



# COLORADO

## Department of Corrections

**Rick Raemisch**  
**Executive Director**

**HB 14-1355 ANNUAL REPORT:  
DEPARTMENT REENTRY INITIATIVES  
FOR FY 2016**

A REPORT SUBMITTED TO THE  
JOINT JUDICIARY COMMITTEES OF THE  
SENATE AND HOUSE OF REPRESENTATIVES  
DUE JANUARY 1, 2017, PURSUANT TO C.R.S. 17-33-101

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## INTRODUCTION

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The mission of the Department's Reentry Initiative is to improve public safety by providing comprehensive reentry strategies and interventions that assist each offender transitioning from prison to the community. Reentry begins from admission to the institution through discharge of community supervision. This balanced approach to offender management provides a continuum of intervention strategies while maintaining professionalism, accountability, and fiscal responsibility.

As defined by the National Reentry Resource Center and the 2010 Council of State Governments Justice Center,<sup>1</sup> there are key dimensions of promising practices as it relates to the strategies necessary for successful reentry programming and transition continuum:

1. Evidence-based, research-driven intervention/treatment modalities ("What Works" approach).
2. Structural characteristics and features for transitional/reentry delivery of services and supervision (Transition Continuum); whereas the community leads the efforts within the facilities.
3. Personnel/leadership/skill building issues; staff must be familiar with strategies that support stages of behavioral change and motivation, such

as, Motivational Interviewing, and cognitive behavioral skills.

4. Case management framework (essential elements for informed decision making, continuity, and consistency across the programming continuum); staff must be familiar with Integrated Case Management Supervision (ICMS) system to strategically use resources to enhance community safety by assessing, motivating, and providing targeted interventions that address offender's risk and needs, utilizing a collaborative case management team approach.<sup>2</sup>
5. Requirement for multi-agency collaboration; success is more likely when offenders have long-term housing options, supportive families-sponsors, employment or educational opportunities, are able to access long-term physical and mental health services, and can identify ways to participate in non-criminal networks.<sup>3</sup> It's these multi-agency collaborations that help provide support services and non-criminal networks for long-term offender stabilization.

Staff across the Department provide services traditionally identified with community reintegration, transitional services, and aftercare services. Staff provide brokered services through state and federal agency

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<sup>1</sup> See <https://csgjusticecenter.org/nrrc>.

<sup>2</sup> Burke, P., Herman, P., Stroker, R., & Giguere, R. (2010). TPC case management handbook: An integrated case management approach. National Institute of Corrections, U.S. Department of Justice. <http://static.nicic.gov/Library/-024393.pdf>.

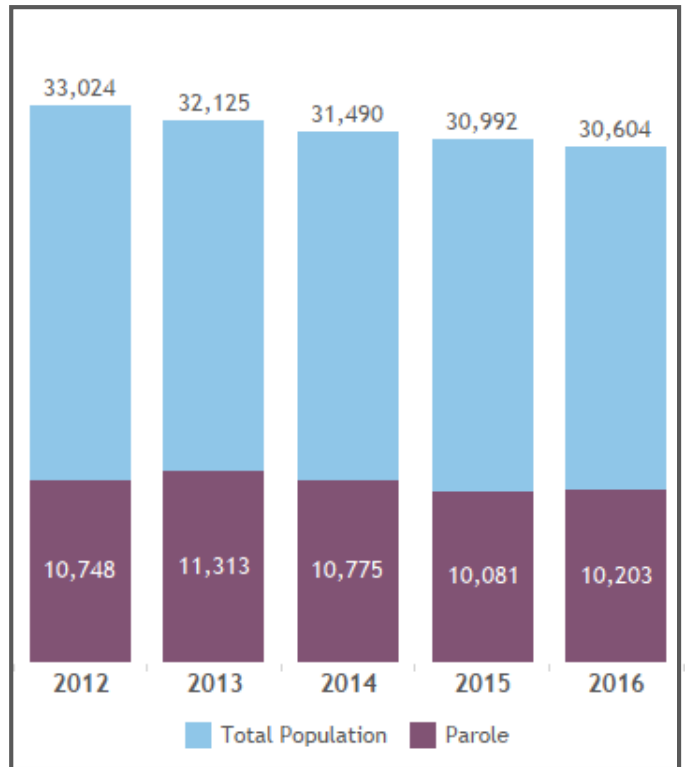
<sup>3</sup> National Academy of Sciences. (2008). Parole, desistance from crime, and community integration. <https://www.nap.edu/read/11988/chapter/1>.

partnerships, faith- and community-based collaborations, case management, and direct support services that utilize evidence-based strategies and interventions for a balanced approach to offender management.

During Fiscal Year (FY) 2016, the Colorado Department of Corrections (CDOC) managed the needs of an average daily jurisdictional population of 30,604 offenders; parolees consisted of 33 percent of those individuals (Figure 1). From 2007-2016, an average of 10,324 offenders released to parole per year. During FY 2016, those releases totaled 8,312 offenders<sup>4</sup> (Figure 2).

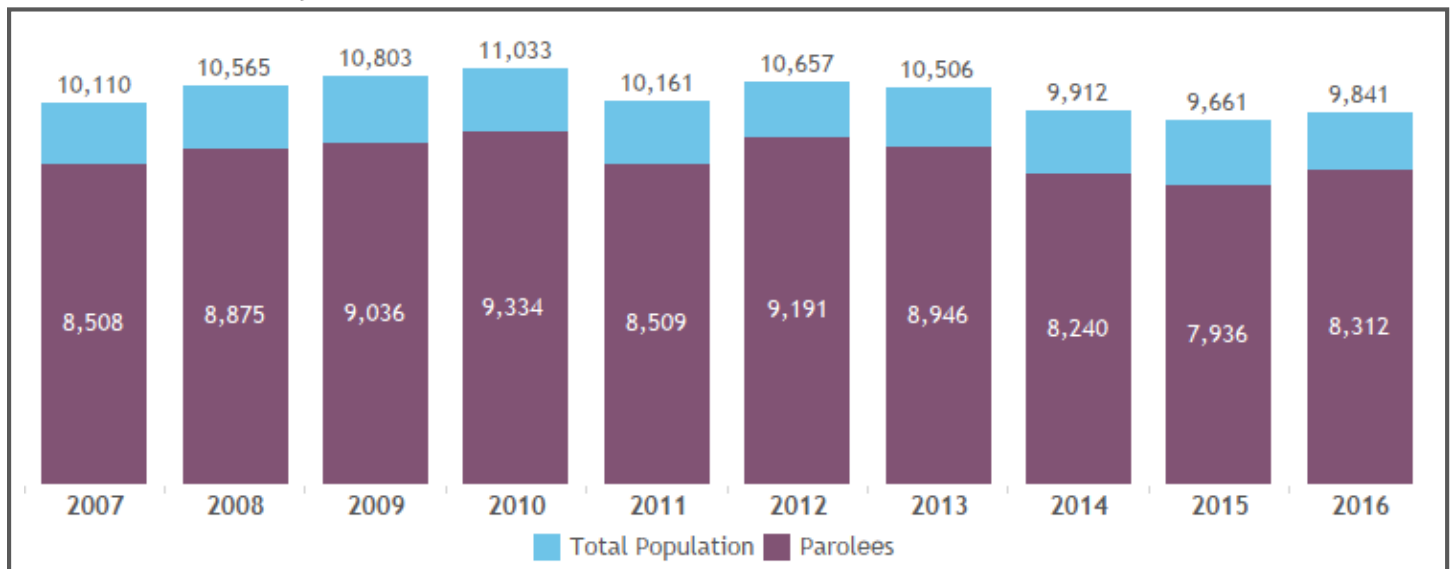
To expand upon the existing and needed reentry services, House Bill (HB) 14-1355 amended C.R.S. 17-33-101 to include the directive that CDOC “develop and implement initiatives within the department specifically designed to decrease recidivism, enhance public safety, and increase each offender’s

**Figure 1:**  
**CDOC Average Daily Jurisdictional Population**



chances of achieving success upon his or her release to the community” (3). It also provided an appropriation to the CDOC to establish

**Figure 2:**  
**Releases to Parole by Fiscal Year**



<sup>4</sup> A statistical comparison of the FY 2016 number of releases to parole to the 10-year average found that it was not statistically significantly different with a 95% confidence interval.

“Reentry initiatives for successful reintegration of adult offenders into the community.” The purpose of this appropriation was three-fold: “to reduce the possibility of each offender returning to prison, to assist each offender in rehabilitation, and to provide each offender with life management skills that allow him or her to function successfully in society” (2).

This report is required pursuant to C.R.S. 17-33-101(8) (2015):

THE DEPARTMENT SHALL INCLUDE A STATUS REPORT REGARDING THE PROGRESS AND OUTCOMES OF THE INITIATIVES DEVELOPED AND

IMPLEMENTED BY THE DEPARTMENT PURSUANT TO THIS SECTION DURING THE PRECEDING YEAR.

Responding to the guidelines instituted in HB 14-1355, this legislative report details CDOC’s program for offender reentry. In doing so, it discusses the existing and new initiatives both in the community and in the facilities for FY 2016 that 1) seek to assist in offender transition, 2) provide operational enhancements for staff to supervise offenders, and 3) establish grants to community organizations that provide reentry services.

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## FACILITY-BASED REENTRY INITIATIVES

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HB 14-1355 provided appropriations to

DEVELOP AND IMPLEMENT INITIATIVES SPECIFICALLY DESIGNED TO ASSIST OFFENDERS IN A CORRECTIONAL FACILITY TO PREPARE FOR RELEASE TO THE COMMUNITY (4).

During FY 2016, the CDOC utilized various initiatives within the facilities to prepare offenders for release. These included: the Colorado Transition and Accountability Plan (CTAP), pre-release planning, an offender identification initiative, facility-based reentry units, facility-based parole officers, plans for continuity of care, and a reentry transportation program.

### Colorado Transition Accountability Plan

The National Institute of Correction's Integrated Case Management model lays out the principals of evidence-based practice and challenges the largely fragmented process between what happens to offenders in prison and what happens after they are released to supervision. According to this model, the most effective release and supervision plans are developed collaboratively with input from corrections, external stakeholders, offenders, community-based services and advocacy organizations.

