in advance and visual confirmation of each client's identity must be obtained upon each headcount. A record shall be made of the time and date of such counts and signed by the staff member conducting the count. The expected return time of clients off facility grounds at the time of the count shall be included in headcount documentation. Headcounts must be completed across all shifts within a calendar day.

Random walk-throughs of the facility shall occur no less frequently than seven (7) times in each calendar day and across all shifts. The purpose of these walk-throughs is to engage and respond to pro-social and/or antisocial behavior demonstrated by clients as well as to identify any safety issues. Staff responses must include providing affirmations for positive behavior observed as well as corrective responses to undesired behavioral issues. Walk-throughs must be semi-structured and individual client interactions properly documented.

#### **CS-011: On-Grounds Surveillance**

The program shall have written policies, procedures and established practices for the observation of clients on grounds. This may include the use of camera systems, mirrors, or other processes. Policies and procedures shall provide clear protocols regarding the usage of electronic equipment for monitoring including: the preservation of potential evidence; storage, archiving and review of video footage; and establishing the limits of staff observation to comply with the Community Confinement Standards of the Prison Rape Elimination Act. The use of remote observation methods complement "in-facility" staffing levels and shall not be used to supplant staff or be considered a basis for reducing facility staff levels.

***Intent/Clarification:** On-grounds surveillance is an essential element for observing the activities on facility grounds with a primary focus of maintaining a safe environment for facility residents, staff, and visitors. Additionally, the effective usage of technology can significantly increase the capacity for facility monitoring by providing valuable information regarding resident and staff behavior, critical incidents and the dynamics of the facility "milieu".*

#### **CS-020: Client Property**

The residential program shall have written policies, procedures and an established system to search and secure all clients intake property as well as property received during approved property drop offs. Policies, procedures, and established practices shall also dictate proper disposal of property upon the client's departure if not claimed by the client.

#### **CS-030: Contraband**

The program shall have written policies and procedures that define dangerous, major, and minor contraband and have a detailed procedure and practice for its detection, confiscation, storage, and disposal. Chain of custody records shall be maintained in a centralized file for all confiscated contraband to include a detailed description of the item, dates for all process stages and disposal methods.

Disciplinary actions that could result from the possession of contraband shall be defined and made known to the client in

advance along with all other potential disciplinary responses.

Pat searches shall be conducted at the frequency of five (5) times per month.

Contraband and property searches must occur at the following minimum frequencies:

- (a) Client room searches shall be conducted at a rate of no less than one (1) per calendar month for each room.
- (b) Facility searches shall be conducted at a rate of no less than one (1) per calendar month.
- (c) Vehicle, canine, and limited visitor searches may be conducted at the program's discretion.

Records of all client searches must be maintained in client case records. Records of all other searches must be maintained in a centralized file.

Dates and times of searches must be randomized to increase the likelihood of contraband detection. In order to ensure the randomness of searches, software/randomizing program should be utilized.

### **CS-Client Monitoring**

#### **CS-040: Random Off-Site Monitoring**

The program shall have written policies and procedures that provide for the random monitoring of each residential client's off-site location based on their residential level of supervision. Clients shall be randomly monitored at the frequencies specified below:

**Table CS-040:**

<b>Level</b>	<b>Work Monitors</b>	<b>Pass Monitors</b>
1	1x/week	1x/week
2	1x/week	1x/week
3	2x/month	2x/month
4	1x/month	1x/month

Locations such as church, treatment, movie theaters, etc. may be considered unverifiable. Programs should take into consideration which unverifiable locations are allowable for clients based on their level and progress in programming. Generally, clients who have progressed to higher levels in the program should be spending greater amounts of time within the community participating in pro-social community support activities, some of which may be unverifiable.

Acceptable monitoring methods include but are not limited to the following:

- (a) Personal contact;
- (b) Staff initiated monitors via active GPS enabled ankle monitors;
- (c) Staff initiated monitors via active GPS enabled cellular phones including verification of the client's voice;
- (d) Any document that can be easily verifiable as connected to a specific client and issued by a person of authority such as medical personnel, government agencies, legal representatives, etc. Documents must include a legible date and time, and must be provided to program staff immediately upon return to the facility.
- (e) Staff initiated telephone contact with the client, a known supervisor, treatment provider or other approved person;

Programs are highly encouraged to research and utilize new and emerging technologies in the random monitoring of clients within the community. Geotags and other GPS technologies are likely to be more accurate and less time consuming. Alternative monitoring methods shall be approved in advance by the DCJ and local community corrections board.

All monitoring documentation shall include the monitoring method, time of the monitor, date, client location, signature of the staff, and results of the verification.

All negative monitors shall result in continued documented efforts to contact the client until such time that the client's whereabouts are determined or escape procedures are initiated.

**CS-041: Furlough Monitors**

The program shall have written policies and procedures that govern the practice of issuing both privilege and emergency furloughs. Clients may be eligible for privilege furloughs on levels 3 and 4 of residential programming as an incentive and transition tool. Clients may take up to one 24-hour furlough per week on level 3 and up to 48 hours per week on level 4. Clients must be monitored twice per 24-hour period.

There may be circumstances in which clients need to be placed on an emergency furlough. Emergency furlough monitors shall be completed at the following frequency:

**Table CS-041: (Emergency Furloughs)**

Level	1	2	3	4
Monitors	1x/12hr	1x/16hr	1x/18hr	1x/20hr

*Intent/Clarification: Monitors must be randomized and spaced throughout the furlough period to ensure regular monitoring of the client during their time in the community.*

**CS-042: Job Search**

While on job search status, programs must monitor a client's whereabouts a minimum of twice per week. Client initiated follow-up (phone or email) with previously contacted employers, as described in C.C.C.S. CD-190, are considered acceptable monitors under this *Standard*.

Additional acceptable monitoring methods include the following:

- (a) Personal contact;
- (b) Telephone contact with a potential employer;
- (c) Verifiable correspondence with partner agencies (e.g., Workforce Center sign in & sign out logs, electronic sign in and out records or personal contact);
- (d) Documented monitors via GPS enabled ankle monitors (active or passive);
- (e) Staff initiated monitors via active GPS enabled cellular phones including verification of the client's voice.



Other methods of monitoring shall be submitted in writing and approved by the local community corrections board and Division of Criminal Justice on a case-by-case basis.

Documentation of monitors shall include the verification method, the date and time of the monitor, location/agency contacted, signature of staff and results of monitor.

Programs shall follow-up on negative monitors appropriately and shall take any necessary disciplinary action when public safety is at risk.

***Intent/Clarification:** Monitoring the whereabouts of clients in the community during the time they are searching for employment is an essential task to support public safety. Programs should communicate with potential employers in the least intrusive and least burdensome manner in order to support client employment efforts and to promote on-going relationships. Monitors should be randomized and spaced throughout the week to increase efficacy.*

#### **CS-043: Off-Grounds Surveillance**

The program shall have written policies, procedures and established practices for incidental and/or staff initiated contact with clients off grounds. Policies and procedures shall establish the guidelines for staff interaction with clients and under what circumstances staff should report observations to the program (e.g. discovering a client is off location) and/or law enforcement. Policies and procedures must also address practices for when observation of the client in the community is intentional (e.g. off-site monitoring).

***Intent/Clarification:** While, generally, program staff has a duty to report to either the program and/or law enforcement when encountering clients in the community, program policies should discourage staff from confronting clients directly.*

#### **CS-044: Home Visits**

Home visits are required for all non-residential clients. Staff must perform a home visit prior to the client's transition to the residence and at the frequency described in the grid below. Staff conducting home visits must take into consideration the client's schedule prior to determining the timing of the visit. Staff must physically enter the client's home and check for indications of the client's stability and level of functioning. The staff may conduct an IMPACT meeting within the home and occasionally include support persons with whom they cohabitate if applicable. Programs are responsible for determining staff safety practices while conducting home visits in accordance with the *Standard*.

**Table CS-044:**

<b>Risk</b>	<b>Level</b>			
	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Very High LSI: ≥ 36</b>	1x/month	2x/quarter	2x/quarter	1x/quarter
<b>High LSI: 29-35</b>	1x/month	2x/quarter	1x/quarter	1x/quarter
<b>Med LSI: 19-28</b>	2x/quarter	1x/quarter	1x/quarter	2x/year
<b>Low LSI: 0-18</b>	1x/quarter	1x/quarter	2x/year	1x/year

**CS-050: Recording Authorized Absences**

A log shall be kept for each residential client for the purpose of recording all authorized absences from the facility. Documentation within each entry shall be legible and include, at a minimum, client name, date, time of departure, destination by street address, expected return time, actual return time, and client acknowledgement. Logs must also identify the authorized purpose to include, at a minimum, work, pass, furlough, and job search. Staff and client are to acknowledge prior to the client's departure and following arrival. Authorizations for location changes shall be clearly and consistently documented on the sign-out log and shall adhere to all the documentation elements with the exception of client acknowledgement. Acknowledgements can be documented via electronic means (electronic signature and/or biometric verification). Electronic and biometric verification methods must be secure and auditable.

**CS-Substance Use Monitoring**

**CS-060: Substance Testing Processes**

The program shall have written policies, procedures and established practices that govern the substance abuse testing of all clients and shall address, at a minimum, the following areas:

- (a) The time lapse between clients notification of testing and the collection of urinalysis samples shall be no more than two (2) hours for residential clients and no more than 12 hours for non-residential clients. Notification shall be documented.
- (b) Chain of custody and testing of samples shall be designed to meet acceptable evidentiary standards.
- (c) Urinalysis samples shall be stored in a manner that is consistent with standard urinalysis practices.
- (d) Programs utilizing in-house substance abuse testing equipment, to include breath testing equipment, shall operate in accordance with the manufacturer's guidelines, including collection, storage and testing. Certification documentation shall be maintained within the personnel files of all operators.
- (e) Programs utilizing drug screening kits shall ensure that the kits meet Food and Drug Administration standards and are used in strict compliance with the manufacturer's instructions.
- (f) Programs shall conduct urinalysis and other testing for alcohol and controlled substances using basic safety precautions.
- (g) In general, programs shall visually monitor urinalysis collection using staff of the same gender as the person being tested with possible exceptions for transgendered or intersex clients. The gender of staff

monitoring urinalysis collection with transgendered or intersex residents shall be determined on a case by case basis incorporating risk screenings, programming assignments, the resident's perspective on their gender identity, and safety and management considerations consistent with the spirit and intentions of the National PREA standards.

- (h) Programs utilizing outside testing shall ensure that the laboratory is properly licensed and/or certified.
- (i) Clients shall not be charged a fee for substance abuse testing without written approval of the DCJ.
- (j) Substance abuse testing documentation shall be maintained in individual case records to include, the date and time of tests, substances tested, staff and offender identification, and test results.

***Intent/Clarification:*** *Due to the serious consequences for clients with positive urinalysis results, precautions must be taken to ensure the proper collection, supervision, handling, storage, transportation, and testing of urine samples.*

*Sensible sanitary practices should be followed. No smoking, eating or drinking shall be allowed at the testing site. Gloves should be used by all staff during the handling of samples. No food or medications should be stored in the immediate vicinity where urine samples or test chemicals are stored.*

#### **CS-061: Entry Urine Sample**

A urine sample shall be taken within 12 hours of the client's admission into the program. This initial sample shall be tested for the following controlled substances:

- (a) Cocaine metabolite
- (b) THC
- (c) Amphetamines
- (d) Opiates
- (e) Barbiturates
- (f) Benzodiazepine
- (g) Alcohol\*
- (h) Creatinine Levels

All entry urine samples shall be tested, using any private clinical laboratory, or by using in-house substance abuse testing equipment. Drug screening kits may not be used for this purpose. An entrance urinalysis test is not required if a client changes service types within the same facility during a continuous residential stay or transfers from residential to non-residential.

