



COLORADO

Department of Corrections

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**HB 14-1355 ANNUAL REPORT:
DEPARTMENT REENTRY INITIATIVES
FOR FY 2017**

A REPORT SUBMITTED TO THE
JOINT JUDICIARY COMMITTEES OF THE
SENATE AND HOUSE OF REPRESENTATIVES
DUE JANUARY 1, 2018, PURSUANT TO C.R.S. 17-33-101

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INTRODUCTION

The mission of the Department's Reentry Initiative is to improve public safety by providing a continuum of reentry services and interventions that assist each offender transitioning from prison to the community. Reentry begins at admission and continues through community supervision and discharge.

The National Reentry Resource Center and the 2010 Council of State Governments Justice Center¹ highlight promising practices for successful reentry programming along a transition continuum:

1. Evidence-based, research-driven interventions and treatment modalities ("What Works" approach).
2. Structural characteristics and features for transitional reentry delivery of services and supervision (Transition Continuum) where the community leads the efforts within the facilities.
3. Personnel, leadership, and skill building where 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 the Integrated Case Management (ICM) supervision system to strategically use resources to enhance community safety by assessing, motivating, and providing targeted interventions that address the offender's risk and needs, utilizing a collaborative case management team approach².

5. Requirement for multi-agency collaboration. Multi-agency collaborations help provide support services and non-criminal networks for long-term offender stabilization. Success is more likely when offenders have housing options, supportive families or sponsors, employment and educational opportunities, are able to access long-term physical and mental health services, and can identify ways to participate in non-criminal networks³.

Staff across the Department provide services traditionally identified with community reintegration, transitional services, and aftercare services. Staff provide support services through partnership with state and local agencies, community- and faith-based collaborations.

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

² 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>.

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

During Fiscal Year (FY) 2017, the Colorado Department of Corrections (CDOC) managed the needs of an average daily jurisdictional population of 30,684 offenders, of which, 10,477 (34%) were parolees (Figure 1). During FY 2017, 7,350 offenders were released to parole⁴ (Figure 2). Between fiscal years 2008-2017, an average of 8,573 offenders released to parole per year.

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 CHANCES OF ACHIEVING SUCCESS UPON HIS OR HER RELEASE TO THE COMMUNITY.”

Figure 1: Colorado Department of Corrections Average Daily Jurisdictional Population

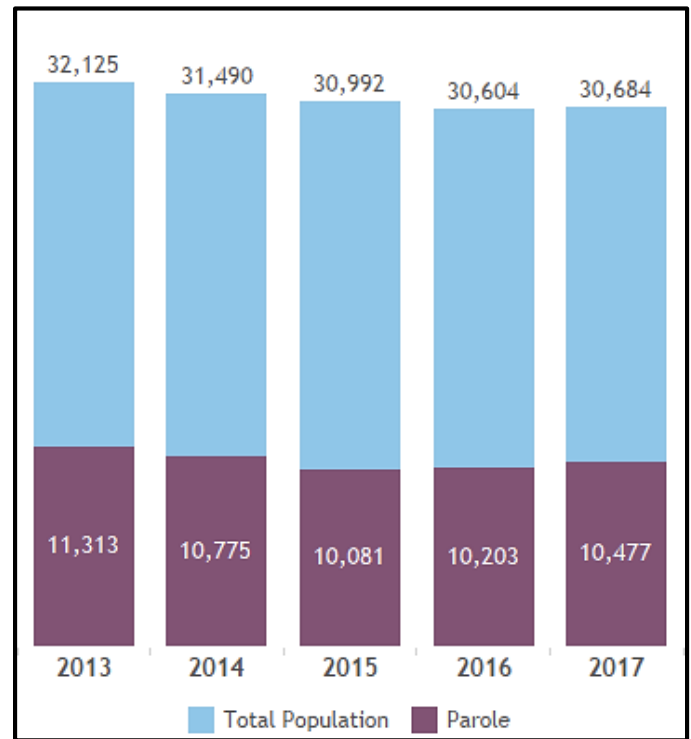
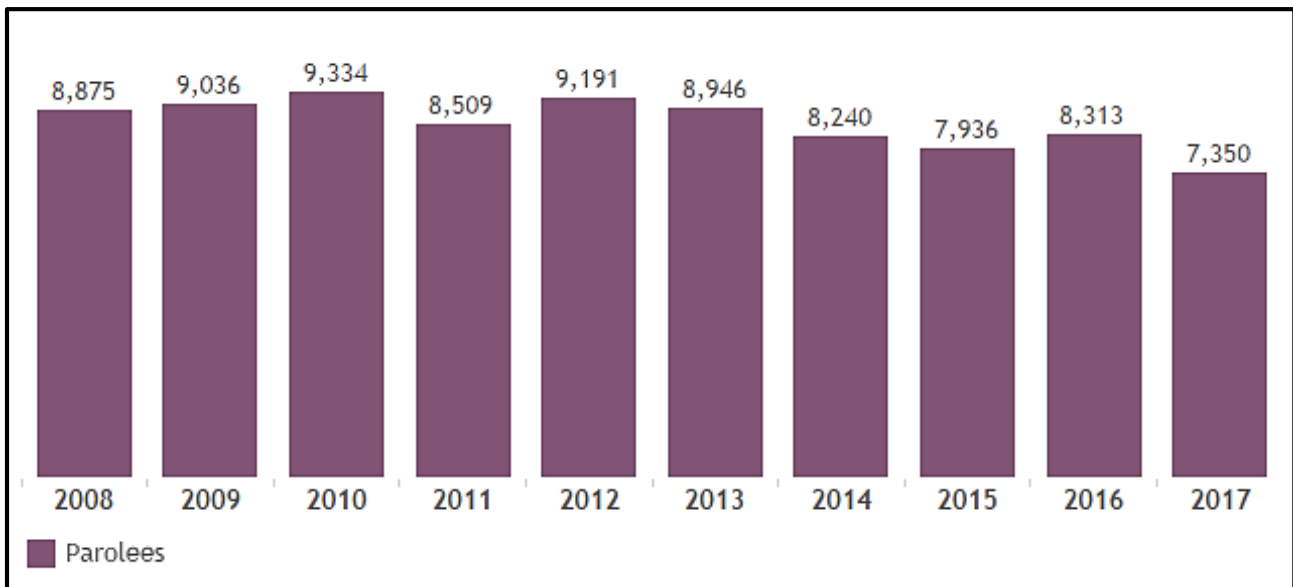