In addition, according to the National Institute of Corrections Transition from Prison to Community model, a true systemic reentry process must engage key staff members (case managers, mental health clinicians, educational/vocational staff, substance abuse counselors, and parole officers) in a

multidisciplinary model for any meaningful impact.

The process begins with risk/needs assessments to identify the targeted criminogenic needs, the individual offender's barriers to community stabilization and the individual offender's strengths. These assessments should be the basis for case planning with each individual offender as they determine effective risk management levels and also treatment programming that is needed to address individualized needs. These assessments are based on the Risk Principle (criminal history, institutional behavior, childhood abuse and neglect, substance abuse, and education/ employment history), Need Principle (anti-social beliefs, peers, educational/vocational needs, and mental health problems) and Responsivity Principle (motivation, learning abilities, personality, and trauma informed care).

**Figure 3:**  
**CTAP Risk/Need Assessments Completed**

Prison Intake Tool	10,948
Reentry Tool	11,543
Supplemental Reentry Tool	15,604

*NOTES: Assessment driven case planning began 6/1/14. All offenders receive the initial Prison Intake Tool; they are reassessed every year (>3 yrs to PED) or every 6 months (< 3 yrs to PED) utilizing the Reentry Tool or Supplemental Reentry Tool depending on length of incarceration (> 4 yrs vs. <4 yrs).*

CTAP includes developing and implementing assessment driven case planning utilizing a multidisciplinary approach to match the appropriate interventions with the identified risk/need/responsivity levels of the offender. This multidisciplinary approach involves the

offender, case managers, reentry unit correctional staff, educational/ vocational instructors, mental health clinicians, substance abuse counselors, pre-release, facility parole officer and community parole officer, community reentry specialists, community and faith based agencies, family, and sister state agencies.

CTAP is a single, dynamic, automated case management system, shared across a multidisciplinary team, updated as progress is made, and used to guide case management. Offenders, under normal circumstances, complete the initial screening, testing, and orientation process in no more than two weeks from the date of admission.

Upon admission and intake at Denver's Reception and Diagnostic Center (DRDC), offenders are assessed individually by multiple departments such as medical, custody control, and behavioral health staff. For behavioral health, diagnostic programmers assign appropriate alcohol/drug, sex offender, and mental health treatment level codes based on the results of assessments, criminal justice records, interviews, and other relevant information. Offenders identified as "high risk, high needs, and dually diagnosed," are flagged in the electronic system which follows throughout their incarceration and discharge. Treatment recommendations are incorporated into an offender's individual case plan.

After offenders are moved to their permanent facility, mental health staff meet with the offenders who are identified to have mental health treatment needs. An assigned primary therapist, then, reviews or develops a treatment plan with the offender.

Case managers maintain regular meaningful contact with offenders assigned to their caseloads. Documentation of meaningful

contact is made in the chronological report. Facility procedures ensure that offenders have an avenue to initiate case manager contacts. These contacts may include, but are not limited to, review of case plan status progress and program status, referral to mental health counseling and crisis interventions, if needed, and to communicate needs.

## **Pre-release Planning**

Pre-release specialists provide classes and one-on-one sessions for offenders to obtain help with planning for their release to the community. Voluntary pre-release classes are offered in each facility and are taught by the Pre-release specialists. These classes are comprised of 10 cognitive behavior-based modules, consisting of 100 hours of classroom instruction and 16 hours of computer lab time, which focus on the largest barriers to success for offenders upon their release. Module topics are listed below.

- *Identification* - Participants identify needed documents and the resources available for assistance.
- *Housing* - Participants identify viable options, gain an understanding of the importance of stable housing, and develop a housing plan.
- *Employment Readiness and Retention* - Participants create a Career Portfolio, learn how to discuss their criminal history with an employer, and begin to conduct a job search.
- *Transportation* - Participants identify available resources and develop a transportation plan.
- *Money Management and Credit* - Participants learn and identify money management strategies, create a budget, and develop a money management plan.

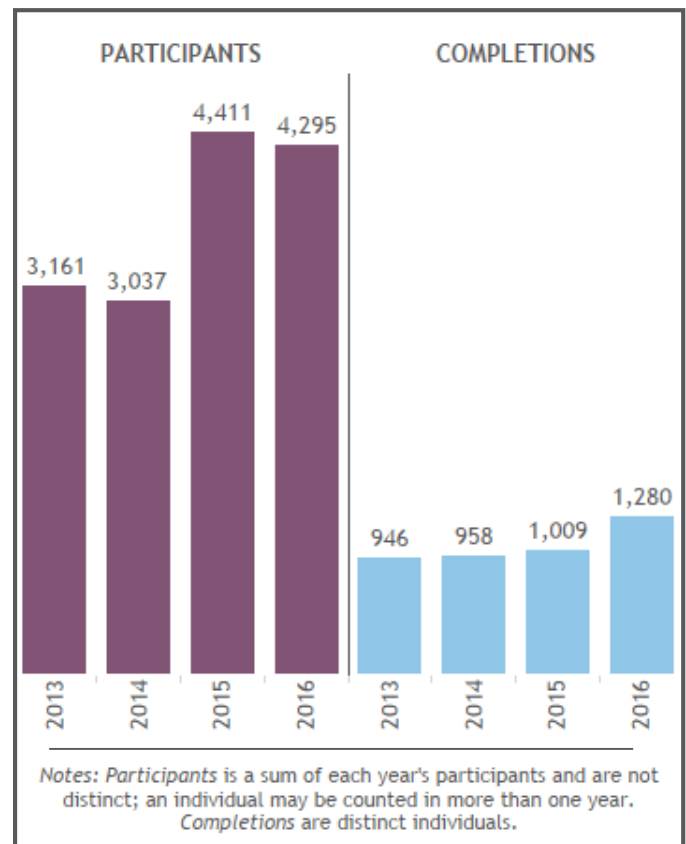
- *Education Options and Resources* - Participants identify available opportunities, begin required application procedures, if applicable, and learn about resources available to offenders to develop their skills.
- *Healthy Lifestyles* - Participants identify strategies and establish a plan for maintaining stable mental, physical, and emotional health, including cognitive behavioral skill building related to decisions regarding substance use, grief, and loss and identifying community resources to help with their individual health concerns.
- *Family, Relationships, and Support Systems* - Participants explore the importance of healthy relationships and support systems to their transition, along with identifying resources to help them understand their responsibilities related to child support and/or custody issues.
- *Victim Awareness and Restorative Justice* - Participants gain an understanding of the importance of victim awareness and reparation to all parties of the crime, along with the opportunity to develop plans toward making reparations for their crime.
- *Living Under Supervision* - Participants distinguish between different release options, identify strategies for success, and have the opportunity to ask questions about community supervision requirements and processes.

During FY 2016, there were a total of 4,295 participants, which equates to a monthly average of 358 class participants,<sup>5</sup> in the pre-

<sup>5</sup> Please note that the sessions are 10 weeks long; thus, participants would have participated in more than one month. Hence, monthly counts are not mutually exclusive.

release course sessions at all the facilities. A total of 1,280 enrolled offenders completed a pre-release course during FY 2016 (Figure 4).

**Figure 4:**  
Pre-release Session Participation



Those who did not complete the course were either still active or were transitioned out due to a medical issue, disruptive behavior, court appearances, or another non-behavior-related transfer.

Offenders who participate in the pre-release course complete an Individualized Transition Plan (ITP). Offenders who do not participate in the course have the option of meeting with a pre-release specialist either one-on-one or during open lab times to work on and complete an ITP. Participants are provided access to the Resource Room<sup>6</sup> during classes, while non-

<sup>6</sup> Resource rooms in the facilities are virtualized classrooms with 10 to 15 computer workstations, which have access to the Colorado Department of Labor and Education's Connecting Colorado website, Pre-release curriculum, resource materials,



participants are provided access during open lab times.

As **Figure 5** denotes, the Resource Rooms across all facilities were utilized a total of 23,488 times during FY 2016, with an average of 1,957 uses per month. Additionally, Pre-release Specialists conducted a total of 9,042 individual one-on-one sessions with offenders during that time period.

**Figure 5:**  
**Pre-release Participation**



## Colorado Offender Identification Initiative

The CDOC in collaboration with the Colorado Department of Revenue (CDOR) has implemented a multi-prong approach to obtaining state ID's for offenders. The various approaches used by the Colorado Offender ID Initiative include on-line renewal, transports to local drivers' license offices, waiver issuance for discharged/paroled offenders, and fully staffed facility-based department of motor vehicle offices located in DRDC for all incoming offenders and in Colorado Territorial Correctional Facility (CTCF) for releasing offenders.

The first approach implemented for obtaining state ID's for offenders was that of utilizing the Department of Revenue, Division of Motor Vehicles online renewal site for all incoming offenders at the Denver Reception and Diagnostic Center and for all offenders prior to

release who meet the online eligibility requirements. This practice began August 1st, 2012.

The CDOC cannot use the CDOR website for ordering online when the offender has never had a Colorado License, is under 21 or over 59 years of age, last renewed the ID online or via the renew by mail process, has an ID that expired more than 365 days prior, has an ID associated with immigration documents, has an outstanding judgment/warrant or pending action on record, or doesn't have a Social Security Number on file with the DMV. To assist with minimizing those obstacles and increasing the likelihood of obtaining those state IDs, HB 14-1336 provided FTE and funding to the CDOC to implement on-site drivers' license offices. In collaboration with CDOR, the CDOC launched two drivers' license offices; the DRDC location officially opened on December 15th, 2014, while the CTCF location opened on December 18th, 2014.