\*Entry alcohol testing can be completed via urinalysis and/or breathalyzer.

***Intent/Clarification:*** *Timely initial substance testing can provide the program with valuable information concerning the client's substance use and condition at time of admission. The information can be used to direct future substance testing as well as programming.*

#### **CS-062: Interim Drug Testing Processes**

Clients shall be assessed for substance testing frequency using a combination of the Simple Screening Instrument – Revised (SSI-R), the Level of Supervision Inventory (LSI), and the results of the entry UA test pursuant to C.C.C.S. CS-061. Until such time an assessment is completed, clients shall be treated as high risk and tested at the frequency of eight (8) times per month.

The frequency for each client’s interim UA and/or BA testing shall be based on the results of the substance involvement assessment, the client’s risk level and residential (or non-residential) level.

A negative assessment for drug and/or alcohol involvement shall be defined as:

- (a) The SSI-R score is a total of three (3) or less AND
- (b) If LSI interview and/or collateral information indicates that there is no risk of current or recent substance use involvement AND
- (c) The initial full polysubstance UA administered pursuant to C.C.C.S. CS-061 shows a negative test for any of the following drugs: cocaine metabolite, THC, amphetamines, opiates, barbiturates, benzodiazepines, creatinine levels, and alcohol.

Clients who assess negative for drug and/or alcohol involvement (see above) shall be scheduled for interim full polysubstance UA testing according to the following schedule:

**Table CS-062(A): SUBSTANCE TESTING GRID FOR NON-SUBSTANCE INVOLVED CLIENTS**

Residential Level				Non Residential Level			
1	2	3	4	5	6	7	8
1x month	1x month	1x every 2 months	1x every 2 months	1x month	1x every 2 months	Quarterly	Quarterly

In the event that a client is initially assessed as negative for drug and/or alcohol involvement and submits a positive test for any substance on any level of supervision, a client shall be scheduled on the RISK-BASED AND PROGRAM LEVEL BASED SUBSTANCE TESTING GRID in accordance with their current risk level and program level.

A positive assessment for substance involvement shall be defined as:

- (a) The SSI-R score is a total of four (4) or greater OR
- (b) If LSI interview and/or collateral information indicates that there is risk of current or recent substance use involvement, OR
- (c) The initial full polysubstance UA administered pursuant to C.C.C.S. CS-061 shows a positive test for any of the following drugs: cocaine metabolite, THC, amphetamines, opiates, barbiturates, benzodiazepines, creatinine levels, and alcohol.

A client who has a positive assessment for drug involvement shall be tested using a full polysubstance drug test in accordance with the minimum frequency levels within either the FOUR (4) or TWO (2) TIERED RISK-BASED AND PROGRAM LEVEL BASED SUBSTANCE TESTING GRID.

A client who has a positive assessment limited to alcohol involvement shall be tested using breath analysis OR urinalysis in accordance with the minimum frequency levels within either the FOUR (4) or TWO (2) TIERED RISK-BASED AND PROGRAM LEVEL BASED SUBSTANCE TESTING GRID.

**Table CS-062(B): FOUR (4) TIERED RISK AND PROGRAM LEVEL BASED SUBSTANCE TESTING GRID**

Risk Level (LSI)	Residential	Non Residential Level			
		5	6	7	8
Very High LSI: ≥36	8x month	8x month	3x month	2x month	1x month
High LSI: 29-35	6x month	6x month	3x month	2x month	1x month
Med LSI: 19-28	4x month	4x month	3x month	1x month	1x every 2 months
Low LSI: 0-18	2x month	2x month	1x month	1x every 2 months	Quarterly

**Table CS-062(C): TWO (2) TIERED RISK AND PROGRAM LEVEL BASED SUBSTANCE TESTING GRID**

Risk Level (LSI)	Residential	Non-Residential Level			
		5	6	7	8
High/Very High LSI: ≥ 29	8x month	8x month	3x month	2x month	1x month
Med/Low LSI: 0 - 28	4x month	6x month	3x month	1x month	1x every 2 months

Programs shall treat dilute UAs as a positive result.

All urinalysis results must be returned within three (3) business days to ensure swiftness of the program’s response.

***Intent/Clarification:** Testing rates represent minimum testing requirements. Programs shall choose either the four (4) tiered table (B) or two (2) tiered table (C) RISK-BASED AND PROGRAM LEVEL BASED SUBSTANCE TESTING GRID (located above) for testing substance involved clients. More frequent testing may be indicated for some clients based on case assessment or requests by referring agencies.*

*Substance testing levels shall not be used to infer severity, recency, frequency, history, and intensity. UA testing shall be unexpected, unannounced, and unanticipated by the client. (Information/research provided by National Drug Court of Drug Court Professional Adult Drug Court Best Practice Standards).*

**CS-063: Confirming Positive Test Results**

Except when a client admits use, all positive test results that the program intends to use to transfer a client to a higher level of custody shall be confirmed by an outside laboratory using an appropriate laboratory technique (GC/MS and/or LC/MS/MS). A copy of the confirmatory testing results or the admission of use form signed by the client must be kept in the client’s case file.

**CS-070: Prison Rape Elimination Act (PREA)**

The program shall have written policies, procedures and established practices that ensure compliance with all elements of the federally mandated Prison Rape Elimination Act, PL 108-79 (PREA) and in accordance with contractual agreements requiring PREA compliance. Program policies and procedures shall dictate and direct practices to meet PREA compliance in all of the following areas as defined by the PREA standards:

1. Prevention and Responsive Planning
2. Training and Education
3. Screening for Risk of Sexual Victimization and Abusiveness
4. Reporting
5. Official Responses Following Resident Reports
6. Investigations
7. Discipline

8. Medical and Mental Health Care
9. Data Collection and Review
10. Audits, Auditing and Corrective Actions

Most recent copies of all completed PREA audit reports must be submitted to the local community corrections board and the DCJ within seven (7) business days of request.

#### **CS-080: Medications**

All prescribed medications for clients shall be safely secured. Medications shall be self-administered by clients. Staff shall keep documentation to record the date, time, name of medication and dosage of each self-administered medication. These records and medications shall be audited at least twice each month. Policies and procedures shall include a weekly review process (which may be data-driven) to identify when medications are not taken as prescribed. Staff shall be required to follow up when a client is not taking medications as prescribed and document the intervention. *Clients shall be required to provide medical documentation if any modification or discontinuation of prescribed medications are to occur.* Policies and procedures shall require the disposal of unused medications no less frequently than quarterly and with two staff counting and signing to verify the chain of custody of all disposed medications. Policies and procedures shall address the circumstances under which the client may take prescribed medication off grounds.

***Intent/Clarification:** “Self-administration” means the process of a client administering or taking a pharmacological substance without any assistance from another person. It is considered best practice for only one medication to be handled at a time with staff handing the source container to the client, directly observing the self-administration of the medication, and documenting the date, time, name of medication and dosage that is taken. The use, misuse, or non-use of some medications might have potential effects on a client’s behavior, physical health and safety, substance testing and disciplinary issues. Additionally, the safety and well-being of staff, other clients, and the community might also be impacted in extreme circumstances. For these reasons, it is incumbent on staff to have basic knowledge of why a client is taking a particular medication and the potential health and behavioral effects of use, misuse, or non-use of the medications. Case managers are encouraged to integrate discussion of medications in their routine reviews of client’s functioning and progress and to support clients’ to be informed consumers of medical care. This would include, when appropriate, supporting clients to obtain relevant information from medical providers to address concerns or issues such as the misuse, discontinuation, or non-use of medications. Programs are encouraged to have a clear protocol for communicating about and responding to observations regarding behaviors that may be medical in nature as well as a client’s refusal to take medications that are prescribed for significant medical or mental health conditions. Programs are encouraged to utilize environmentally friendly practices for medication disposal. For example, medication can be dissolved and mixed with kitty litter, sawdust, or coffee grounds, sealed in a plastic bag and discarded. ALL identifying personal information (prescription label) from all medication containers should be removed and destroyed prior to disposal.*

#### **CS-090: Escape**

The program shall have written policies, procedures and established practices that specify the conditions under which a client is placed on escape status. Program policy and practice shall conform to the requirements of the Colorado Revised Statutes, as amended.

At a minimum, and within four (4) hours after a residential client’s unauthorized absence is discovered, prompt notification shall be provided to the appropriate agencies as described below in CS-091, CS-092, and CS-193.

Within one (1) business day of initial escape notification, all evidentiary documentation necessary to initiate a permanent

escape warrant must be forwarded to the appropriate agency.

Programs shall maintain confirmation documentation, which demonstrates all parties have been notified as required.

Upon discovery of a client's unauthorized absence and until such time as an escape notification is made in accordance with the above criteria, immediate and on-going attempts shall be made to locate the client. All attempts and their outcome shall be accurately documented in the client's record.

Discovery of an unauthorized absence may vary across circumstances. If a client is found to have walked out of the facility without authorization, escape proceedings may begin immediately. Similarly, if credible information is received indicating that the client has escaped, proceedings may begin immediately following the receipt of this information. While four (4) hours is the maximum allotted time to file escape, programs are not prohibited to file escape earlier.

**CS-091: Direct Sentence Clients (Residential)**

- (a) Appropriate referral agency and the local community corrections board (if required)
- (b) Law enforcement agencies
- (c) Victim(s) who has/have requested notification

Notification shall include the submission of all documentation required by the Fugitive Reporting System, as revised.

**CS-092: Condition of Probation Clients**

- (a) Supervising probation officer
- (b) Local community corrections board (if required)

**CS-093: Transition and Condition of Parole Clients**

- (a) Department of Corrections
- (b) Local community corrections board (if required)

Notification shall include all documentation necessary for the Department of Corrections to initiate a temporary fugitive escape warrant.

*Intent/Clarification: Currently the Department of Corrections has established policies for reporting escapes of clients under its jurisdiction. These policies do not supersede the program's responsibility to notify DOC within four (4) hours of discovery as outlined above. Nothing prohibits programs from initiating escape proceedings earlier than four hours if circumstances dictate a more immediate response.*

**CS-094: Direct Sentence Clients (Non-Residential)**

The program shall have written policies, procedures and established practices for the prompt and documented notification of appropriate agencies whenever a non-residential Diversion client falls out of contact with the program.

Such policies, procedures, and practices shall include provisions that:

- (a) If a non-residential client fails to appear for a scheduled event, or if such client is not located as expected during a whereabouts monitor, the program shall promptly endeavor to determine the whereabouts and



status of the client.

- (b) Determination of whereabouts and status shall be made only by direct contact with the client or through contact with professional parties, such as law enforcement officials or health care providers.
- (c) If the whereabouts and status of the client cannot be established, the client shall be reported to the referring agency within 72 hours of discovery.

72-Hour notification shall be provided as follows:

- (a) Appropriate referral agency and the local community corrections board (if required)
- (b) Law enforcement agencies
- (c) Victim(s) who has/have requested notification

Notification shall include the submission of all documentation required by the Fugitive Reporting System, as revised.