Figure 2: Releases to Parole by Fiscal Year



⁴ The 7,350 releases to parole in FY 2017 was a decline of 963 from the previous fiscal year.

This report is required pursuant to C.R.S. 17-33-101(8)(a) (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 programs for offender reentry. In doing so, it discusses new and existing initiatives in the community and facilities during FY 2017 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.

FACILITY-BASED REENTRY INITIATIVES

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 2017, 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.

Evidenced Based Reentry Models

The National Institute of Correction's (NIC) Integrated Case Management model lays out the principles of evidence-based practice. 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. Furthermore, a systematic reentry process must engage key staff members (Case Managers, Mental Health Clinicians, Education and Vocational Staff, Substance Abuse Counselors, and Parole Officers) using a multidisciplinary approach.

The process begins with risk/needs assessments (**Figure 3**) to identify the targeted criminogenic needs, the barriers to community stabilization, and the individual offender's strengths. These assessments should be the basis for case planning

with each offender as they determine effective risk management levels and 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, education, and employment history), Need Principle (anti-social beliefs, peers, education and vocational needs, and mental health problems) and Responsivity Principle (motivation, learning abilities, personality, and trauma informed care).

Figure 3:
Risk/Need Assessments 2014 -2017

Prison Intake Tool	25,874
Reentry Tool	20,574
Supplemental Reentry Tool	33,326

Colorado Transition Accountability Plan (CTAP)

CTAP includes developing and implementing assessment driven case planning that matches the appropriate interventions with the identified risk, need, and responsivity levels of the offender. This multidisciplinary approach involves the offender, Case Managers, Reentry Unit Correctional Staff, Education and Vocational Instructors, Mental Health Clinicians, Substance Abuse Counselors, Pre-release Staff, Facility Parole Officers and Community Parole Officers, Community Reentry Specialists (CRES), community- and faith- based agencies, family, and sister state agencies.

CTAP is a dynamic automated case management system, shared across a multidisciplinary team, which is updated as progress is made, and used to guide case management. Under normal circumstances, offenders complete the initial screening, testing, and orientation process within 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 release. 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 contacts with offenders assigned to their caseload. 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 progress and program status, referral to mental health counseling and crisis interventions, and to communicate needs.

Pre-release Planning

Pre-release Specialists provide classes and one-on-one sessions for offenders to 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, which focus on the largest barriers to success for offenders upon their release.