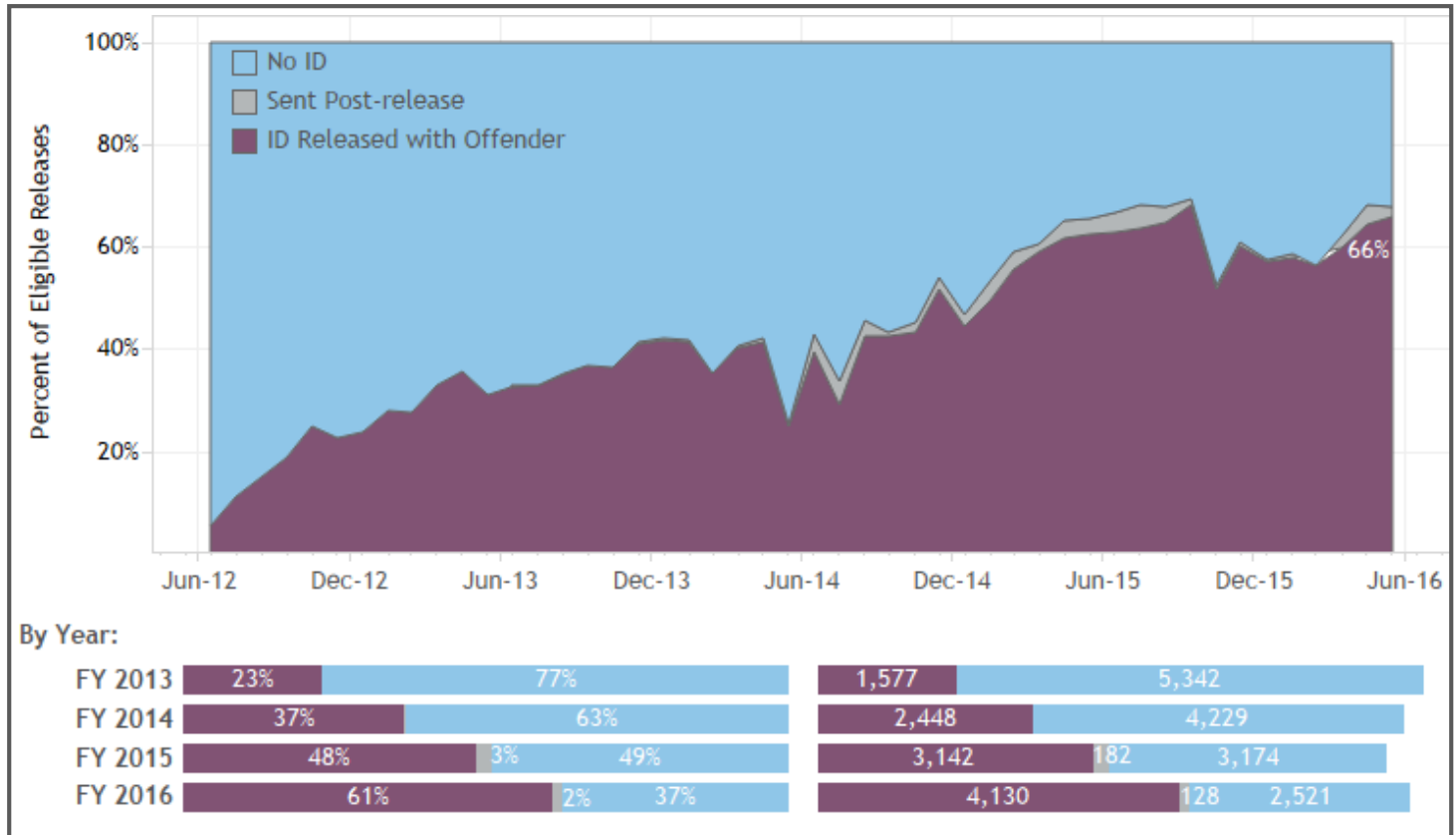
All offenders who come into the department go through the Denver Reception and Diagnostic Center for processing. During this intake, they meet with CDOR staff to review the current status of any state ID, driver's license, or commercial driver's license. They are then given the opportunity to order a state ID to have sent to the departments ID Bank for storage until their release.

If they do not meet eligibility requirements for a state issued ID and/or there are holds on their ID's (child support, restitution, court fines, traffic fines, etc.), they are notified on how to correct those issues to get an ID. Based on those individual needs, there are other efforts underway that address those; for example, the department orders birth certificates and social

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and information and templates necessary for participants to complete their ITP.

**Figure 6:**  
**Eligible Offenders Releasing with Drivers License or State ID (June 2012-June 2016)**



security cards for individuals who need additional documentation to prove identity. For individuals who were incarcerated prior to the implementation of this front end intake process, the department then utilizes their Central Transport Unit to transport offenders to one of the two facility-based driver's license offices or a community-based driver's license office depending on geographical location of the facility and the offender custody level.

In addition to waiving the state issued identification for the above reasons, the department was unable to order a state issued identification or the offenders refused to participate. Examples of reasons the department couldn't order a state ID was the person never had a Colorado ID or driver's license before, they needed additional documentation to prove identity (such as birth certificate or social security card), their social

security number didn't match what CDOR had on file, etc. Ten percent of eligible releasing offenders fall within these categories: unable to order, waived, or refused.

For offenders in which all the above efforts were unsuccessful for obtaining a state ID prior to release, the CDOC can issue a waiver to offenders who may be discharging or on parole status in accordance to SB 10-06.

The waiver allows for associated costs with obtaining a state ID to be waived; however, the offender still must prove identity in accordance to the Real ID Act and CDOR eligibility guidelines.

The primary goal of this multi-agency collaboration is to protect Colorado Citizens by providing offenders the opportunity to secure

**Figure 7:  
Offenders Released Without an ID**

FY 2016 to Date	
Refused	124
Unable to Order	524
Waived	521
<b>Total</b>	<b>1,169</b>

identification prior to their release. By doing so, it increases the likelihood that offenders remain law abiding citizens, as they are able to produce valid identification when securing housing, finding employment, or applying for state or local assistance.



### Facility-based Reentry Living Units

The CDOC Division of Prison Operations was challenged with implementing facility-based reentry living units within level III - Medium Custody and Level IV - Close Custody institutions with an initial implementation date of December 2015. This initiative was later revised to include Level II - Minimum Restrictive institutions, with a revised implementation date of September 2015.

The Mission and objective is to implement reentry living units that "bridge the gap between transition from facilities to the

community by providing releasing offenders with tools and resources necessary to facilitate a fluid transition to the community and to promote successful reentry." This initiative focuses on creating a framework and assisting offenders with the resources they need before releasing from prison, rather than after they are released into the community.

As of June 30, 2016, there are reentry living units within 12 state correctional facilities and 3 privately owned and operated correctional facilities. These included:

### State Facilities

- Arkansas Valley Correctional Facility (AVCF)-55 beds
- Arrowhead Correctional Center (ACC)-77 beds
- Four Mile Correctional Center (FMCC)-107 beds
- Colorado Territorial Correctional Facility (CTCF)-28 beds
- Denver Women's Correctional Facility (DWCF)-69 beds
- La Vista Correctional Facility (LVCF)-81 beds
- Sterling Correctional Facility (SCF)-Medium-96 beds; Minimum Restrictive-100 beds
- Trinidad Correctional Facility (TCF)-100 beds
- Buena Vista Correctional Complex (BVCC)-Medium-43 beds; Minimum Restrictive-16 beds
- Fremont Correctional Facility (FCF)-Medium-64 beds; Close-48 beds
- Limon Correctional Facility (LCF)-51 beds

### ***Private Facilities***

- Bent County Correctional Facility (BCCF)-82 beds
- Crowley County Correctional Facility (CCCF)-104 beds
- Kit Carson Correctional Facility (KCCF)-102 beds

With the implementation of these 15 reentry living units/pods in level II, III, and IV state and private correctional facilities, those units have been able to bridge that transition gap from facilities to community by providing releasing offenders with tools and resources necessary for a successful transition.

As the offender progresses and approaches the post release time frame (6 months - 12 months prior to release), they are moved to a centralized location in the facility where the additional key players (pre-release, faith/community based agencies, and facility parole officers) become more engaged in that individuals reentry planning. The Reentry Unit initiative focuses on assisting offenders to give them the best advantage for successful reentry. This is accomplished by bridging the gap between transition from facilities to the community by providing releasing offenders with tools and resources necessary to facilitate a fluid transition to the community and to promote successful reentry.

### **Strategy #1**

A significant component in meeting this initiative was to develop additional collaborative partnerships with governmental and private entities to identify resources through an in-reach model that enables offenders to successfully release back into the community.

### ***Community Based/Faith Based Organizations***

1. Identify all the community- and faith-based agencies and points of contact statewide that we currently have collaborative relationships with through faith and citizens or community reentry and what areas they provide assistance (housing, clothing, food banks, transportation, etc.). A planning meeting with state/county agencies and a meeting with over 60 community- and faith-based organizations statewide took place to participate in an informational and feedback session based on their areas of expertise, experiences with prior collaborative efforts with the CDOC, and/or identifying opportunities for a collaborative partnership.
2. Have a pro-active approach identifying faith- and community-based agencies that we do not have prior working collaborations with but who may be interested in serving the offender population. Identify various strategies for recruiting more agencies and volunteers to provide in-reach services. Entered into a partnership with the Latino Coalition in utilizing their contacts and resources providing site visits to Reentry Living Units in efforts to provide information on services available to offenders upon release. However, we continue to meet and engage in opportunities to align resources prior to the offenders' discharge and/or release to parole.
3. Beyond their community supervision phase, we have to reconnect the individuals to their community and help them learn how to establish those pro-social networks and support systems.

This is the key to having those community- and faith-based organizations begin that mentoring or social support system process prior to release.

### **Behavioral Health**

1. Integrate mental health and drug/alcohol educational groups into the reentry pods and provide for community behavioral health/medical referrals to ensure continuity of care.
2. Identify the best method of service delivery for this group based on resources and address transition anxiety that offenders face and how to develop some coping mechanisms with that population. Utilize in-reach efforts with community contracted mental health agencies and mental health centers to establish community-based appointments for such services prior to release. In addition, community-based medication assistance and linkage, to include, resources on where to go for updated prescriptions and refills, and low cost or free medication assistance
3. Plan for where offenders go for assistance if a Medicaid card is not provided prior to release and identify how to access mental health services in an emergency or if they run out of medication.
4. Working with the Behavioral Health Organizations to do in-reach for health care coverage for justice-involved individuals in planning to schedule critical medical and mental health appointments prior to discharge and/or release. BHO's provided training to case manager supervisors regarding the Affordable Care Act and eligibility of

justice involved individuals to pave the path for referrals prior to discharge/release.