***Intent/Clarification:*** While programs are encouraged to adapt their policies, procedures and practices to the needs of local officials, the interests of public safety require that a report be made to the referring agency within the time frames described. Nothing in this Standard is intended to lengthen the time before victims receive at least preliminary notification pursuant to the Victim Rights Act that a client's whereabouts are unknown.

## **Environment/Facility (EF)**

### **EF-010: Facility Service/Tasks**

Resident clients may be assigned tasks related to the upkeep and cleanliness of the facility following written policies and procedures that provide for the fair distribution of such assignments.

*Intent/Clarification: The distribution of daily client chores requires impartiality and consistency by staff. This includes the monitoring and supervision of all client chores. Clear written guidelines should exist concerning the distribution of additional chores as a result of disciplinary action. Also reference Standard CD-060. Painting is not considered a specialized chore if it is voluntary, occurs in common areas, client's feet remain on the ground and all standard safety precautions are taken. Only chores deemed necessary to maintain the sanitation and functionality of the facility shall be assigned.*

### **EF-020: Minimum Floor Space**

A minimum of 40 square feet of floor space shall be provided per client in sleeping areas of the residential program, of which no more than 4 square feet shall be closet or wardrobe space.

*Intent/Clarification: No waivers will be granted for this Standard.*

### **EF-030: Separate Space**

The program shall provide separate space for each of the following:

- (a) Private individual counseling
- (b) Group meetings
- (c) Monitored visitation (residential only)
- (d) Dining (residential only)
- (e) Food preparation (residential only)

*Intent/Clarification: Multi-purpose areas shall only be used for one of the events listed above, at any given time.*

### **EF-040: Visitation Space**

The residential program shall provide space for visits by family members, attorneys, criminal justice officials and other appropriate visitors, and maintain policies, procedures, and established practices to monitor and control such visits.

### **EF-050: Access to Nutritional Meals**

When developing menus, programs shall take into account the clients they serve and provide adequate daily calories and nutrition through nutrient dense foods to support healthy eating patterns as defined by the Office of Disease Prevention and Health Promotion (ODPHP) Dietary Guidelines.

(<https://health.gov/dietaryguidelines/2015/guidelines/>)

Twice per year, programs shall survey clients and staff/administrators regarding food flavor, texture, temperature, appearance. Feedback from these surveys shall be documented and shall be incorporated into the development of future menus.

At minimum, a registered dietician shall review menus once per year, or whenever menus are modified, to certify that menus comply with the most recent nutritional requirements and caloric needs to support healthy eating patterns as defined by ODPHP Dietary Guidelines or any special diet requirements.

Programs should have a written policy, procedure and established practice for requesting, approving, and providing religious, medical, and special diets.

- (a) Clients shall be provided three meals each day and at no time shall meals be refused to clients.
- (b) Each client shall be provided a minimum of one hot meal per day.
- (c) Variety should be incorporated into the weekly menus for all three meals (minimum 2 or 4-week cycles).
- (d) Food shall be stored, prepared, and served in compliance with all state and local food safety guidelines, codes, laws, and regulations.

***Intent/Discussion:** The role of nutrition in physical health is well established, and emerging science supports the beneficial role of nutrition in mental health. Diets that promote healthy eating patterns support the capacity of clients to meet the demands of community correction programming.*

**EF-060: Property and Safety**

The program and surrounding property shall be kept in safe repair and in clean and sanitary condition at all times. Written policies, procedures, and established practices shall define regular housekeeping and maintenance routines, with daily documented inspections.

***Intent/Clarification:** Compliance with health and sanitation codes is vital to the safety and well-being of the clients.*

**EF-070: Toilets, Basins, Showers**

The residential program shall maintain, at a minimum:

- (a) One operable toilet for every 10 clients, or combination of toilet and urinals for every 10 clients.
- (b) One operable wash basin for every 6 clients (hot water not to exceed 130 degrees).
- (c) One operable shower or bath for every 8 clients (hot water not to exceed 130 degrees).
- (d) One operable washer and dryer for every 12 clients, or access to commercial laundry machines within 2 miles of the residential program.

Any inoperable toilet, basin, and/or shower must be repaired or replaced within 48 hours.

***Intent/Clarification:** The hot water supply shall be sufficient to meet the reasonable needs of each residential client on a daily basis.*

**EF-080: Client Advisement**

Within 12 hours of admission, each client shall be advised in writing of the following:

- (a) Grievance procedures
- (b) Program orientation
- (c) Facility emergency equipment and exits
- (d) Location of community legal services
- (e) Services provided by the program
- (f) Personal responsibility for medical and dental services/expenses
- (g) Location of emergency medical and other health care services

The staff and the client shall sign and record the date and time of the notification and a copy shall be maintained in the client's case record.

## **Communication/Coordination/Collaboration (CCC)**

### **CCC-010: Acceptance Criteria**

The program shall establish written screening criteria or guidelines for the acceptance or rejection of clients referred by state criminal justice agencies. Screening must be derived from a structured, research-based decision making process that combines professional judgment and actuarial risk assessment tools. The decision-making process must sort clients by risk, need, and appropriateness for program placement. Screening criteria must clearly define the program's target population including any specialized services offered.

Screening criteria shall prohibit discrimination on the basis of ethnicity, primary language, color, religion, creed, disability, sexual orientation, gender identity, or national origin. Clients not eligible to work in the United States under the statutes and regulations enforced by the United States Bureau of Citizenship and Immigration Services ([www.uscis.gov](http://www.uscis.gov)) may be accepted only if the program is willing to waive the subsistence requirement and if there is no detainer for the client placed by any agency of the United States government.

Copies of the criteria, processes, and/or tools shall be provided to the local community corrections board, the Department of Corrections, the Division of Criminal Justice, the Chief Probation Officer for each Judicial District referring clients, and the Chair of the State Parole Board. Subsequent changes to those criteria or guidelines shall be provided, in writing, to all agencies affected by the change within thirty days of such issuance.

***Intent/Clarification:** The criteria or guidelines provide referral agencies with information regarding clients acceptable for placement. The criteria or guidelines governing acceptance should include, but not be limited to: types of information to be gathered and reviewed on applicants prior to admission; specific criteria for acceptance; and procedures to be followed when accepting or not accepting referrals. Because all persons seeking employment are subject to the statutory requirements of the federal government regarding proof of eligibility to work, programs must recognize that clients who cannot produce the required legitimate documentation to properly complete USCIS form I-9 cannot legally be employed, and therefore cannot be permitted to be employed while serving a sentence as a client in community corrections.*

### **CCC-011: Written Response to Referral Agencies**

The program shall provide a written response to the referring agency within two weeks of the receipt of the referral indicating acceptance, rejection, or need for additional information, based on criteria established in *Standard* CCC-010.

### **CCC-020: Incident Notification**

The types of incidents regarding clients and/or staff members that require written notification to referral and oversight agencies shall include, but are not limited to:

- (a) The occurrence of any communicable disease that poses a significant threat to staff or clients;
- (b) Any criminal offense alleged to have been committed by a client or staff member on or off grounds;
- (c) Any altercation, on or off grounds, involving a client resulting in injury or law enforcement involvement;
- (d) The death of a client;
- (e) Use of force by a staff member;
- (f) Any event that has compromised or may compromise the provision of supervision and safe care, including but not limited to: damage to the facility, employee strike, interruption in food service, and/or protracted interruption in utilities;
- (g) Any event that has the potential for media coverage;
- (h) Any occurrence within the facility in which a client, visitor or staff is removed by ambulance, treated in an

emergency department or admitted to a hospital and the individual sustained serious bodily injury, or there is a significant risk to loss of life.

The program shall notify the local community corrections board, referral agencies and the DCJ immediately by phone and by follow-up email within 24 hours of the incident. Notification must clarify the status of the incident and any action(s) being taken to resolve the situation.

**CCC-030: Referral Agency Collaboration**

The program shall collaborate with referring agency or local community corrections board on special conditions as they apply to a client's risk, need, and responsivity.

*Intent/Clarification: Clients may come with recommendations from referring agencies regarding treatment, programming, and/or supervision. Programs should work closely with referring agencies to determine the most appropriate interventions given each client's specific risks, needs, and responsivity factors.*

**CCC-031: Referral Agency Reports**

The program shall have written policies, procedures and established practices for the dissemination of routine documentation, such as: supervision plans, supervision plan modifications, termination summaries, and quarterly and monthly reports, as requested by referring or oversight agencies.

**CCC-040: Client Treatment Monitoring**

Staff with clients engaged in treatment shall have documented monthly communication with treatment providers that include attendance, engagement in treatment, and progress toward current treatment goals. This information should be used for case planning decisions and interventions to include both criminogenic risk factor and stability goals. This should also be used to match and/or adjust program expectations based on identified responsivity factors.

## **Organizational Management/Accountability (OMA)**

### **OMA-010: Staff Backgrounds and Criminal Conduct**

Applicants who have been offered or will be offered a conditional position will be subject to a name and fingerprint background check initiated by the program/provider through the Office of Community Corrections (OCC). The initial background investigation shall include a CCIC/NCIC criminal history and warrants check as well as documented verification of compliance with job qualifications. The results of this background check will be documented in the employee's personnel file.

No applicant who is required to register pursuant to the provisions of the Colorado Sex offender Registration Act is allowed to be employed by any Community Corrections facility.

Any person who is still under the jurisdiction or supervision of the court or another referral agency (probation, parole) is not eligible to work at a Community Corrections facility until they are no longer under supervision or in certain circumstances as approved by the local community corrections board.

At the time the conditional offer is made or is going to be made, the program/provider shall submit the name, date of birth, and social security number of the applicant to the Office of Community Corrections for an initial name check.

### **OMA-011: Fingerprinting**

Within fifteen days of the name check submission, the program/provider shall forward a completed fingerprint card to the OCC to be submitted to the CBI for state and federal processing. Until such time as a fingerprint record check is returned, the employee shall not work without direct supervision. At the discretion of the facility director, if the fingerprint result has not been returned within 30 days and the name check returned by OCC was clear, the employee may work without direct supervision.

If the fingerprint card is rejected at any point during the process, the program/provider shall submit a new card to the OCC within 15 days of notification of the rejected fingerprint card.

A completed fingerprint record check is required prior to receiving Community Corrections Information & Billing (CCIB) user access.

### **OMA-012: CCIB Staff Records**

Programs/Providers will note in CCIB a candidate's specific status at the facility. Program/providers will keep these records updated.

- (a) Pending Hire for those applicants who have been made a conditional job offer.
- (b) Active for those who are currently working at the facility.
- (c) In-Active for those who are no longer employed by the facility.
- (d) Not hired for those to whom a conditional offer was made but the decision was made not to hire them.

Once a staff member leaves employment or is terminated from a facility, the facility is responsible for marking that person In-Active in CCIB, tagging the staff member for flag removal, and notifying the OCC of the separation within five working days.

### **OMA-013: Waivers for Applicants with a Previous Felony Conviction**

Individuals with a prior felony history may be hired to work in facilities through a formal written waiver process.