Module topics include:

1. *Identification*: Participants identify needed documents and the resources available for assistance.
2. *Housing*: Participants identify viable options, gain an understanding of the importance of stable housing, and develop a housing plan.
3. *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.
4. *Transportation*: Participants identify available resources and develop a transportation plan.
5. *Money Management and Credit*: Participants learn and identify money management strategies, create a budget, and develop a money management plan.
6. *Education Options and Resources*: Participants identify available opportunities, begin required application procedures, if applicable, and learn about resources available to them to develop their skills.
7. *Healthy Lifestyles*: Participants identify strategies and establish a plan for maintaining stable mental, physical, and emotional health including access to care through Medicaid. This involves cognitive

behavioral skill building related to substance use, grief, loss, and identifying community resources to help with their individual health concerns.

8. *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.
9. *Victim Awareness and Restorative Justice:* Participants gain an understanding of victim awareness and reparation to all parties of the crime, along with the opportunity to develop plans toward making reparations for their crime.
10. *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 2017, there were a total of 3,713 participants in the pre-release course sessions at all facilities, a monthly average of 309 class participants⁵. A total of 1,248 enrolled offenders completed a pre-release course during FY 2017.

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.

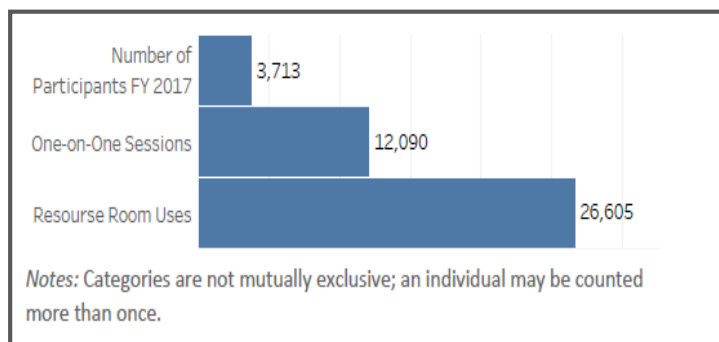
Pre-release participants are provided access to the Resource Lab⁶ during classes, while non-

participants are provided access during open lab times. The labs provide interactive job readiness courses, up-to-date job listings and a wide range of community resources to help build transition plans. 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.

Figure 4 shows that the Resource Labs across all facilities were utilized a total of 26,605 times during FY 2017, with an average of 2,217 uses per month. Additionally, Pre-release Specialists conducted a total of 12,090 one-on-one sessions and had 3,713 pre-release participants during this time period.

Figure 4:
Pre-release Participation



⁵ 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.

⁶ Resource labs 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, and information and templates necessary for participants to complete their Individualized Transition Plan (ITP).

Colorado Offender Identification Initiative

The CDOC, in collaboration with the Colorado Department of Revenue (CDOR), has implemented a multi-prong Colorado Offender Identification Initiative. The primary goal of this multi-agency collaboration is to protect Colorado citizens by providing offenders the

opportunity to secure 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. **Figure 5** shows the percent of eligible offenders who released with an official form of identification.

Figure 5:
Eligible Offenders Releasing with Driver's License or State ID (June 2012-June 2017)