### **Examples of In-Reach Efforts**

- Wild at Heart: Christian-based program providing offenders with getting in touch with inner self to be a better man, father, husband, etc.
- Alternate to Violence Project: Focuses on how to cope and deal with situations in a manner that doesn't result in violence.
- Tumi: Faith-based program providing offenders with cognitive thinking skills in how to cope and deal with daily situations.



Connect for Health Presentation

- Connect for Health: Provides offenders with the opportunity to obtain health insurance.
- Doing His Time: Christian ministry that delivers practical, hands-on solutions to the challenges associated with incarceration and reintegration for inmates, ex-offenders and their families.
- Second Chance: Community-based program that helps people transitioning from incarceration learn skills, find

jobs, learn the computer, get accredited training, and gain skills to lead successful lives.

- Colorado Department of Social Services: Assists in applying for Medicaid, Food Stamps, and Birth Certificates.
- Denver Rescue Mission: Community-based agency for emergency housing and Addiction Treatment Center.
- Prison Fellowship Leadership Seminar
- Incarcerated Veterans Program through Veterans Affairs
- Motivational Speaker & Author Stephen M.R. Covey
- Former Offender Motivational Speaker Weldon Long
- Choose To Do Right: Presentation by former offender Andrew Matson.
- God Behind Bars: Provides coaching and work readiness skills.

- Dr. James Thorpe Lecture on 'Changing Your Thinking'
- Getting the Edge Program



### Strategy #2

Another key element to successful reentry is implementing programs in the reentry units to enhance offender motivation, problem solving, and thinking processes. It is critical that offenders receive the necessary skills to manage their lives in a community setting. Therefore, the DOC must identify appropriate

**Table 1:**  
**Metrics for the Reentry Unit/Pods Initiative Strategy #1**

Metric	Q1 FY16	Q2 FY16	Q3 FY16	Q4 FY16	1-Year Goal	3-Year Goal
Number of collaborative relationships developed with governmental and community participants that facilitate resources for offenders through a process of in-reach	99	88	76	125	300	500
Number of in-reach functions	101	189	135	201	450	1,000
Number of offender contacts through in-reach services	976	1,032	1,676	3,000	3,000	9,000
Number of offenders released from prison and use (on some level) community partners	102	55	77	228	250	750

Note: The Department revised its 1- and 3-year goals for the reentry initiative due to the fact that the original goals have all been surpassed in this new program.



programs relevant to reentry that best support a releasing offender.

### **Programs**

Facilities continue to invite motivational/inspirational speakers and/or subject matter experts to engage with the offenders.

### **Examples of Programs**

- Moral Reconciliation Therapy (Cognitive/Behavioral)
- Wellness Recovery Action Plan (W.R.A.P)
- Strategies for Self Improvement and Change I and II
- Seeking Safety
- Thinking for a Change (Cognitive/Behavioral)
- Sharpening the Saw (Self-Improvement)

- 7 Habits on the Inside (Self-Improvement)
- Inside/Out Dad (Parenting)
- A Night of Their Own (aftercare for Inside Out Dads graduates)
- 24/7 Dad (Parenting)
- Parents on a Mission



### **Family Reunification**

1. Gather and evaluate existing practices in the various facilities for supporting and encouraging family reunification.
2. Implement practices that include, but are not limited to, family movie night, father or mother/child painting and/or craft sessions, holiday dinners, grant funded fatherhood programs, and facility CPO's meeting with family members during visiting hours to encourage sponsorship.
3. Implemented functions to help support family reunification, such as, additional visiting hours with family, use of kiosk visitation and letters, working with DHS on back child support and setting up payments, parole planning to family member households that traditionally would have been denied (for example,

another family member is under supervision living in the home, family has alcohol in the home, family lives in Section 8 housing, family member has questions regarding parole sponsor rules or is unsure of what sponsorship means).

4. Success was achieved in carefully planned events that allowed for 196 family reunification efforts in sharing family meals, arts and crafts with children, movie hour, and engagement of family support.



### Strategy #3

Developing employability screening to use in reentry living units ensures offenders are engaged in meaningful employment after release. Staff use the screening tools to identify offenders’ skill-sets and work experience to complete portfolios. The DOC also utilizes job fairs, professional speakers, workforce centers and many other resources to assist offenders in their readiness for employment.

#### *Linking Skill Set Development, Employment Opportunities & Employers*

1. Staff use the screening tool to identify offender skill-sets and work experience to complete portfolios.

#### *Examples of Family Reunification Events*

- Read to the Children: Focused on giving offenders opportunity to record their reading of books, which are provided to their children.
- Kit Carson Correctional Center hosted a Family Reunification Activity. They hosted seventeen (17) Offenders and twenty three (23) offender family members including children. Chicken and Waffles, a southern delight, was the main menu provided for this activity.

**Table 2:**  
**Metrics for the Reentry Unit/Pods Initiative Strategy #2**

Metric	Q1 FY16	Q2 FY16	Q3 FY16	Q4 FY16	1-Year Goal	3-Year Goal
Number of program completions	380	395	441	359	1,500	3,000
Number of facilitated family contact events	57	51	88	37	200	600

Note: The Department revised its 1- and 3-year goals for the reentry initiative due to the fact that the original goals have all been surpassed in this new program.



2. Reentry Unit staff utilize job fairs, professional speakers, workforce centers, and many other resources to assist offenders in their readiness for employment. Also, the DOC emphasizes the utilization of apprenticeships and job-defined assignments to develop/enhance offender skill-sets and the chance of receiving employment upon release into the community.
3. Prison Operations objective is to identify an employability screening tool (Pre-Release currently utilizes ONET, Dept of Labor, KeyTrain, and career interest inventories, and Education has screening processes) that will be utilized to identify current skill sets, past employment experience, and career interest to better identify work assignments, vocational programming, and apprenticeship opportunities that can provide for additional vocational training.
4. Identify a plan for how the department can develop written skill set descriptions for each work assignment that translates to each industry in the community, to include, any transferable skills.
5. Identify all key community-based agencies and key players in the vocational training and employment services. And develop a plan for recruiting employers utilizing various outreach methods: work force centers, community colleges, vocational/career/tech ed., direct employer contact and recruitment, and CDLE.
6. Workforce centers are providing job fairs in the facilities with the objective of providing a positive experience and

opportunities for offenders to learn how to actively participate in searching for employment; to understand how institutional work experience correlates with transferable skills to the community; and, to develop pro-social, effective communication.

7. Community colleges provide presentations highlighting the need for offenders to own their future through learning, in an effort to support their re-integration into society. The presentation also provides information about vocational and degree programs offered, as well as financial aid and the benefits of secondary education.

#### *Examples of Employment Opportunities*

- Emily Griffith Technical College Apprenticeship Seminar
- EVRAZ (steel mill) conducted mock job interviews
- Express Employment Professionals conducted mock job interviews
- Vet Tech Program
- Beginning Office Assistant Program
- Apprenticeship opportunities in Food Service Department
- Serv Safe certification in Food Service Department
- Occupational Information Network

#### *Portfolio*

1. To help the offenders with navigation of post release supervision responsibilities and improve their capacity for self-sufficiency, the portfolio is used as a personalized road map or guide that they develop in coordination with the pre-release specialist, facility parole officer,



case managers, state/county agencies, and CBO/FBO agencies. This document must be a “living” document that they will gradually work on over the 6 months they are in the reentry pods/units. The document is individualized based on the offender’s needs and barriers. It is not designed to be a handbook (Go Book or work book) that they complete on their own, but rather is a collection of interactive, staff-, CBO/FBO-, or sister agency-lead workshops, computer work, or instruction using adult learning styles.

1. Utilize the Pre-Release Program Transition Plan as the foundation of the portfolio and look at areas that can be added to enhance the offender’s transition. Some areas already covered are community resources and linkages, resumes, cover letters, etc. Other areas to include are letters of recommendation from work supervisors, program completion certificates, career assessments and KeyTrain certificates, educational/vocational certificates, mental health and/or drug/alcohol services, money management completions, services specific to special populations (offenders convicted of a sex

offense, ICE, transgender, disabled, elderly offenders, offenders with serious medical needs, etc.). Other areas to utilize as resources are the community reentry specialist, community resource lists, and the Own Your Own Future website portfolio.

### Facility-based Parole Officers

Facility-based Community Parole Officers (FCPOs) work with offenders who are within 180 days of release focusing on those residing within the Reentry Living Units. FCPOs review offenders’ records, case files, and transition plans to help offenders with identifying potential barriers to their success upon release. They collaborate with case managers, parole behavioral health specialists, and reentry staff to identify offenders with high levels of need and determine the steps necessary for the offender to follow in conjunction with his/her release to the community. They not only assist with staffing meetings and pre-parole investigations, but they also help in completing investigations, including those with a quick turnaround for offenders having less than 30 days to release. FCPOs contact individuals connected to the offender’s release plan (e.g., the prospective

**Table 3:**  
**Metrics for the Reentry Unit/Pods Initiative Strategy #3**

Metric	Q1 FY16	Q2 FY16	Q3 FY16	Q4 FY16	1-Year Goal	3-Year Goal
Number of complete portfolios	159	137	133	237	500	1,500

Note: The Department revised its 1- and 3-year goals for the reentry initiative due to the fact that the original goals have all been surpassed in this new program.

housing sponsor) to ensure viability and to identify and help develop solutions to any issues prior to the offender’s release from prison, including contacting sponsors in- and out-of-state in order to promote family reunification.