The program/provider shall obtain approval from the local community corrections board, referral agencies (DOC and/or Probation) and the Office of Community Corrections before employing anyone who has a history of a felony conviction. Once a program/provider has made a conditional job offer to a qualified candidate with a prior felony conviction, the program/provider shall submit the candidate's information to the local Community Corrections board for approval and also submit the required name check and fingerprint card to the OCC. Information submitted to the board, referral agencies and the OCC, shall include a letter of request from the program to the local Board, outlining the reasons for wanting to hire this candidate.

Once the OCC receives the approval of the referring agency and the local board, the information will be reviewed and an approval/denial letter will be drafted from the OCC and sent back to all involved parties.

**OMA-014: Staff Criminal Conduct**

In addition to the notification required by *Standard* CCC-020 Incident Notification, the program shall obtain approval from the local community corrections board, referral agencies and the DCJ if it wishes to retain a current employee who has been formally charged with or convicted of a crime. Notification to referral agencies should include a plan for addressing the continued employment of the staff person.

**OMA-020: Milieu Management**

Residential programs shall provide an acceptable staffing pattern that ensures adequate client supervision and provision of services. At a minimum, at least two staff members, whose primary shift duties are client supervision, must be present in the facility at all times. At no time shall the central supervision office be left unattended unless there is an emergency, at which time the office must be locked. Staffing shall be increased as necessary during the facility's busiest hours to ensure sufficient coverage to adequately oversee clients and perform all required duties.

Staff assigned these duties shall be on-site and trained in client supervision policies and procedures.

**OMA-030: Unannounced Facility Checks**

Supervisory staff shall conduct random, unannounced facility checks. Such checks shall be conducted on weekends and between the hours of 9:00 PM and 5:00 AM during the week. Such checks shall be conducted at least once per calendar quarter and at least once per year for each shift.

Documentation of such checks shall be maintained in facility records and shall include at a minimum:

- (a) The date and time the check was conducted;
- (b) The name(s) of personnel performing the check;
- (c) The names of personnel on duty;
- (d) A verification of the client headcount;
- (e) A description of all observations made; and,
- (f) Any steps taken to remedy improper or inappropriate conditions.

***Intent/Clarification:** Unannounced facility checks help to ensure the effective and efficient operation of programs during traditionally unsupervised hours and may include randomized client BAs, and/or a review of general operational practices. Unannounced facility checks are an opportunity to identify health and safety issues and to observe staff in the performance of their duties. Issues or information gathered during unannounced facility checks can be used to identify training needs, evaluate the effectiveness of current policy and procedures and to provide support and positive feedback to staff. The use of random camera audits and remote facility surveillance can provide additional information regarding*



activities in the facilities. However, the use of remote facility surveillance is considered complementary to on-site unannounced facility checks.

**OMA-040: Transportation of Clients**

Programs must have written policies, procedures and established practices to ensure the safety of staff when transporting clients. The transportation of clients in personal vehicles is prohibited unless the program provides insurance for such transportation.

**OMA-050: Separate Medical Files**

Client medical records, mental health, substance abuse evaluations, and treatment notes by licensed professionals shall be maintained in a separate file. Written policies and procedures shall govern the confidentiality of these medical records in accordance with current state and federal law.

**OMA-060: Legal Documentation for Client Placement**

The program shall receive a client only if:

- (a) The local community corrections board has approved the placement; and
- (b) A court order has been issued specifying the client's sentence to community corrections; or
- (c) An Executive Assignment Order (EAO) has been issued from the Department of Corrections; or
- (d) A copy of the Parole Agreement/Order (PAO) or modification specifying the placement in community corrections has been issued; or
- (e) Documentation (e.g. minute order, terms and conditions, mittimus) signed by the court specifying the condition of placement in community corrections has been issued.

**OMA-070: Use of Physical Force**

The program shall have written policies, procedures and established practices restricting the use of physical force by staff. If physical force is used by program staff, the incident shall be fully documented.

***Intent/Clarification:** Staff of community corrections programs are not usually peace officers or staff of a secure correctional facility. Use of force shall be limited to force that would reasonably be used by citizens to protect persons, property, premises, or to assist law enforcement officers (Refer to 18-1-704 through 707, C.R.S.). If physical force is used, the situation must be thoroughly documented with names, dates, circumstances, and justifications, reported in accordance with CCC-020.*

**OMA-080: Financial Transactions**

The program shall have written policies, procedures and established practices for the individual recording of financial transactions related to placement in the program (e.g. earnings, taxes, court ordered child support, subsistence fees, restitution, fines, treatment fees, and savings). Monthly statements, signed and dated by the client and staff or distributed via client kiosks, shall be provided to each client and shall include credits, debits, and balances for the following obligations (if applicable): subsistence, restitution, treatment fees paid to the program and savings held by the program. A final financial statement shall be provided to the client upon successful termination. A copy shall be maintained in the client's case record. Receipts for monies collected by the program shall be provided to the client.

**OMA-090: Budgeting**

As a skill-building activity, the program must assist clients in developing a budget to distribute monies properly among financial obligations. Court-ordered child support should be prioritized. Other primary obligations include treatment

costs, medical expenses, transportation fees, employment expenses, subsistence, and restitution. As a critical stability factor, budgeting processes should assist the client in learning and developing financial skills necessary for independent living. This would include building the savings necessary for community reentry, as outlined in the program's level system.

## **Program Development (PD)**

### **PD-Meetings**

#### **PD-010: Periodic Staff Communication**

The program shall have a written policy and established practice requiring periodic staff communication that must include program staff. Communication shall include feedback between all staff on evidenced-based programming efforts. Documentation of the communication shall include dates, issues discussed and staff involved.

*Intent/Clarification: Staff communication is essential to program cohesiveness. Program staff and program administrators shall have regular opportunities to communicate about issues regarding clients in the program. Staff communication also is intended to close the feedback loop on evidenced-based practice implementation and sustainability.*

#### **PD-011: Implementation and Sustainability Teams**

Programs shall have written policies, procedures and established practices for creating and maintaining an implementation and sustainability team. This team shall have representation from line level staff, staff who are decision makers, as well as other applicable stakeholders. Implementation and sustainability team members shall be responsible for facilitating a feedback loop. The implementation and sustainability team shall have established positions as well as a plan for sustainability of members. There shall be value placed on all roles. The implementation team is accountable for making innovations happen; for assuring that effective interventions and effective implementation methods are in use to produce intended outcomes for clients. The team shall have a strategic plan to implement, improve, and/or sustain evidenced-based and research-informed practices.

*Intent/Clarification: Implementation team staff should be selected to be on the team based on characteristics such as openness, leadership skills, collaboration skills, expertise in certain areas, ability to effectively disseminate information, and knowledge of evidenced-based practices and implementation science. The team should use fidelity and other relevant program data to guide decision making for future adjustments to implementation. The team should also discuss the implementation drivers as applicable and decisions should be made collaboratively.*

#### **PD-012: Staff Skill Building**

Programs shall have written policies, procedures, and established practices for holding frequent, ongoing, and regular opportunities for staff to practice skills in a group setting. The purpose of staff skill building is to enhance staff development of evidenced-based and research-informed practice efforts. All levels of staff shall be included as applicable to the practice. Documentation of the meetings shall include dates, issues discussed, and staff attendance.

*Intent/Clarification: Staff skill building should be unencumbered time, dedicated to practice, and responsive to program needs.*

#### **PD-020: Caseloads**

Programs shall have written policies, procedures and established practices to assess caseloads sizes based on the risks, needs, and responsivity factors of clients. Every effort shall be made to match staff and clients based on risk, need, and responsivity factors. In programs in which caseloads are the primary responsibility of case management staff, the ratio of case manager to residential client shall not exceed 1:20.

***Intent/Clarification:*** *Specialized populations (e.g. Residential Dual Diagnosis Treatment, Intensive Residential Treatment, Sex Offender, etc.) will likely require more staff time due to higher risk, needs, and responsivity factors. Smaller caseloads should be considered when assigning caseload sizes for these specialized populations.*

**PD-030: Self Audits of Operations and Programing**

The program shall have written policies, procedures and established practices, which provide for the scheduling and completion of periodic internal auditing and self-monitoring of operations and programming. Such audits shall examine both the quantitative and qualitative aspects of agency practices required by *Standards*. The following functions shall have a documented review or audit by program staff no less than once per calendar quarter.

- (a) Drug and alcohol testing
- (b) Sign-in/out records cross referenced with pass approvals
- (c) Off-site monitoring records
- (d) Contraband (inspections, chain of custody, storage and disposal)
- (e) Headcounts

Audit documentation for each of these functions shall be maintained by the program and shall include recommendations by staff auditor(s) for enhancements and/or modifications to existing program written policies, procedures, and established practices based on internal audit outcomes to ensure compliance with *Standards*.

***Intent/Clarification:*** *Internal audits may discover errors of commission as well as omission and serve a quality control function for program operations.*

**PD-040: Program Grievances**

The program shall have written policies, procedures and established practices for the handling of client grievances or complaints, including a procedure to contest grievance response. This process must ensure that each client in the program has the right to file a grievance and include the following elements:

- (a) The hierarchy and process for clients to petition for grievance review;
- (b) Time guidelines and policy for response to the grievance shall be provided to clients in writing;
- (c) The grievance shall be transmitted without alteration, interference, or delay to the party responsible for receiving and investigating grievances;
- (d) The person reporting the grievance should not be subject to any adverse action as a result of filing the report;
- (e) Final dispositions shall be signed and dated by the client.

Records of all grievances or complaints, and the final disposition, shall be maintained in client case records as well as a centralized administrative file.

## **Staff Development (SD)**

### **SD-010: Staff Selection**

There shall be written policies, procedures, and established practices for entry level and promotional staff selection criteria and performance management feedback to include factors that are conducive to effective implementation and sustainability of evidenced-based and research informed practice. Job descriptions for program staff should encompass behavior change duties, core correctional practices and evidenced-based practice responsibilities.

There shall be a structured interview process for hiring and promoting program staff. This shall include a process to assess the competencies of critical thinking skills, ability to respond positively to coaching, belief in evidenced-based practices and clients' ability to change, integrity, and attitude toward learning. There shall be a face to face interview, if possible, as well as reference checks for initial hires.

### **SD-020: Staff Education/Experience Requirements**

All program staff must have high school diploma or GED with 50% or more of staff having a baccalaureate degree in social or behavioral sciences, criminal justice, or related fields. Related education and/or experience may be substituted on a year for year basis. Verification of education and/or experience shall be documented in personnel files.

### **SD-030: Staff Age Requirement**

Any staff member or volunteer who has contact with offenders must be at least 18 years old.

*Intent/Clarification: All such persons should be of sufficient maturity to properly interact with offenders.*

### **SD-040: Administrators**

The program administrator shall have, at a minimum, a baccalaureate degree in social or behavioral sciences, criminal justice, business or public administration, or related fields, and four years of related experience to include supervisory or management responsibilities. Verification of education and experience shall be documented in personnel files.

### **SD-050: Volunteers**

All volunteers/interns shall be subject to all *Standards* related to their assigned duties. Prior to direct contact with clients, the program shall ensure that a CCIC/NCIC criminal history and warrants check is conducted for all volunteers. Volunteers shall also be trained in PREA.