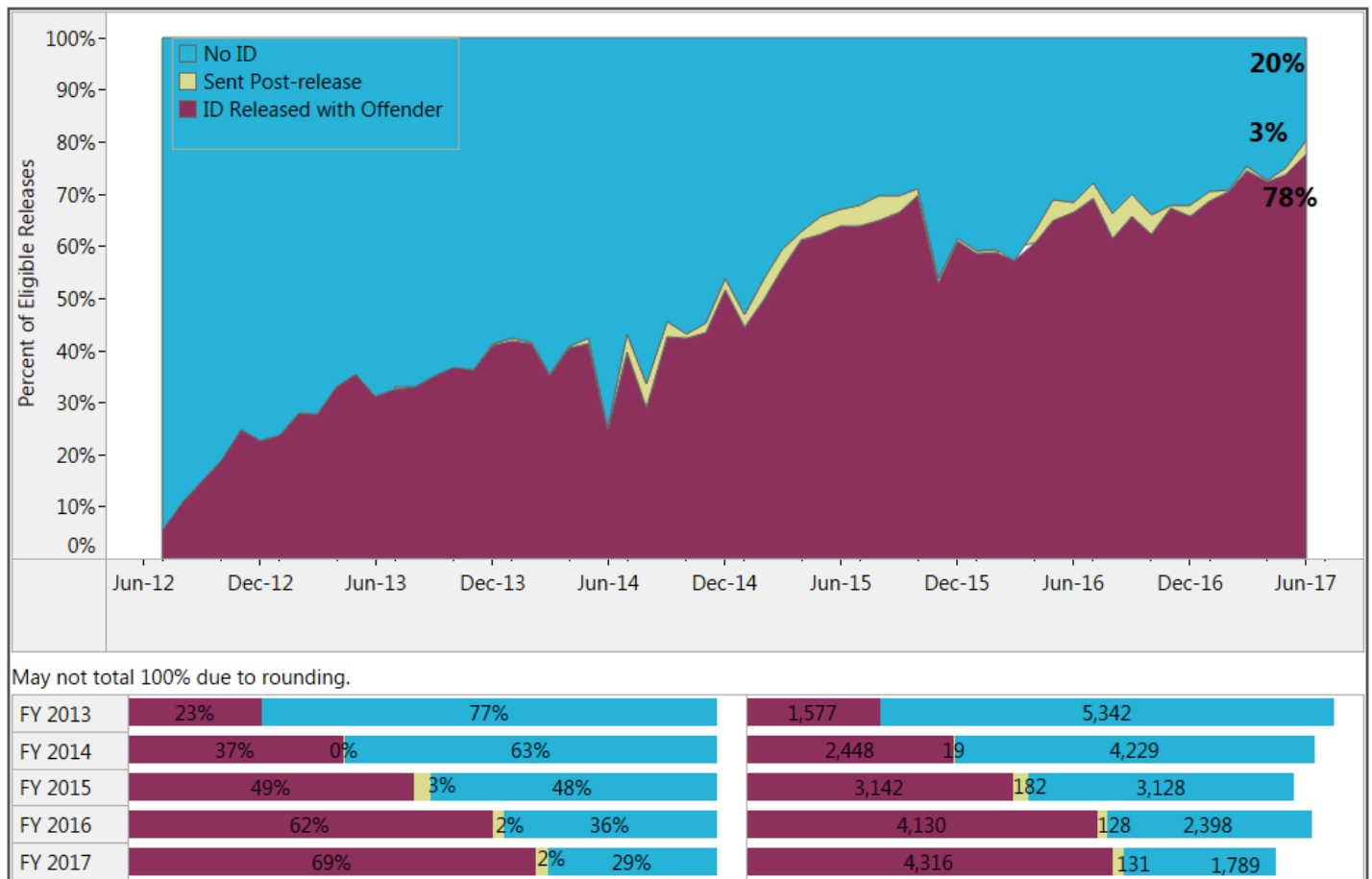


Figure 6:
Offenders Released Without an ID

FY 2017 to Date	
Refused	47
Unable to Order	251
Waived	226
Total	524

In FY 2017 five hundred and twenty-four or 8% of eligible releasing offenders were: unable to order, waived, or refused an I.D. (Figure 6). For offenders who were unsuccessful in 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 costs

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

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. The Reentry Unit initiative focuses on assisting offenders with successful reentry. As of June 30, 2017, there were reentry living units within 11 state correctional facilities and 2 privately owned and operated correctional facilities listed below:

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)-30 beds
- Denver Women's Correctional Facility (DWCF)-72 beds
- La Vista Correctional Facility (LVCF)-80 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-17 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

With the implementation of these 13 reentry living units/pods in Level II, III, and IV state and private correctional facilities, those units have been able to bridge the transition gap from facilities to community by providing releasing offenders with tools and resources necessary for a successful transition.

As an offender approaches release (6 - 18 months prior), they are moved to a centralized location in the facility where pre-release specialists, community- and faith-based agencies, and facility Parole Officers become more engaged in their individual reentry planning.

The CDOC focused on three broad strategies for successful reentry as part of the Facility-based Reentry Living Units Initiative. Metrics tied to these strategies were tracked in FY 17 and are presented after a description of each strategy.

Strategy #1

A significant component of this initiative has included developing 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 Faith Based-Organizations

1. Identify all the community- and faith-based agencies and points of contact that we currently have collaborative relationships with through faith and citizens or community reentry and what areas they provide assistance with (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 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 community- and faith-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. Enter into a partnership with the Latino Coalition to utilize 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 offenders to their community and help them learn how to establish pro-social networks and support systems. This is supported by having community- and

faith-based organizations begin mentoring and developing social support systems prior to release.

Behavioral Health

1. Integrate mental health, drug, and alcohol educational groups into the reentry pods to provide community behavioral health and medical referrals to ensure continuity of care.
2. Identify the best method of service delivery for these groups 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. Work with the Behavioral Health Organizations (BHO) 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 prior to discharge or release.