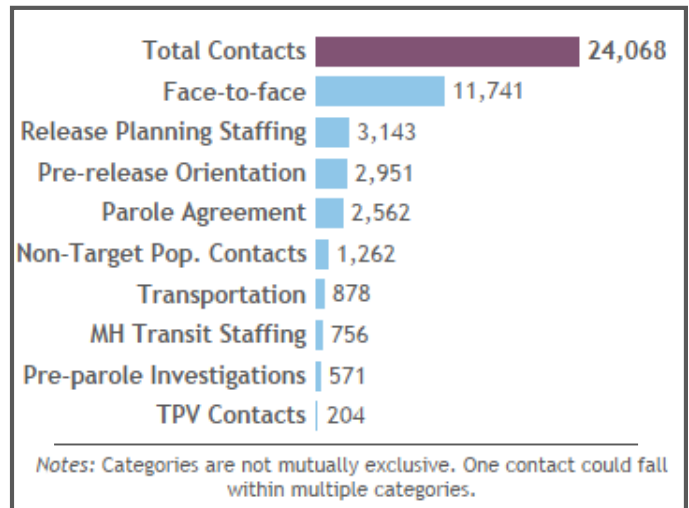
FCPOs provide an orientation to parole, as well as answering any questions the offender may have about being on parole. In doing so, FCPOs review the conditions of the parole agreement, discuss concerns, and help the offender make contact with his/her community reentry specialist (CRES) and/or community parole officer (CPO). The FCPOs also work directly with the Pre-release Specialists in conducting the pre-release course module, *Living under Supervision*. Additionally, FCPOs facilitate reentry panels, where outside vendors come in to the facility and present available resources; CPO’s and case managers also attend to answer questions and concerns regarding release and to resolve questions and concerns regarding an inmate’s time and transportation pick-up notifications.

Further, FCPOs conduct or coordinate transportation to the parole office for high risk/need parolees and work with individuals who returned to prison due to a technical parole violation to assess their barriers to success and to setup a plan of action for addressing those barriers. They also identify inmates as candidates for the Vivitrol program and schedule substance abuse evaluation appointments for inmates prior to release.

For FY 2016, FCPOs made a total of 24,068 contacts. The most frequently occurring type was face-to-face contacts (49%); however, other contacts included release planning staffings

(13%), pre-release orientations (12%), parole agreement contacts (11%), non-target population contacts (5%), transportation provisions (4%), mental health transit staffings (3%), pre-parole investigations (2%), and TPV contacts (1%) (Figure 8).<sup>7</sup>

**Figure 8:**  
**Facility-based Parole Officer Contacts**



### Offenders with Health Care Needs

Many offenders have health care needs that require transition planning for their release into the community. The following provides an overview of the strategies utilized by the DOC in helping offenders maintain their health care needs as they reenter the community.

#### Continuity of Care

Prior to discharge, several protocols and processes are completed to provide resources for offender success. These include scheduling final psychiatric appointments to review medications, facilitating in-reach appointments between facility and community psychiatry, completing the behavioral transition plan that captures accomplishments/additional treatment needs, and participating in a multidisciplinary staffing which includes facility case management, mental health, behavioral health specialists and

<sup>7</sup> These statistics are distinct contacts and include multiple contacts per inmate.

facility parole officers to ensure offenders are programmed successfully.

### ***Mental Health In-Reach Program***

The mental health in-reach program provides seriously mentally ill offenders an opportunity to become a client of a community mental health center in the geographical area in which they will be paroling. Currently, only offenders whom are paroling in the Aurora and Westminster geographical areas are eligible for this service. The program connects the seriously mentally ill offender to the community mental health center to enable them to receive immediate mental health services once they parole. These services include refilling their medications and scheduling other mental health services to support their mental health needs in the community. Offenders with serious mental illness or high risk/high needs/dully diagnosed offenders are scheduled to see a psychiatric provider via tele-video conference within thirty days of discharging. The parole mental health clinicians are informed of the appointment so they can assist the parolee in following up with the mental health center. This program bridges mental health services from a prison facility to community mental health services. On average, ten offenders attend in-reach appointments each month.

### ***Behavioral Transition Plan***

Another tool that is used to promote offender success in the community is the behavioral transition plan. Behavioral health staff are required to complete this documentation on all offenders who have moderate to high behavioral treatment needs levels prior to discharge. Information such as treatment summaries and recommendations, referrals, interdisciplinary collaboration between psychiatry, alcohol & drug, sex offender and services linking offenders to developmental

disability services are annotated. These plans are reviewed with parole officers (signed releases for confidentiality), mental health centers and the behavioral health specialists prior to discharge.

### ***Nurse Case Managers***

Other reentry efforts supported by the Division of Clinical and Correctional Services include assisting eligible offenders in obtaining Medicaid benefits prior to release and ensuring these offenders are releasing with a Medicaid number.

To be eligible for Colorado Medicaid, the applicant must be a U.S. citizen between the ages of 19 and 64 years old, a resident of Colorado, and meet Federal poverty level criteria. Offenders 65+ years old or those releasing to a detainer or out of state are ineligible for Colorado Medicaid. The Federal Center for Medicare and Medicaid Services (CMS) recently approved community corrections releases the opportunity to apply for Medicaid. Since implementation in June 2016, 222 applications have been submitted and approved for offenders releasing to community corrections.

Eligible offenders may not have the opportunity to apply for Medicaid benefits due to a quick turnaround, a release date change, being out to court, or nurse case managers not receiving signed permission. During FY 2016, 84 percent of releasing offenders were offered the opportunity to apply for Medicaid prior to release (Figure 9). An average of 11 percent were ineligible to apply and 5 percent were missed and not offered the opportunity to apply for Medicaid.

A more efficient method of providing Medicaid cards to eligible releasing offenders was implemented in December 2015. DOC nurse

case managers now download either the Medicaid card or determination letter from the PEAKPro website and email the cards and letters to the offender ID Bank.

DOC nurse case managers provide customer service to offenders after release; the phone number to the nurse case managers is provided so they can call with Medicaid questions or concerns after release.

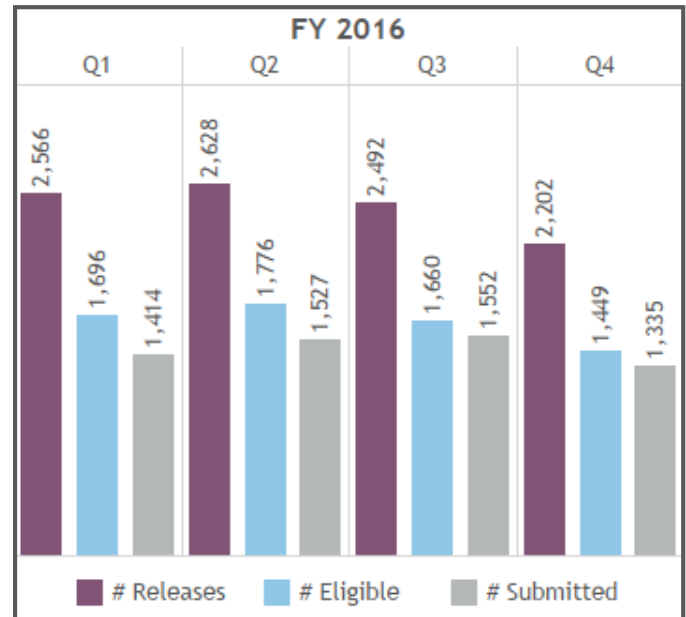
### Denver Release Transportation Program

In an effort to eliminate the release of paroled and discharged inmates directly to the streets surrounding the Denver Complex and to strengthen the offender’s chance at success on the first day of release, the Denver Complex and Division of Adult Parole coordinated to implement a release transportation program.

For FY 2016, a total of 1,658 offenders paroling from the Canon City area to the Denver Metro Area or to the northern and western parts of the state, who had not arranged transportation through family or friends, were shuttled from the Denver Reception and Diagnostic Center to the Division of Adult Parole Community Reentry Center by a FCPO.

Once at the Reentry Center, the parolees are provided a general overview of the available reentry services, RTD bus tickets to get the parolee to his/her parole field office, the bus station, and/or subsequent appointments, and specific directions and maps to their next location(s).

**Figure 9:  
Releasing Offender Medicaid Applications**



In addition, each parolee is provided with a backpack containing various items, such as personal hygiene items, a water bottle, socks, a wash cloth and towel, a pocket calendar, a pen, a notepad, and a folder. Parolees also receive a winter coat (seasonal) and a packet of information listing resources, such as local food and clothing bank locations, shelters, and health clinics.

For those with initial parole plans to release to homeless status, they also meet with a CRES to receive housing assistance either via the Community Reentry Center or via the parolee’s parole field office once he/she reports to his/her CPO.

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## COMMUNITY-BASED REENTRY INITIATIVES

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HB 14-1355 provided appropriations to

DEVELOP AND IMPLEMENT INITIATIVES SPECIFICALLY DESIGNED TO ASSIST EACH OFFENDER'S TRANSITION FROM A CORRECTIONAL FACILITY INTO THE COMMUNITY (5).

During FY 2016, the CDOC utilized community-based reentry programs and processes to provide releasing offenders with needed assistance as they returned to the community.

### Community Reentry Specialists

CRES provide integrated case management and support services throughout the state to assist with removing barriers that interfere with an offender's successful transition from prison to the community. Reentry services may include, but are not limited to, the following:

- stabilization assistance or resources for housing
- transportation
- clothing
- personal hygiene
- backpacks
- work tools
- employment training
- job placement

The services are based on individual need and are incentive-based. CRES use cognitive-based interventions when interacting with the offenders to enhance motivation and reinforce positive behavior. CRES also conduct an initial assessment to determine the appropriate level

of transition assistance that may be needed for successful reentry into the community.