*Intent/Clarification: Volunteers/interns who have experienced the criminal justice system as clients can have a beneficial perspective to share with community corrections clients. Such volunteers may have criminal histories that include felony convictions. A central purpose of this section is to ensure that such volunteers/interns do not have current warrants and that they have properly and accurately disclosed any criminal history before they are permitted to have contact with community corrections clients.*

### **SD-060: Ethical Relationships**

The program shall maintain current personnel policies and practices that ensure ethical and professional conduct between staff or agents and clients under supervision. Prohibited behavior shall include but not be limited to the following:

- (a) Securing or receiving advantages, gifts or favors from clients or client's family or associates, including small items (e.g. gum, cigarettes, food, etc.).
- (b) The display of favoritism or preferential treatment for individual clients or groups of clients.
- (c) Any personal or business relationship with clients or client's family or associates, to include the use of social

media.

- (d) The assignment of work duties that result in clients having supervisory control over other clients.
- (e) The assignment of work duties to clients that improve the value of the facility or provide personal benefit to any staff or agent of the program.
- (f) The assignment of specialized chores, including but not limited to, plumbing and electrical tasks, and generalized construction.

Programs shall have a written policy regarding appropriate boundaries between staff and clients and the sharing of personal information with clients. Program personnel shall report any attempt to violate these relationship guidelines immediately to the program director.

### **SD-Staff Training**

#### **SD-070: Staff Training**

The program shall have written policies, procedures and established practices for an infrastructure (internal or external resources) for training on a minimum of the following practices for all program staff:

- (a) Enhancing intrinsic motivation
- (b) Effective violation response
- (c) Contingency management/increasing positive reinforcement
- (d) Core correctional practices
- (e) Risk/Need/Responsivity
- (f) Principles of Effective Interventions (National Institute of Corrections (2004) Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention)

All IMPACT staff must complete these training areas to be IMPACT qualified. As job duties require, staff shall also attend training in the following areas within 6 months of hire:

- (g) Assessments\*
- (h) Case planning\*
- (i) Motivational enhancement
- (j) Cognitive behavioral approaches
- (k) Skill building with clients
- (l) Coaching

*\*Staff who are not performing assessments or case planning within their job duties may attend training that sufficiently covers risk, need, and responsivity, as well as, proper interpretation of the SOA-R.*

Before receiving an unsupervised work assignment and within 90 days of the staff member's first working day or first day in a new position, all full-time and part-time program staff shall receive forty (40) hours of formal orientation training at a minimum. Program staff shall be trained prior to the administration of assessments and working with clients unsupervised. Subsequent to the orientation year, staff shall attend forty (40) hours of ongoing annual professional development to include training, coaching, and staff skill building.

#### **SD-071: Training Events**

Training events shall be documented in personnel or training files with topic, date, duration, trainer and participants, and shall include the employee's and the supervisor's signature. Training events must be appropriate

and verifiable.

***Intent/Clarification:*** *Examples of acceptable trainings include evidence-based practice courses, training videos, or workshops by qualified instructors, and "on the job" training with specific objectives that meet the qualifications detailed in the Standard. Activities such as performance evaluations, supervision or staff meetings without pre-determined training objectives, or informal tours, do not qualify as training.*

**SD-072: Ancillary Staff Training**

All staff, regular, part time or temporary, who have little or no direct contact with clients and/or who do not have supervisory authority over program staff members shall receive sufficient training to adequately perform all job duties. Within 90 days of the staff member's first working day, a documented and guided review of the program policies and procedures relevant to the performance of their job and a general orientation to the program must be completed. The general orientation to the program must include an overview of the various services provided to clients by the program, a formal tour of the facility(ies), a basic introduction to important correctional concepts, terminology, and familiarization with common client manipulation tactics. On-going training must be provided each subsequent year to ensure an adequate understanding of evolving job duties as well as programmatic changes relevant to the services delivered to clients.

**SD-080: Sex Offender Supervision Training**

Staff supervising sex offenders must complete training on the topics described in the Sex Offender Management Board (SOMB) Standards and Guidelines for the Assessment, Evaluation, Treatment, and Behavioral Monitoring of Adult Sex Offenders. Staff directly supervising sex offenders should complete the following training, at minimum, prior to supervising sex offenders:

- (a) Introduction to the SOMB Standards (web based training or classroom)
- (b) Offender characteristics
- (c) Community management of sex offenders (how to function effectively as CST member)
- (d) Assessment and evaluation of sex offenders (incorporating assessment/evaluation data into case planning and risk management)
- (e) Sex offender treatment (what it is and how to coordinate effectively with providers)
- (f) Determining progress
- (g) Offender denial

Initial and on-going training may also include any of the following topics:

- (a) Prevalence of sexual assault
- (b) Current research
- (c) Interviewing skills
- (d) Victim issues
- (e) Selection and effective coordination with evaluators/treatment providers
- (f) Relapse prevention
- (g) Physiological procedures
- (h) Special populations of sex offenders (including gender specific issues)
- (i) Cultural and ethnic awareness

On-going Annual Training: For case managers and supervisors managing sex offenders, half of the annual training required by CCCS must be comprised of continuing education/training specific to sex offenders. For all staff, annual training is expected to be varied in content, not duplicative of recent trainings, and must be in compliance with CCCS.

***Intent/Clarification:*** Staff supervising sex offenders play a critical public safety role in Community Supervision Teams. Sex offender training is provided to assist and educate staff supervising sex offenders regarding the dynamics of sexual offenders and offense specific treatment; how to utilize assessment information to guide and support responsivity factors; and how to communicate and coordinate effectively as Community Supervision Team members in order to manage sex offenders safely.

**SD-090: Coaching and Fidelity**

The program has policies, procedures, and practices for an infrastructure (internal or external resources) for coaching and fidelity measurement on a minimum of the following practices for applicable staff:

- (a) Assessments
- (b) Case plans
- (c) Enhancing intrinsic motivation
- (d) Increasing positive reinforcement
- (e) Effective violation response
- (f) Coaching skills
- (g) Cognitive behavioral approaches
- (h) Skill building with clients
- (i) Core correctional practices

Objective feedback shall be provided to individual staff regarding skill development.

The program should also collaborate with DCJ and local community corrections board staff on fidelity measurement and coaching toward fidelity.

***Intent/Clarification:*** Fidelity may be looked at in various processes (e.g. case plan, chronological notes, taping, etc.).

Coaches should be selected based on a working knowledge of initiatives and capacity for effective feedback practices. Coaches should attend training on providing feedback and guidance. Those selected should also receive feedback on skills for fidelity.

**SD-100: Leadership Development**

The program shall have policies, procedures, and established practices for leadership positions to attend annual leadership development.



## **Client Development (CD)**

### **CD-010: Initial Assessment**

The program shall have written policies, procedures, and established practices for systematically assessing all incoming clients using qualified staff. This should occur in the intake process, no more than 10 business days from intake, and assess individual criminal risks, criminogenic needs, and responsivity to various intervention strategies. If necessary and/or indicated, specialized assessments should be administered by qualified staff or agencies. The assessment of client criminal risk, criminogenic need, and individual responsivity should include: (1) a careful consideration of referral information and client behavior in the program; and (2) a systematic application of assessment instruments that have established validity and reliability. Staff shall utilize the Standardized Offender Assessment as Revised. This assessment process serves as the basis for subsequent case analysis and supervision plan development. See 16-11.5-102, et seq., C.R.S. as amended.

#### ***Intent/Clarification:***

*“Develop and maintain a complete system of ongoing client risk screening/triage and needs assessments. Sizing-up clients in a reliable and valid manner is a prerequisite for the effective management (supervision and treatment) of clients. Numerous principles of best practice in corrections (e.g., Risk, Need, and Responsivity) are contingent on obtaining timely, relevant measures of client risk and need at the individual and population levels. Client assessments are most reliable and valid when staff are formally trained to administer tools. Screening and assessment tools that focus on dynamic and static risk factors, profile criminogenic needs, and have been validated on similar populations are preferred. They should also be supported by sufficiently detailed and accurate policy and procedures. Client assessment is as much an ongoing function as it is a formal event. Case information that is gathered informally through routine interactions and observations with clients is just as important as formal assessment guided by instruments. Formal and informal client assessments should reinforce one another. They should combine to enhance formal reassessments, case decisions, and working relations between practitioners and clients throughout the jurisdiction of supervision. (Andrews, et al, 1990; Andrews & Bonta, 1998; Gendreau, et al, 1996; Kropp, et al, 1995; Meehl, 1995; Clements, 1996)” (National Institute of Corrections (2004) Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention)*

### **CD-020: Re-administration of Assessments**

There shall be written policies, procedures, and established practices in place to appropriately re-administer assessments according to the guidelines and training materials of the instruments. The Level of Supervision Inventory shall be updated at a minimum of every 6 months. Treatment level increases should be evidence-informed and driven by actuarial assessments.

#### ***Intent/Clarification:***

*“Accurate and detailed documentation of case information, along with a formal and valid mechanism for measuring outcomes, is the foundation of evidence-based practice. Agencies must routinely assess client change in cognitive and skill development, and evaluate client recidivism, if services are to remain effective.” (National Institute of Corrections (2004) Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention)*

### **CD-030: Treatment Matching**

The program shall have policies, procedures, and established practices to identify and align referrals with appropriate services and resources that are based on severity and intensity of clients’ assessed needs and level of risk. Programs shall

refer clients to more appropriate resources if intensity and severity of need exceed the capacity of the program. Referrals for primary treatment needs shall occur within 30 days of date of entry into the program. See 18-1.3-211 et seq., C.R.S. as amended.

**Intent/Clarification:**

*“Integrate treatment into sentence/sanction requirements through assertive case management (taking a proactive and strategic approach to supervision and case planning). Treatment, particularly cognitive-behavioral types, should be applied as an integral part of the sentence/sanction process. Delivering targeted and timely treatment interventions will provide the greatest long-term benefit to the community, the victim, and the clients. This does not necessarily apply to lower risk clients, who should be diverted from the criminal justice and corrections systems whenever possible. (Palmer, 1995; Clear, 1981; Taxman & Byrne, 2001; Currie, 1998; Petersilia, 1997, 2002, Andrews & Bonta, 1998)”* (National Institute of Corrections (2004) Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention)

**CD-040: Dosage of Risk Reduction Activities**

The program shall have written policies, procedures and established practices to ensure that the number of hours of client programming is appropriate to assessed risk level at intake. The program shall establish practices to differentially provide the appropriate dosage of formal interventions based on client risk. The program shall ensure that clients receive the adequate dosage of interventions defined in Table CD-040 within levels 1-6.

Any combination of the contact types listed below may be used; however, at least one contact per week must be an IMPACT Session (defined in CD-050). Once a client is on non-residential status, some contact hours may occur over the phone.

**Table CD-040:**

<p style="text-align: center;"><b>Risk</b> (Intake LSI)</p>	<p style="text-align: center;"><b>Dosage Hours</b> (To be completed in levels 1-6)</p>
<p style="text-align: center;">Very High LSI: 36+</p>	<p style="text-align: center;">Min:300</p>
<p style="text-align: center;">High LSI: 29-35</p>	<p style="text-align: center;">Min: 200 Max: 300*</p>
<p style="text-align: center;">Med LSI: 19-28</p>	<p style="text-align: center;">Min:100 Max: 200</p>
<p style="text-align: center;">Low LSI: 0-18</p>	<p style="text-align: center;">Min: 50 Max: 100</p>

*\*High Risk Clients who are transitioning from an Intensive Residential Cognitive Behavioral Treatment Program (e.g.*

*EMBARC) or an Intensive Residential Treatment program shall have a minimum dosage target of 300+, to include the treatment received in IRT or CBT status.*

***Intent/Clarification:*** *When determining the number of dosage hours within these ranges, programs should take into account the breadth and depth of the client's criminogenic needs and individual factors.*

**CD-050: Contact Types**

**A. IMPACT Sessions/ Weekly Meetings (Individualized Mentoring, Planning and Community Transition)**  
IMPACT sessions shall be facilitated by qualified staff. IMPACT sessions shall emphasize discussion on criminogenic need areas. Terms and conditions may be discussed; however, this should not be the primary content of the session. IMPACT staff (see SD-070) shall utilize, when appropriate and necessary, skill training with directed practice, engage in ongoing community support, and enhance intrinsic motivation. There shall be an appropriate balance of direct and indirect targeted interventions (e.g. skill building, cognitive-behavioral techniques, motivational interviewing, etc.) with the intention of accountability and/or behavior change.

**B. Treatment (may include, as appropriate)**

- (a) Cognitive Behavioral
- (b) Clinical
- (c) Family Counseling
- (d) Offense Specific
- (e) Psychoeducational

**C. Behavioral Interventions**

Behavioral Interventions shall address concerning behavior; shall address assessed risk, needs, and responsivity factors; shall be facilitated by qualified staff, and shall be timely.

**D. Psychoeducational and educational interventions focused on criminogenic needs**

Criminogenic education/interventions shall be interactive, structured, and facilitated by qualified individuals as determined by program.

**E. Structured Family/Community Engagement Meetings**

Family/Community meetings and/or groups shall be facilitated by qualified staff and shall include case plan goals and objectives. These meetings and/or groups shall include the client and provide guidance on strengthening and encouraging prosocial behavior.

***Intent/Clarification:*** *Individualized is specific to client's needs, but can be done in a group setting.*

**CD-060: Chronological Entries**

The program shall systematically track the content and dosage of formal risk reduction activities. Chronological entries may include, but are not limited to, the following: progress on criminogenic needs, stage of change, stability factor progress, case plan action steps, behavior progress, and disciplinary processes. All entries shall be individualized, legible, accurate, systematically filed in the client's case record and properly identify the staff member making the entry. Progress notes shall reflect client contact and any interagency communication regarding the particular case and shall document in detail the content of the event.

***Discussion/Definition:*** *A consistent coding system and format should be used to identify the type of event being recorded (individual, collateral, staffing, etc.). This standard is not specific to any PACE item; however, chronological entries will*

be referenced to determine quality of behavior change activities.

#### **CD-070: Responsivity**

The program shall have policies, procedures and established practices in place to identify and address responsivity factors (e.g. mental health, culture, gender, motivational stages, developmental stages, learning styles, health related issues and barriers) when matching a client to treatment and services when available. Responsivity factors shall also be taken into account when developing case plan action steps. Responsivity shall also include prioritizing treatment programs that are responsive to unique risk and needs of the client.

#### ***Intent/Clarification:***

*“Responsivity Principle Responsivity requires that we consider individual characteristics when matching clients to services. These factors influence a client’s responsiveness to different types of treatment. The principle of responsivity also requires that clients are provided with treatment that is proven effective with the client population. Certain treatment strategies, such as cognitive-behavioral methodologies, have consistently produced reductions in recidivism with clients under rigorous research conditions. Providing appropriate responsivity to clients involves selecting services in accordance with these factors, including: a) Matching treatment type to client; b) Matching treatment provider to client; and c) Matching style and methods of communication with client’s stage of change readiness. (Guerra, 1995; Miller & Rollnick, 1991; Gordon, 1970; Williams, et al, 1995)” (National Institute of Corrections (2004) Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention)*

#### **CD-080: Enhance Intrinsic Motivation**

The program shall have written policies, procedures, and established practices for systematically enhancing intrinsic motivation for specific targeted behaviors related to risk reduction. Motivational enhancement shall be included at a minimum in case plans, IMPACT meetings, behavioral interventions, and shall be included in appropriate internal programming (e.g. staff led groups or classes).

#### ***Intent/Clarification:***

*“Staff should relate to clients in interpersonally sensitive and constructive ways to enhance intrinsic motivation in clients. Behavioral change is quite often an inside job; for lasting change to occur, there needs to be a level of intrinsic motivation. Motivation to change is dynamic and the probability that change may occur is strongly influenced by interpersonal interactions. Feelings of ambivalence that usually accompany change can be explored through motivational interviewing-based communication to enhance intrinsic motivation. When the client begins to present arguments for change, research strongly suggests that motivational interviewing techniques, rather than persuasion tactics, more effectively enhance motivation for initiating and maintaining change behavior. (Miller & Rollnick, 2002; Miller & Mount, 2001; Harper & Hardy, 2000; Ginsburg, et al, 2002; Ryan & Deci, 2000)” (National Institute of Corrections (2004) Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention)*

#### **CD-090: Skill Training with Directed Practice**

The program shall have written policies, procedures, and established practices for systematically engaging clients in skill training with directed practice. Skill training must include a goal to increase a particular skill, an opportunity for the client to practice the skill, and client should receive relevant feedback on the use of the skill. This shall be included at a minimum in case plans, IMPACT meetings, behavioral interventions, and in appropriate internal programming (e.g., staff led groups or classes).

**Intent/Clarification:**

*“Provide evidence-based programming that emphasizes cognitive-behavioral strategies and is delivered by well trained staff. To successfully deliver this treatment to clients, staff must understand antisocial thinking, social learning, and appropriate communication techniques. Skills are not just taught to the client, but are practiced or role-played and the resulting pro-social attitudes and behaviors are positively reinforced by staff. Correctional agencies should prioritize, plan, and budget to implement predominantly programs that have been scientifically proven to reduce recidivism. (Mihalic, et al, 2001; Satchel, 2001; Miller & Rollnick, 2002; Lipton, et al, 2000; Lipsey, 1993; McGuire, 2001, 2002; Aos, 2002)”* (National Institute of Corrections (2004) Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention)

**CD-100: Engaging Community Support**

The program shall have written policies, procedures, and established practices for systematically engaging clients in ongoing community support. Engagement of community support shall be included at a minimum in case plans, IMPACT meetings, level system, and should be included when appropriate in internal programming and behavioral interventions. This shall also include managing the client’s antisocial relationships in the community. Staff shall provide guidance and feedback to clients regarding engagement in their communities and interactions with their support persons.

**Intent/Clarification:**

*“Realign and actively engage pro-social supports for clients in their communities. Research indicates that many successful interventions with extreme populations (e.g., inner city substance abusers, homeless, dual diagnosed) actively recruit and use family members, spouses, and supportive others in the client’s immediate environment to positively reinforce desired new behaviors. This Community Reinforcement Approach (CRA) has been found effective for a variety of behaviors (e.g., unemployment, alcoholism, substance abuse, and marital conflicts). In addition, relatively recent research now indicates the efficacy of twelve step programs, religious activities, and restorative justice initiatives that are geared towards improving bonds and ties to pro-social community members. (Azrin, & Besalel, 1980; Emrick et al, 1993; Higgins & Silverman, 1999; Meyers & Smith, 1997; Wallace, 1989; Project MATCH Research Group, 1997; Bonta et al, 2002; O’Connor & Perryclear, 2003; Ricks, 1974; Clear & Sumter; 2003; Meyers et al, 2002)”* (National Institute of Corrections (2004) Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention)

**CD-Targeting Interventions**

**CD-110: Targeting Interventions**

The program shall have written policies, procedures, and established practices for systematically creating case plans that address all appropriate criminogenic risk factors over the course of a client’s program and are unique to the client with no more than three criminogenic needs addressed per level. Initial case plans shall be created in the initial intake process, within 15 business days of intake. Case plans should be derived from initial and ongoing assessments and shall prioritize the central eight criminogenic risk factors with consideration of correlation to recidivism. Case plans should also take into consideration individual responsivity factors of the client. Clients shall be involved in the development of various elements in their case plans (e.g. criminogenic needs, goal statements, and action steps). New case plans shall be developed at each level change. Plans might also address terms, conditions, rule compliance, behavioral and stability factors.

**Intent/Clarification:**

*“Address clients’ greatest criminogenic needs. Clients have a variety of needs, some of which are directly linked to criminal behavior. These criminogenic needs are dynamic risk factors that, when addressed or changed, affect the client’s risk for recidivism. Examples of criminogenic needs are:*

*criminal personality; antisocial attitudes, values, and beliefs; low self-control; criminal peers; substance abuse; and dysfunctional family. Based on an assessment of the client, these criminogenic needs can be prioritized so that services are focused on the greatest criminogenic needs. (Andrews & Bonta, 1998; Lipton, et al, 2000; Elliott, 2001; Harland, 1996)” (National Institute of Corrections (2004) Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention)*

#### **CD-111: Action Steps**

The program shall have written policies, procedures, and established practices for creating case plan goals that are supported by action steps that are Specific, Measurable, Attainable, Realistic/Relevant/Reasonable, Time-focused (SMART). Action steps shall be relevant to the individual criminogenic needs and responsivity factors of the client. Case plans should prioritize the central eight criminogenic needs and incorporate the Principles of Effective Intervention (National Institute of Corrections). Actions steps should be written in such a way to sufficiently and thoroughly cover identified needs.

#### **CD-112: Stability and Behavioral Factors**

The program shall have written policies, procedures, and established practices for increasing skills and addressing factors related to client stability and behavior. These at a minimum shall include education/employment, treatment, medical needs, financial needs, ongoing community support, and housing. Criminogenic needs, once stabilized, may be addressed as stability factors over the course of a client’s program.

#### **CD-120: Level System**

The program shall have written policies, procedures, and established practices for client movement through a program level system as a function of client’s demonstrated progress in addressing his/her prioritized criminogenic factors, stability factors, and behavioral factors. Level systems shall be transparent and, where possible, based on objective, measurable behaviors. There shall be privileges associated with level progression and progression shall occur when specified requirements are met by the client. Privileges (e.g. passes, cell phones, and driving) shall be contingent upon placement in the level system.

The program shall have written policies, procedures, and established practices regarding early termination from non-residential programming and shall notify probation immediately when clients reach level 7 (minimum) or level 8 (administrative) on non-residential and have met the criteria set forth in C.R.S. 18-1.3-301 (1) (h).

#### **CD-Privileges**

##### **CD-130: Passes/Privilege Furloughs**

The program shall have written policies, procedures and established practices for awarding passes and privilege furloughs. The purpose of passes and furloughs is for client preparation in transitioning onto Non-Residential, Intensive Supervision Program (ISP), or Parole status. This privilege shall be based on progress on criminogenic risk factors, stability factors, and behavioral factors. The processes in which a client can take such passes are to be consistent among clients according to policy. Passes and privilege furloughs shall be pre-approved and transparent with frequency, number of hours, and monitoring expectations outlined.

##### **CD-131: Cell Phones**

The program shall have written policies, procedures and established practices for approval and regular inspections of cell phones. Cell phones shall be permitted and may be permitted as an incentive through the level system.

***Intent/Clarification:*** Cell phones are a beneficial tool for client communication as well as effective monitoring of client behaviors. Cell phones may be used for off-site monitors with appropriate technology.