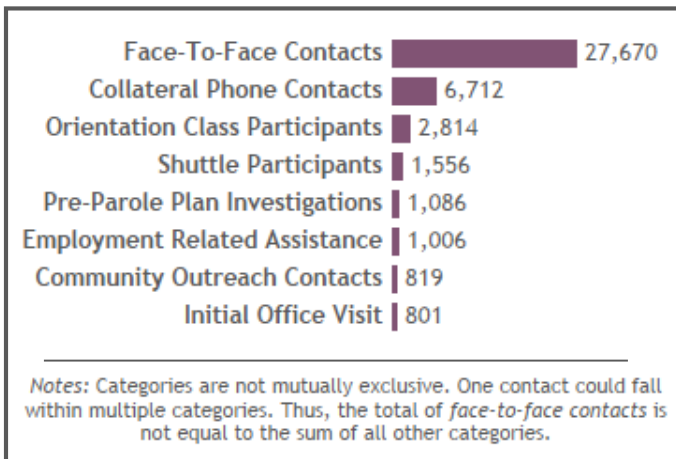
In addition to direct service delivery, CRES also garner available resources from community and other agency partners to assist the offender in obtaining benefits, education, treatment, employment counseling, long-term housing, pro-social leisure and recreation activities, legal documents, and family re-unification programs. Community reentry services and resources are a continuation of the reentry planning and transition services provided in the facilities by Case Managers, Pre-Release Specialists, and FCPOs. CRES operate in close coordination with the CPOs and ETNs to offer parolees the opportunity to be self-reliant, responsible, proactive citizens who are invested in their own behavior change.

During FY 2016, CRES made a total of 27,670 face-to-face contacts, which increased from the 23,697 face-to-face contacts made in FY 2015. That is an increase of 17 percent for FY 2016. Additionally, CRES made 6,712 collateral phone contacts, 819 community outreach contacts, and 1,006 employment-related contacts. They also conducted 1,086 pre-parole plan investigations, 801 initial office visits, and orientation for 2,814 parolees (Figure 10).

### Employment and Training Navigation

Employment and Training Navigation (ETN) staff provide statewide services and specialize in working with parolees to enhance job readiness by encouraging long-term employment goals

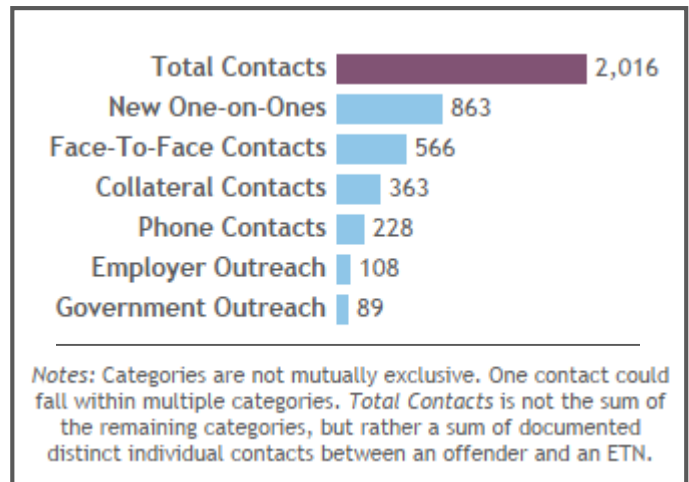
**Figure 10:**  
**Community Reentry Specialist Contacts**



with sustainable wages through soft skills classes and funding for job training. ETNs provide individual case planning following the principles of the Risk-Need-Responsivity Model<sup>8</sup> and utilize strategies aimed at positive behavior change targeting increased decision-making and problem-solving skills. ETNs collaborate with state workforce centers, technical schools, community colleges, and other vocational schools to identify certificate and job training opportunities. Additionally, ETNs seek and establish relationships with employers who are willing to hire parolees. They also work with local businesses and community organizations to promote workforce development projects, internships, and apprenticeship programs.

As **Figure 11** shows, during FY 2016, ETNs made a total of 2,016 parolee contacts. More specifically, they made 863 new one-on-one contacts, 566 face-to-face contacts, 363 collateral contacts, and 228 phone contacts. Additionally, the ETNs made 108 contacts with potential employers and 89 contacts with governmental organizations on behalf of the parolee.

**Figure 11:**  
**Employment & Training Contacts**



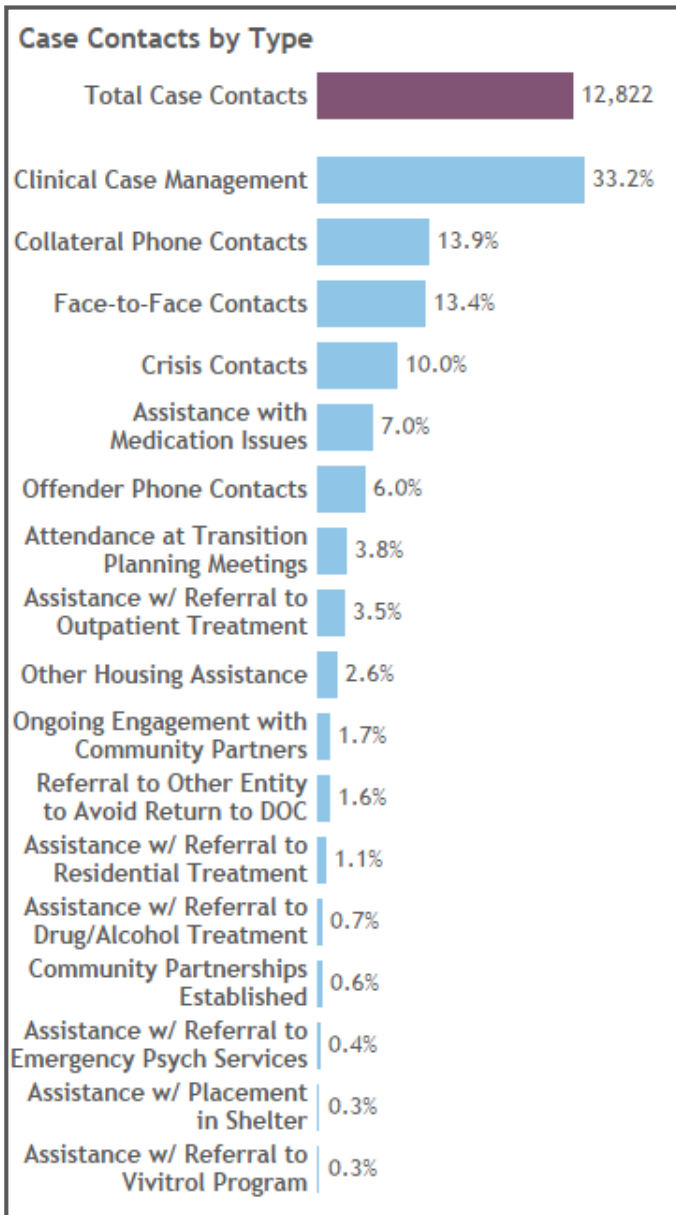
### Behavioral Health Specialists

Four master’s level behavioral health specialists (BHS) began working directly with parolees in FY15. These community-based BHS provide services for mentally ill parolees across the state. Prior to parole, BHS staff meet with facility case management and mental health to discuss specific services the offender may require upon release. Once on parole, the BHS provide additional services such as conducting crisis counseling, linking medication assistance and psychiatric appointments, providing consultation for parole offices, and other services the offender may require.

During FY 2016, BHS staff had a total of 12,822 contacts with offenders. Case management contacts occurred the most (33%), followed by collateral phone contacts (14%) and face-to-face contacts (13%). Additionally, they made crisis contacts (10%), assisted with medication issues (7%), made offender phone contacts (6%), participated in transition planning meetings (4%), and provided other types of assistance as noted in **Figure 12**.

<sup>8</sup> Bonta, J., & Andrews, D. A. (2007). Risk-need-responsivity model for offender assessment and rehabilitation. *Rehabilitation*, 6, 1-22.

**Figure 12:  
Behavioral Health Specialist Contacts**



### Community Partnership Development

Research has shown that developing partnerships with community organizations for reentry services is beneficial; however, the process also has its challenges. During the fourth quarter of FY 2015, the Division of Adult Parole hired a Community Partnership Coordinator (CPC). The CPC’s overall responsibility includes conducting outreach efforts in order to establish and maintain relationships with community-based and faith-based organizations in areas where partnerships do not exist or where they are

inadequate in the delivery of community resources to parolees. A specific function of the position is to assist in promoting and marketing the community-based organization grant program (see page 15 of this report for further details) and to work closely with CRES, CPOs, and FCPOs to coordinate the referral process. The CPC also ensures that all legislative and contract requirements are met relative to the grant in collaboration with the grant intermediary. In addition, the CPC regularly attends both offender and victim advocacy meetings as well as other community meetings as directed.

### Emergency Assistance Program

As part of HB 14-1355, the Division of Adult Parole received funding to supplement the existing emergency assistance program. Emergency assistance funds are used by Division staff to provide basic needs to parolees upon their release to parole supervision from prison focusing on the needs of offenders who are paroling homeless. Those emergency needs typically consist of transportation, housing, inpatient residential treatment, psychotropic medication, clothing, employment assistance, and any other specialized needs that may impact a parolee’s successful transition into the community.

During FY 2016, the funding also was used to provide work tools, housing assistance vouchers, and to provide additional support to facilitate an offender’s stability within the community. The Division also provided assistance with transportation via issuing bus tickets to offenders for job searches, education classes, and program participation, provided additional clothing to offenders during the cold temperatures in the winter, and provided other supplies to meet offenders’ basic needs.



## **Vivitrol Program**

During FY 2016, the Division provided parolees the opportunity to be assessed for participation in the Vivitrol program. Vivitrol is a non-addictive, non-narcotic FDA-approved medication for substance abuse treatment. More specifically, it is an opioid blocker that is taken once a month, as a single shot, for up to six months. This treatment is used in conjunction with psychosocial treatment for participants with a willingness to overcome alcohol and opioid dependence. To participate, offenders must be referred to the program, complete routine blood work, and meet with a doctor to consent to the program and be evaluated prior to the first dose. During FY 2016, the Vivitrol program served a total of 120 parolees, providing a total of 297 injections.

## **Reentry Enhancements**

During FY 2016, the Division began operational enhancements for reentry processes that are being implemented in FY 2017. These include establishing a Housing and Stabilization Unit at the Broadway office, which focuses on those high-risk, high-need and chronically homeless parolees that need more tailored specialized assistance. Division staff within this unit assist those parolees with high risk factors related to medical and mental health needs, along with those at a high risk to return to prison.

Enhancements also include instituting additional CWISE programming for new benchmarks and outcomes for reentry tracking, which will measure stabilization, interventions completed, and reentry outcomes, such as changes in criminological needs, changes in stabilization, and employment). The Division will also be expanding the existing partnership with WAGEES to include co-facilitating parolee orientations, conducting joint trainings, conducting joint monthly case staffings for wraparound services, and providing increased care to parolees through these joint efforts.