### **CD-132: Driving**

The programs shall have policies, procedures and established practices that identify under what circumstances a client may be permitted to operate a motor vehicle. Any authorization to operate a motor vehicle shall be documented in the client's chronological notes and/or other methods available electronically. At minimum, documentation shall include:

- (a) Reason for authorization (e.g. privilege, work only, etc.)
- (b) Copy of current, valid, Colorado driver's license
- (c) Copy of current, valid, vehicle registration
- (d) Copy of current Motor Vehicle Report (MVR).

***Intent/Clarification:*** Driving may be a privilege based on progress throughout residential and non-residential programming. In no circumstance shall programs require clients to forfeit valid driver's licenses, regardless of driving privileges. Logistics, such as parking, may restrict the privilege of clients to have their own vehicle on site. Programs shall ensure initially, and on a quarterly basis, that clients possess a current and valid driver's license, proof of insurance and shall check client's Department of Motor Vehicle record. If client is driving a privately owned vehicle, current registration must also be provided to the program. Driving may enhance opportunities with employment, community support activities, and treatment/support activities.

### **CD-140: Measurement/Feedback**

The program shall have written policies, procedures and established practices to systematically measure client progress and provide feedback. Program staff shall routinely assess client progress on criminogenic needs, responsivity factors, and risk. Feedback shall be given to the client in order to build accountability, enhance skill development, and increase motivation for change. Feedback should be given once assessments are completed, as action steps are completed, at level change and additionally as needed. Feedback should be given in contact types specified in CD-050.

### **CD-150: Incentives**

The program shall have written policies, procedures, and established practices for the use of Contingency Management following the principles of transparency, swiftness, magnitude, duration, and frequency of incentives. Within the intake process, each client shall be advised in writing about the incentives program. There shall be early and frequent opportunities to receive incentives and incentives shall be targeted to specific behaviors that are identified as criminogenic in nature. Clients should be given an opportunity to give input on rewards. Programs should derive their rewards from this input, when possible, and shall emphasize positive reinforcement.

### ***Intent/Clarification:***

*“When learning new skills and making behavioral changes, most people appear to respond better and maintain learned behaviors for longer periods of time, when approached with carrots rather than sticks. Behaviorists recommend applying a much higher ratio of positive reinforcements to negative reinforcements in order to better achieve sustained behavioral change. Research indicates that a ratio of four positive to every one negative reinforcement is optimal for promoting behavior changes. Increasing positive reinforcement should not be done at the expense of or undermine administering swift, certain, and real responses for negative and unacceptable behavior. Clients having problems with responsible self-regulation generally respond positively to reasonable*

*and reliable additional structure and boundaries. Clients may initially overreact to new demands for accountability, seek to evade detection or consequences, and fail to recognize any personal responsibility. However, with exposure to clear rules that are consistently (and swiftly) enforced with appropriate and graduated consequences, clients and people in general, will tend to comply in the direction of the most rewards and least punishments. This type of extrinsic motivation can often be useful for beginning the process of behavior change. (Gendreau & Goggin, 1995; Meyers & Smith, 1995; Higgins & Silverman, 1999; Azrin, 1980; Bandura et al, 1963; Bandura, 1996)'' (National Institute of Corrections (2004) Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention)*

#### **CD-160: Disciplinary**

All disciplinary actions must adhere to the elements of due process.

#### **CD-161: Sanctions**

The program shall have written policies, procedures and established practices that ensure the principles of swiftness, certainty, fairness, transparency, and consistency for client responses to violation behavior and disciplinary decisions. These procedures shall be provided to the client in writing in accordance with time frames established to meet the principles of swift and certain. Within the intake process, each client shall be advised in writing of the program Conditions of Community Corrections Placement/Facility Expectations as well as disciplinary actions to meet the principle of transparency.

***Intent/Clarification:** Consistency in conditions of placement across Colorado Community Corrections Programs is valuable. Programs are encouraged to use the Colorado Commission on Criminal and Juvenile Justice (CCJJ) approved Conditions of Community Corrections Placement.*

#### **CD-162: Hearings**

The program shall have written policies, procedures and established practices that ensure fairness and due process principles for hearings. Disciplinary hearings must occur when a client pleads not guilty or refuses to plea and is considered for termination. These procedures shall be provided to the client in writing during the intake process.

#### **CD-163: Review for Termination**

Decisions of termination from a program shall be derived from a structured, research-informed decision making process that is driven by client risk levels, criminogenic needs, responsivity factors, severity of behavior, and history of behavior, along with professional judgement. These decisions shall be made by a team of those involved in the client's case within seven calendar days of guilty finding.

#### **CD-164: Disciplinary Appeals**

The program shall have written policies, procedures and established practices for an internal process for appeals. An internal appeal refers to the right of the client to appeal a guilty finding of an incident report in which the client is considered for termination. The client shall be notified of the appeals process at intake as well as in the hearings procedure. There shall be practices in place for unencumbered access and filing of an appeal. The appeals shall be responded to in a timely manner and shall be reviewed by a neutral party.

#### **CD-170: Supervision of Sex Offenders**

Any program supervising sex offenders must be familiar and compliant with current requirements of the Colorado Revised Statutes, as amended, and the Sex offender Management Board (SOMB) *Standards and Guidelines for the*



***Intent/Clarification:*** *Programs should be especially mindful of compliance with section 5.000 of the SOMB Standards. Untreated sex offenders in the community pose a significant risk. Timely enrollment in offense-specific treatment should be considered a priority.*

**CD-180: Time Credit/Sentence Calculation**

The program shall have written policies, procedures and established practices for the accurate calculation of time credit or sentence reduction for clients in accordance with procedures outlined by the Department of Corrections for Transition clients, or as specified in Colorado Revised Statutes, as amended, for Direct Sentence clients. Policies and procedures related to Direct Sentence clients must define, at a minimum, the following;

- (a) How progress within the 5 statutory categories will be measured.
- (b) The number of days (out of 10 total) that are assigned to each of the 5 categories.
- (c) The method by which the program will document and inform clients when and why they earned days as well as program reasoning if days were not earned

A current copy of this calculation shall be maintained in the client’s individual case file. .

***Intent/Clarification:*** *The DCJ take a literal interpretation of the sentence prescribed by the judge based on the Gregorian calendar. Procedures and forms to meet this standard have been distributed to programs and are available upon request from the DCJ or at the DCJ website.*

**CD-190: Employment Services**

The program shall complete an instrument-based job readiness assessment of unemployed clients prior to determining their job search status. The job readiness assessment shall categorize clients into three levels of employment readiness; (low, medium, and high) and shall be used to create an Individualized Employment Plan (IEP). High readiness clients may have their IEP incorporated into their case plan to encourage improvement in their opportunities.

Clients assessed as having low readiness for employment shall complete a minimum of 10 hours of formal, structured, evidence-based job readiness instruction that shall include basic cognitive skill development (i.e. professionalism and conflict resolution), facilitated job search (i.e. resume writing, interviewing skills, and active job search), job development and coaching services. The course may also include vocational skill development when appropriate. This job readiness course may be provided in-house or by referral to a community agency.

Clients assessed as having medium readiness for employment shall be referred and required to participate in employment readiness services. These services shall target the client’s identified employment related needs and must be completed prior to placing the client on job search status. Programs shall structure job search time in the community consistent with targeted job search activities included in the IEP.

Clients assessed as having high job readiness may be placed on full job search status as determined by the IEP.

The program shall facilitate a detailed IEP with each client that identifies the client’s strengths and needs, specifies job readiness goals, and outlines job search expectations. The IEP shall be signed and dated by both the case manager/vocational/employment staff and client.

Job search locations must be pre-approved based on targeted and specific job search activities. The IEP and program

policies shall require clients to maintain and submit a daily employment search log. At a minimum, the daily log shall include the following attributes for each employment contact:

- (a) The name of business
- (b) The physical address
- (c) Position applied for
- (d) Time arrived at location
- (e) Time departed from location
- (f) Person contacted
- (g) The contact person's phone number
- (h) Results of contact
- (i) Follow-up activities

Clients on job search status shall meet with case management, employment, or vocational staff no less than twice per week for the purpose of reviewing the status of job search efforts, identifying the next job search activities, and modifying the IEP if needed. During each meeting, staff shall supervise and document a minimum of at least one successful client initiated follow-up (phone or email) with a previously contacted prospective employer. Such contacts, when successful, shall qualify as a monitor of client whereabouts while on job search status pursuant to CS-042.

***Intent/Clarification:*** Evidence suggests that the successful integration of clients into the workforce can play a large role in reducing recidivism over time. Clients enter community corrections with varying degrees of skills and levels of motivation for obtaining employment. Assessing client's need for job readiness services will assist staff in developing strategies that can improve the client's employability. The assessment process will prioritize those clients that require the most intensive resources and identify which clients will be successful with services that are least resource intensive. Meeting with clients every three days during the time they are on job search status will help to facilitate productive job search strategies. During this meeting, staff are required to support clients in following up with one prospective employer they contacted over the past three days.

***Successful Verification/Contact:*** This follow up can be a documented phone call or email sent to the employer. Successful contact with a potential employer via phone requires that the potential employer acknowledge contact with that client either through having met him or her, or through having received an application from the client. Successful email follow-up requires a response from the potential employer, acknowledging either that they met the client in person or received an application from the client

***Neutral Verification/Contact:*** The potential employer is unreachable via phone or email, this is considered a neutral verification, and efforts should be made to contact one of the other potential employers visited by the client.

***Negative Verification/Contact:*** The potential employer is reached, but indicates that they never met the client, and no application was ever received, this should be considered a negative verification with corresponding disciplinary action.

### **CD-200: Employment Status Updates**

The program shall have written policies, procedures and established practices for a documented employment status update. This shall be done monthly on residential status and quarterly on non-residential status. Staff shall verify employment status and should gather information on client's relationships with co-workers and supervisors, as well as job performance and attitude.

***Intent/Clarification:*** *Employment status updates may be useful to direct necessary skill building activities for clients. These may also be used to provide feedback to clients and build relationships with employers.*

## Glossary

**Agent** - Anyone working on behalf of the program.

**Ancillary Staff** - All staff, regular, part time or temporary, who have little or no direct contact with clients and/or who do not have supervisory authority over program staff members.

**Biometric Verification** - Automated techniques for identifying individuals by using physiological or physical characteristics, including iris, retina, hand geometry, finger, face, handwriting, and voice recognition techniques.

**Breath Test** - Test administered to determine if alcohol has been consumed.

**CCIC** - Colorado Crime Information Center.

**Chain of Custody** - The chronological documentation or paper trail, showing the seizure, custody, control, transfer, analysis, and disposition of physical or electronic evidence.

**Chronological Notes** - A recording of client progress while in community corrections.

**Client** - Anyone under community corrections supervision.

**Client Funds** - The system in which the program collects and distributes all monies received or earned by the client during their residential placement.

**Coaching** - Regular, embedded professional development designed to help staff use the program or innovation as intended.

**Community Corrections** - A community-based program that provides residential and/or non-residential accommodations and supervision for felony clients, and provides programs and services to aid in the reintegration of the client into the community.

**Community Corrections Board** - A governing authority that has the authority to enter into contracts, establish programs, accept or reject clients for placement, and establish and enforce standards.

**Conditional Position/Job Offer** - An offer of employment that is contingent on the results of a background investigation.

**Contraband** - Forbidden items as established by the program policies.

**Controlled Substances** - Substances identified as illegal by state law.

**Core Correctional Practices** - These are designed to increase the therapeutic potential of correctional programs (e.g. anti-criminal modeling, effective reinforcement, effective disapproval, effective use of authority, structured learning, problem solving, cognitive restructuring, and relationship skills).

**Criminogenic** - Producing or leading to criminal behavior.

**Criminogenic Needs** - Those individual problems or conditions that lead to criminal behavior.

**CRS** - Colorado Revised Statutes.

**DCJ** - Colorado Division of Criminal Justice, Department of Public Safety. In most cases, a reference to DCJ is also a reference to the Office of Community Corrections within DCJ.

**Direct Sentence** - Also known as diversion or direct placement, it is the sentencing of a felony client to community corrections by the courts.

**Direct Supervision** - A new employee must be supervised by another employee of the program who has a completed background investigation (including the receipt of the fingerprint card results) and formal orientation training.

**Discovery** - The time at which it is confirmed that a client is **not** at the authorized location.

**Dosage Hours** - Generally, an hour refers to 60 minutes; however, in some clinical contexts 50 minutes may constitute an hour.

**DOC** - Colorado Department of Corrections.

**Drug of Choice** - The drug that the client has used frequently and predominantly in the past; some clients will have more than one.

**Drug Screening Kit** - A portable drug screening device.

**Due Process** - The use of established disciplinary principles and procedures that are fair, neutral, and uniformly applied.

**Early Termination** - Early termination of a non-residential client's sentence per C.R.S. 18-1.3-301.

**Employment Status Update** - To verify employment status and gather information on client's relationships with co-workers and supervisors as well as job performance and attitude.

**Facility Search** - A search of common areas to which clients have access such as laundry rooms, conference rooms, bathrooms, day rooms, dining areas, kitchens and outside areas.

**Fidelity** - The faithful implementation of non-negotiable components of evidence based practice as designed.

**Full Time Staff** - An employee who works at least 32 hours per week.

**Furlough** - Any authorized absence from the residential program, exclusive of work, for over 18 hours but not exceeding 48 hours.

**Grievance** - A statement expressing a complaint against a real or imagined wrong, or a circumstance believed to be unjust and grounds for complaint.

**Home Visit** - The physical entrance of a staff member into the home of a non-residential Diversion client, during which the staff member has personal interaction with the client for the primary purpose of assessing client stability and functioning, as well as verifying that the client lives at the approved residence.

**IMPACT (Individualized Mentoring, Planning, and Community Transition) Staff** - Program staff who receive specialized training and coaching in the following areas: assessments, case planning, motivational enhancement, cognitive behavioral approaches, skill building with and coaching of clients.

**Individual Responsivity** - The likelihood that an intervention targeted to address a criminogenic need will have the desired effect of eliminating criminal behavior.

**In-House Substance Abuse Testing Equipment** - Urinalysis testing equipment that is maintained and operated by the program.

**Intern** - Unpaid staff, assigned by an academic institution to perform specific duties as supervised by the program.

**Job Search Status** - Any time period when a client is in the community looking for a job.

**LSI** - Level of Supervision Inventory. The LSI is an assessment tool that measures the risk and needs of a client.

**Milieu** - The physical or social setting in which people live or in which something happens or develops.

**Monitoring** - The verification of the client's current location by the recording of time, date, place, person(s) contacted, signature of staff, and results of the verification.

**NCIC** - National Crime Information Center.

**Negative Monitor** - Any unsuccessful attempt to verify a client's presence at an authorized sign-out location. This includes, but is not limited to, instances in which a third party states that the client is not at that location or a phone call is unanswered or answered by an automated device.

**Non-Residential** - Applies to Direct Sentence clients who have successfully completed residential placement and are now living independently in the community under program supervision.

**Operable** - In working order and suitable for use.

**Parolee** - A DOC client released to the community by the Colorado State Parole Board before his/her sentence has expired.

**Pass** - Any non-work, non-job search sign out that is less than 18 hours.

**Pat Search** - The search of a client in an effort to detect contraband. Such searches require that the client empty all pockets. With empty pockets, authorized program personnel of the same gender (unless otherwise allowed by PREA) lightly pat the client's body over clothing from head to toe. A pat search also requires that the client remove shoes, socks, jackets, hats/bandanas, gloves, and belts. A pat search does not require the removal of pants or shirts. A pat search also requires the presentation of personal items for inspection, including but not limited to purses, wallets, backpacks and other items that could readily be used to conceal contraband. If personnel of the same gender are not available, the patting down of a client's body is not required.

**Personal Contact** - A face-to-face contact between the client and a staff person.

**PREA** - Prison Rape Elimination Act.

**Prescribed Medications** - Medication prescribed by a licensed health care professional.

**Probation** - Agents of the court responsible for the referring and monitoring of Direct Sentence clients to community corrections.

**Program / Facility** - The agency contracting with the local community corrections board to provide community corrections services.

**Program Administrator** - Anyone responsible for supervising overall daily operations (e.g. Program Coordinator, Program Director, and Executive Director).

**Program Staff** - Those employees or agents who are involved in the supervision and/or provision of services to clients, such as client monitoring, case management, assessment, educational or skills building groups or treatment. In addition, any employee responsible for providing training related to offender supervision and/or service delivery.

**PSIR** - Pre-Sentence Investigation Report.

**Random** - The event is conducted in a method that is not patterned or predictable.

**Referral Agency** - The agency with legal authority to refer clients for placement.

**Reinforcement** - To reward a desired response in order to encourage its repetition.

**Restitution** - Court ordered compensation.

**Risk Need Responsivity (RNR)** - Prioritize supervision and treatment resources for higher risk clients, target interventions to criminogenic needs, and be responsive to temperament, learning style, motivation, culture, and gender when assigning programs.

**Room Search** - A search of the area where a client sleeps and stores personal property. Thorough searches may include client bedding, personal property, room furnishings, fixtures, decorations, closets, attached bathrooms, and other places where contraband may be hidden.

**Savings** - Earnings set aside to meet financial obligations upon community re-integration.

**Screening** - The use of specific criteria to evaluate potential community corrections placements.

**Self-Administration** - The ability of person to take medication independently without any assistance from another person.

**Service Type** - The billing classification of a client (e.g. transition residential, diversion residential, diversion non-residential).

**SOA-R** - Standardized Offender Assessment (Revised).

**Special Condition** - Additional or unusual placement requirements.

**Staff Initiated Monitor** - The program staff placing a call to the client's sign out location, observing a client in the community, etc. for the purpose of verifying the client's present location.

**Staff Selection** - A hiring process that focuses on the identification of appropriate knowledge, skill sets, and abilities of staff for the purpose of building a competent workforce.

**Subsistence** - Established fee the client may be charged by the program in order to reside in the residential facility.

**Telephone Contact** - A staff initiated telephone call to the client.

**Transition** - A client placed in the community corrections program who is under the jurisdiction of the Colorado Department of Corrections (DOC).

**Verification** - Establishment or confirmation of the truth.

**Volunteer** - All unpaid staff not otherwise defined as an intern.



## Appendix

### Audit Appeals

The Division of Criminal Justice affords programs with the right to appeal audit report Findings or Requirements that it considers manifestly inaccurate or inconsistent with state law, contract provisions or the *Colorado Community Corrections Standards*. Disagreement with the published provisions of the *Standards* is not in itself considered a justification for appeal.

A program may appeal specific Findings or Requirements in a final audit report to its local community corrections board within 10 days of the issuance of that final report. Such appeal shall be in writing and shall set forth reasons and supporting documentation why each disputed Finding or Requirement should be affirmed or disaffirmed. The program shall provide the Office of Community Corrections (OCC) with a full copy of its appeal so that the OCC may provide information to the board regarding the disputed Findings or Requirements.

The local board receiving the appeal may either consider the appeal or refer the matter to the Director of the Division of Criminal Justice. The local board must determine whether it will consider the appeal within 10 days of the date the appeal is received. If the local board considers the appeal, it shall issue within 10 days of its next meeting a written response that either affirms or disaffirms each Finding or Recommendation that is the subject of the appeal. The local board shall forward a copy of its response to the OCC and the program.

The program and the OCC may choose to accept the local board's response as a final disposition of the matter. If the board's response affirms the disputed Findings or Requirements, the audit report shall remain as written. If the board's response disaffirms any of the disputed Findings or Requirements, the audit report shall be amended accordingly and reissued to all parties.

Within 10 days of the local board's response, either the program or the OCC may choose to further appeal the matter to the Director of the Division of Criminal Justice or such person acting in that capacity within the Colorado Department of Public Safety. Such further appeals shall be in writing and shall set forth reasons and supporting documentation why each disputed Finding or Requirement should be affirmed or disaffirmed.

The Director of the Division of Criminal Justice or such person acting in that capacity shall consider the matter and issue a letter within 10 days that affirms or disaffirms the Findings or Requirements that are the subject of the appeal. If the Director's response affirms the disputed Findings or Requirements, the audit report shall remain as written. If the Director's response disaffirms any of the disputed Findings or Requirements, the audit report shall be amended accordingly and reissued to all parties.

If the program is still in disagreement with the outcome, it may appeal to the Executive Director of the Colorado Department of Public Safety (CDPS). The CDPS Executive Director, or a designee, shall consider the matter and issue a letter within 30 days that affirms or disaffirms the specific Findings or Requirements that are the subject of the appeal. The decision by or on behalf of the Executive Director is considered final.

## Variations from the *Standards*

### **Board Authority to Create More Stringent Requirements**

Individual communities may need to refine program requirements in response to unique local circumstances or program characteristics. By statute, local boards have the authority to impose requirements that are more stringent or are in addition to those contained in the applicable statutes and contracts, and in the Colorado Community Corrections Standards.

### **Waiver Requests**

Similarly, a program may need to request an exemption from particular provisions of the *Colorado Community Corrections Standards*. Such exemptions may be sought for good cause through the waiver request process.

A waiver request shall first be submitted in writing to the program's local board. While no specific format is required, each waiver request shall reflect, at a minimum, the specific *Standard(s)* for which an exemption is sought, a description of the desired exemption (for example, whether exemption is sought from the entire *Standard* or only a portion thereof) and a statement of why the requested exemption will not adversely impact public safety, offender treatment, offender management or the administration of the community corrections system.

The local board shall determine whether the requested exemption should be granted in whole or in part, or be denied. Such determination shall be in writing. If the board denies the request for a waiver, the matter is considered closed.

If the local board approves all or part of a waiver request, it shall transmit that approval and all supporting materials from the original waiver request to the Office of Community Corrections of the Division of Criminal Justice. The OCC may approve the request, as submitted by the local board, and may so notify both the board and the program that the exemption has been granted.

In the alternative, the Office of Community Corrections may determine that an exemption approved by the local board should not be granted. If it intends to deny a waiver request that has been approved by the local board, the Manager of the OCC shall first consult with the Director of the Division of Criminal Justice or such person acting in that capacity. If the Director concurs, the Office of Community Corrections shall communicate to the local board and the program that the waiver request is denied. The matter is then considered closed.

### **Amendments to the *Standards***

DCJ is the agency charged by statute with the promulgation of the *Colorado Community Corrections Standards*. Periodically, DCJ may publish revisions or amendments to the *Standards*, often to ensure that programs are in compliance with statutory or other changes. While DCJ will typically sponsor a comprehensive vetting process for changes to the *Standards*, it must reserve the right to effect such changes immediately, if circumstances warrant.