Finally, the Division is conducting strategic in-reach to facilities for reentry planning and homelessness mitigation prior to an offender's release to make sure that the best release plan is in place prior to release. The addition of two new community care case managers will also assist in this process by attending transition planning meetings for those high risk, high need offenders who are ready to release and by working to connect those individuals to the Medicaid-related community service and other benefits in order to increase those offenders' access to needed care within the community prior to and at release.

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## OPERATIONAL ENHANCEMENTS

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HB 14-1355 provided appropriations to

MAKE NECESSARY OPERATIONAL ENHANCEMENTS AND DEVELOP AND IMPLEMENT INITIATIVES SPECIFICALLY DESIGNED TO ENSURE THAT THE DEPARTMENT HAS PROPER EQUIPMENT, TRAINING, AND PROGRAMS TO PROPERLY SUPERVISE OFFENDERS IN THE COMMUNITY TO ENHANCE PUBLIC SAFETY (6).

During FY 2016, CDOC utilized operational enhancements, such as staff training, the electronic monitoring command post, and enhancements to the CWISE system, to augment the existing supervision strategies focused on offender reentry.

### Staff Training

The Division of Adult Parole implemented the Effective Practices in Community Supervision (EPICS) program, an evidence-based initiative, in August of 2014. The Division contracted with the University of Cincinnati Corrections Institute to provide initial training to CDOC trainers and to provide quality assurance and technical assistance to those trainers during implementation (August 2014 to December 2016). HB 14-1355 appropriations provided funding for six EPICS trainer positions, which are staffed through the Corrections Training

Academy.

### *The EPICS Model*

The EPICS model expands on traditional strategies of community supervision by incorporating principles of effective intervention, structured social learning, and cognitive behavioral strategies into one-on-one interactions with supervisees.<sup>9</sup> This model is

designed to use a combination of monitoring, referrals, and face-to-face interactions to provide . . . offenders with a sufficient ‘dosage’ of treatment interventions, and make the best possible use of time to develop collaborative working relationship[s with his/her Community Parole Officers.] . . . The EPICS model is not intended to replace other programming and services, but rather is an attempt to more fully utilize staff as agents of change.<sup>10</sup>

In doing so, the EPICS model suggests that staff utilize a four-step process in interactions with supervisees. That process consists of:

1. *Check-in* - includes determining the existence of any immediate needs, establishing rapport, and assessing compliance issues;
2. *Review* - includes discussing the application of skills previously discussed

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<sup>9</sup> See Latessa, E.J., Smith, P., & Schweitzer, M. (2013). Evaluation of the effective practices in community supervision model (EPICS) in Ohio, Draft report. Retrieved from <http://www.uc.edu/content/dam/uc/ccjr/docs/-reports/Final%20OCJS%20Report%202.22.13.pdf>.

<sup>10</sup> University of Cincinnati Corrections Institute. (2015). Effective practices in community supervision. Retrieved from [https://www.uc.edu/corrections/services/trainings/-effective\\_practices\\_in\\_community\\_supervision.html](https://www.uc.edu/corrections/services/trainings/-effective_practices_in_community_supervision.html).

and assessing and troubleshooting skill issues and referral progress;

3. *Intervention* - includes the identification of needs, skill-building, and targeting of problematic thinking; and
4. *Homework* - includes hands-on practice, the assigning of a task to practice the skill, and detailed instructions to complete prior to the next meeting.<sup>11</sup>

### **Implementation**

Implementation of the EPICS model followed a three-phase process. The first phase began in August of 2014 and consisted of training staff in Motivational Interviewing (MI). This training consisted of two courses, beginning and advanced. Although some staff were previously trained in MI through the Evidence-Based Practices Implementation for Capacity grant from the Bureau of Justice Assistance, this phase of training ensured that new staff were trained in MI techniques and that other staff were provided a refresher course, if needed. Additionally, this phase included a five-day Train-the-Trainer MI course and a two-day MI Coaches course. All management and parole staff who interact with offenders were trained in MI by the end of FY 2015, with the exception of new staff, which included a total of 320 Division staff.

The second phase consisted of training all parole staff with offender contact or with supervisory duties over staff with offender contact in the principles of EPICS. The EPICS training consists of a three-day (for end users) or five-day (for team/work leaders and specialized trainers) training in the basic EPICS principles.

This is followed by five to six months of follow-

up coaching with the six EPICS trainers, along with on-going quarterly participation in Communities of Practice (CoPs). The follow-up coaching portion of the training consists of submitting audio recorded sessions with parolees utilizing the EPICS principles, receiving feedback, and implementing feedback in future sessions. Participation in CoPs includes on-going quarterly participation in a three-hour forum with coaches and/or specialized trainers. This forum provides skill-building through a process of collective learning as participants share their experiences and discuss what has and has not worked in their sessions with supervisees.

Although on-going, EPICS training began in November of 2014. By the end of FY 2016, all parole staff, with the exception of new hires, had completed beginning motivational interviewing. At the end of FY 2016, a total of 232 staff had fully completed training, including both the end user sessions and the coaching phase, and a total of 18 staff were certified EPICS coaches.

### **Electronic Monitoring Command Post**

During FY 2016, the Division utilized appropriations for 4.7 FTE from HB 14-1355 to staff a Division of Adult Parole Electronic Monitoring Command Post. This operational enhancement includes the use of staff to monitor (24 hours a day, seven days a week, and 365 days a year) live electronic monitoring devices being used by high risk parolees. This staff investigates all signals of tampering sent by the devices, including tamper alerts, location alerts, and equipment status alerts.

This staff reviews the alerts against a pre-established hierarchy of alerts, assigns appropriate response protocols, clears alerts if

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<sup>11</sup>University of Cincinnati Corrections Institute. (2015). EPICS Training Overview. [Website]. Retrieved from <https://www.uc.edu/corrections/services/trainings/effe>

[ctive\\_practices\\_in\\_community\\_supervision/epicstraining/overview.html](https://www.uc.edu/corrections/services/trainings/effe/ctive_practices_in_community_supervision/epicstraining/overview.html).

applicable and, if appropriate, escalates response protocols if the offender or officer cannot be reached. The command post monitors alerts around the clock to ensure alert information is processed and addressed in a timely manner.

The Division has eight teams of two CPOs each designated across the state to respond to escalation protocols from the command post staff. Outside of normal business hours and on weekends, some alerts require immediate action and are forwarded to these after-hours personnel for follow up. The Command Post also monitors officer responses for alert closing information. The Command Post monitors all after-hours, weekend, and holiday management of alerts; it also has the ability to receive, monitor, and, in some cases, close invalid alerts, preventing unnecessary calling of CPOs.

### **CWISE Programming**

During FY 2016, the Division made enhancements to the CWISE system to improve functionality for case supervision auditing, electronic monitoring alert dispatch tracking, and pre-parole assignment and investigation automation.

More specifically, these updates included, but

were not limited to, programming for tracking positive incentives, parolee housing status, Approved Treatment Provider usage, Sure & Swift short-term jail stays, Jail-based Treatment, Vivitrol usage, and automation of the Parole Complaint process. Additionally, the CVDMP and CWISE dashboards were updated, along with the CWISE auditing process. Numerous smaller projects and updates to existing processes comprised the remainder of the CWISE programming during FY 2016.

### **Safety Equipment Replacement Plan**

During FY 2016, the Division utilized appropriations to replace safety equipment. More specifically, the funds were used to purchase custom fitted ballistic vests, along with external carriers, radio holders, speaker microphones, earpiece microphones, surveillance kits, and radios for Division staff. Those purchases included 13 Harris radios, 26 Harris batteries, 26 Harris belt clips, 35 Harris earpiece microphones, 40 Harris speaker microphones, 42 ballistic vests, 30 Motorola radios, 15 Motorola batteries, 54 Motorola speaker microphones, 54 Motorola earpiece microphones, and 61 one-wire surveillance kits.

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## GRANT PROGRAM

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HB 14-1355 provided appropriations to

DEVELOP AND IMPLEMENT A GRANT PROGRAM TO PROVIDE FUNDING TO ELIGIBLE COMMUNITY-BASED ORGANIZATIONS THAT PROVIDE REENTRY SERVICES TO OFFENDERS IN THE COMMUNITY ((7)(a)).

The CDOC implemented a grant program to provide grant monies to community-based organizations to provide reentry services to parolees. The CDOC and the Division of Adult Parole established a partnership with an intermediary organization for the selection and management of grantees. This resulted in the establishment of the Work and Gain Education & Employment Skills (WAGEES) Project.

### **Grant Program Development**

Rather than managing the grant monies internally, the Division of Adult Parole chose to contract with an experienced community-based organization to act as an intermediary between CDOC and potential contract recipients. The intermediary selection occurred via a competitive Request for Proposals (RFP) process. The Division received one solicitation through the RFP from the Latino Coalition for Community Leadership (LCCL). The Division reviewed the proposal, and the LCCL met all required criteria, along with a submission of a passing bid. The Division contracted with LCCL effective December 5, 2014.

### ***Intermediary***

Based out of Santa Barbara, California, the LCCL has been a national intermediary since its inception in 2004, with regional offices in Denver, Los Angeles, and Buffalo. Since that time, it has managed over \$22 Million from the federal departments of labor, justice, and health and human services in support of over 90 community and faith-based organizations across the country. In doing so, it has managed programs and services for adjudicated youth, adult offenders, and families living in high poverty and high crime communities.

The LCCL has been recognized by the Council of State Governments Justice Center as an intermediary that focuses on helping community and faith-based organizations meet stringent reporting requirements. It has also been a part of evaluations and case studies out of Baylor University and Calvin College.

### ***Grantee Selection***

As the intermediary, the LCCL selected grantees based on a competitive RFP process. Once applications were obtained, the responses were scored by two evaluators and ranked in score by the previously existing parole regions.<sup>12</sup> The recommended grantees were submitted to and reviewed by the Division for approval. Once authorized by the Division, the LCCL notified the selected grantees, established memorandums of understanding, and implemented services. Seven community partners were selected including:

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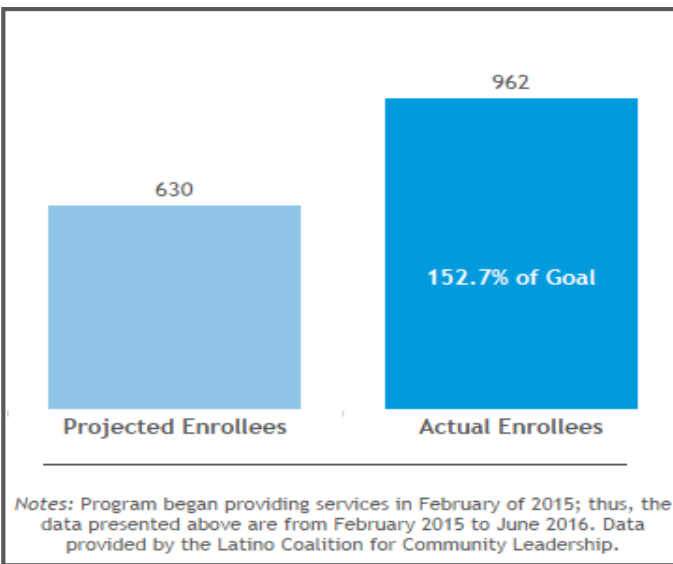
<sup>12</sup> The Division has, since, moved from a three region system to an office system, with a total of 18 parole offices, as of the end of FY 2016.

- Bridge House (Boulder),
- Christlife Ministries (Pueblo),
- Inside Out (Aurora, Ft. Collins, & Grand Junction),
- Positive Impact (Colorado Springs),
- Second Chance Center (Aurora),
- Servicios de la Raza (Denver), and
- The Rock (Greeley).

### The Program: WAGEES

WAGEES is a community reentry program created to facilitate and support a strong partnership between CDOC and community- and faith-based organizations. Four community partners were awarded grants to improve the employment prospects of parolees assessed to be medium to high risk for recidivism. From February 2015 to June of 2016,<sup>13</sup> WAGEES grantees provided services to a total of 962 parolees, which was 53 percent more than projected (Figure 13).

**Figure 13:**  
WAGEES Number of Parolees Enrolled



### Available Services

Although each community partner has its own unique approach, cultural competency, and

service area emphasis, all provide or coordinate services that include the following:

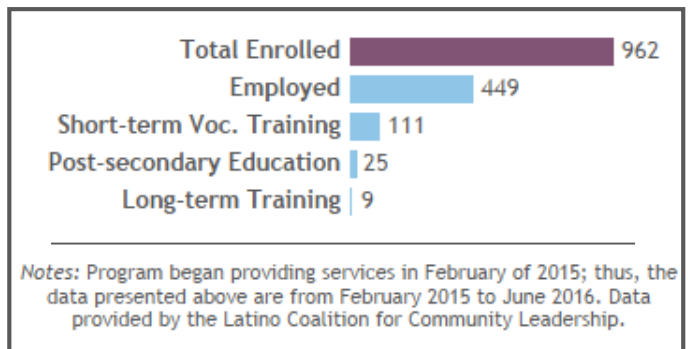
- Case Management,
- Education,
- Mentoring,
- Employment,
- Supportive Services,
- Identification Acquisition,
- Benefit Acquisition,
- Parenting/Family Reunification,
- Cognitive Behavioral Programs,
- Gang Disengagement, and
- Transportation.

These service providers may also provide support services, such as work clothing, tools, and housing assistance.

### Provided Services

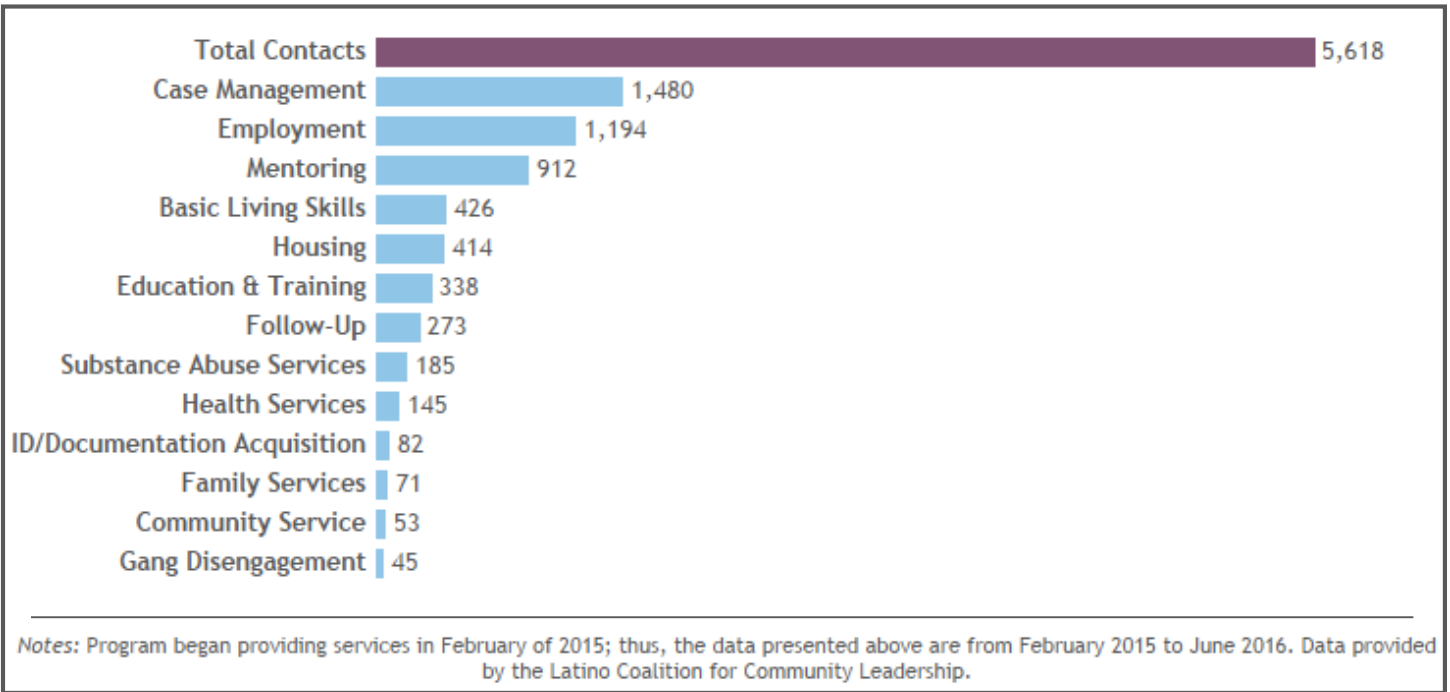
WAGEES grantees began providing services to parolees in February 2015. Thus, from February 2015 to June of 2016, the grantees provided services to a total of 962 CDOC parolees. Of those 962 parolees, 449 (47%) obtained employment and 145 (15%) began participation in a training or education program (Figure 14).

**Figure 14:**  
WAGEES Number of Parolee Placements



<sup>13</sup> WAGEES grantees began providing services to parolees in February of 2015.

**Figure 15:**  
**WAGEES Number of Grantee Parolee Contacts**



Additionally, from February 2015 to June of 2016, grantee staff made a total of 5,618 contacts with the 962 enrolled parolees. Those contacts consisted of case management efforts (26%), employment services (21%), mentoring (16%), basic life skills contacts (8%), housing services (7%), education and training services (6%), follow-up contacts (5%), substance abuse services (3%), health services (3%), family services (1%), gang disengagement contacts (1%), documentation acquisition (1%), and community service (1%) (Figure 15).

These grantee services consisted of a total of 18,694 contact hours. With the most frequently occurring contact type (34%) for education and training services, followed by mentoring (16%), employment (15%), case management (12%), and substance abuse (7%) (Figure 16).

**Figure 16:**  
**WAGEES Grantee Parolee Contact Hours**

CONTACT TYPE	Hours
Education & Training	6,367
Mentoring	3,068
Employment	2,779
Case Management	2,164
Substance Abuse Services	1,371
Community Service	969
Basic Life Skills	763
Housing	559
Health Services	263
Family Services	168
Follow-Up	104
Documentation Acquisition	91
Gang Disengagement	28
<b>Grand Total</b>	<b>18,694</b>

*Notes: The data presented above are from February 2015 to June 2016.*

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## CONCLUSION

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During FY 2016, the CDOC implemented and continued strategies, in response to HB 14-1355, to enhance the previously existing programs and procedures. Those continuations and enhancements included in-reach to offenders within the facilities prior to their release to link to community-based resources, providing pre-release planning prior to release, and establishing reentry living units within the facilities to help facilitate access to reentry staff. These staff work with offenders both prior to and after release to parole to help facilitate his/her transition to the community. This consists of providing pre-release courses, establishing individual transition plans, assessing an offender's potential barriers to successful reentry, providing reentry services, and providing referrals to community partners, as needed.

These initiatives also consisted of continuing the grant program to engage other community organizations into service provision for parolees and providing staff training and case management strategies, such as motivational interviewing and EPICS as additional tools to motivate parolees and to identify their existing and future needs. Further, additional CWISE enhancements improved functionality of case management, supervision, and data tracking.

The CDOC has plans for FY 2017 to implement additional strategies to further support offender reentry. It began implementation of a Housing and Stabilization Unit at Parole's Broadway office to tailor services to those high-risk, high-need individuals with high risk factors related to medical and mental health needs. The Department will also institute further CWISE programming to establish benchmarks and outcomes for reentry service tracking. Additionally, it will continue to enhance the existing in-reach efforts to increase continuity of care from the facility to the community, especially focusing on homelessness mitigation prior to release and those with high risks and high needs that are more likely to return to prison.



**FOR MORE INFORMATION, CONTACT:**

**Office of Planning and Analysis  
Department of Corrections  
1250 Academy Park Loop  
Colorado Springs, CO 80910  
DOC\_OPA@state.co.us  
(719)226-4373**