Examples of In-Reach Efforts

- *Wild at Heart*: Christian-based program encouraging offenders to get in touch with his inner self to be a better man, father, and husband.
- *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, to learn skills, find jobs, learn computer literacy, 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.
- *God Behind Bars*: Provides coaching and work readiness skills.
- *Prison Fellowship*: Leadership Seminar
- *Incarcerated Veterans Program*: through Veterans Affairs
- *Former Offender Motivational Speaker*: Weldon Long
- *Getting the Edge Program*
- *Denver Works*
- *El Paso County Workforce Center*



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.

Programs

Facilities continue to invite motivational and inspirational speakers, 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 and child painting or craft sessions, holiday dinners, grant funded fatherhood programs, and facility CPO's meeting with family members during visiting hours to encourage sponsorship.
3. Implement 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 (e.g. 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.

Examples of Family Reunification Events

- Read to the Children: Focused on giving offenders the opportunity to record their reading of books, which are provided to their children.



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.
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 and 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 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.

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. 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.
6. 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

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 offenders develop in coordination with the Pre-Release Specialist 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.), 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 offenders 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.

**Table 1
Metrics for Facility-based Reentry Living Units:**

Metrics	Q1 FY17	Q2 FY17	Q3 FY17	Q4 FY17	FY17 Total	1Year Goal	3Year Goal
Number of collaborative relationships developed with governmental and community participants that facilitate resources for offenders.	305	213	107	65	690	300	500
Number of in-reach functions	158	132	240	146	676	450	1,000
Number of offender contacts through in-reach services	933	1024	2123	2619	6,699	3,000	9,000
Number of offenders released from prison who use community partners	206	343	389	414	1,352	250	750
Number of reentry classes/services delivered	378	354	541	409	1,682	1,500	3,000
Number of facilitated family contact events	12	99	39	64	214	200	600
Number of complete portfolios	361	672	642	739	2,414	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.

Facility-based Parole Officers

Facility-based Community Parole Officers (FCPOs) work with offenders who are within 180 days of release focusing and on offenders who are assessed as high risk/high need, and those who are at risk of being released homeless. 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 (BHS), 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.

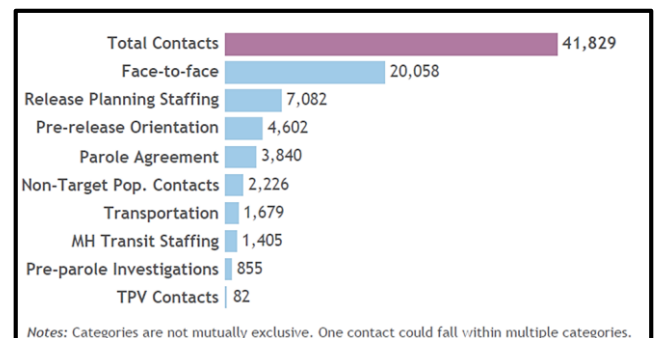
FCPOs contact individuals connected to the offender's release plan (e.g. the prospective housing sponsor) to ensure appropriateness of the living arrangements, and to identify and help develop solutions to any issues prior to the offender's release from prison, including contacting sponsors in order to promote family re-unification.

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 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 offenders' time and transportation pick-up notifications.

During FY 2017, FCPOs made a total of 41,829 contacts. The most frequently occurring type was face-to-face contacts (48%); other contacts included release planning staffings (17%), pre-release orientations (11%), parole agreement contacts (9%), non-target population contacts (5%), transportation provisions (4%), mental health transit staffings (3%), pre-parole investigations (2%), and TPV contacts (1%) (Figure 7)⁷.

Figure 7:
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 CDCC in helping offenders maintain their health care needs as they reenter the community.

⁷ These statistics are distinct contacts and include multiple contacts per inmate.

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, BHS, and facility Parole Officers to ensure offenders are programmed successfully.

Parole and Community Care Case Managers screen individuals with high medical needs at 120 days prior to release as part of specialized transition planning efforts. This can include benefits review, resource navigation and planning, or long term nursing care. These Case Managers also provide additional assistance in completing Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) applications, and using the SSI/SSDI Outreach, Access and Recovery (SOAR)-model for releasing offenders who have exceptionally high medical needs.

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, high risk, high needs, or dually 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 release. Information such as treatment summaries, recommendations, and referrals, as well as 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 BHS prior to release.

Nurse Case Managers

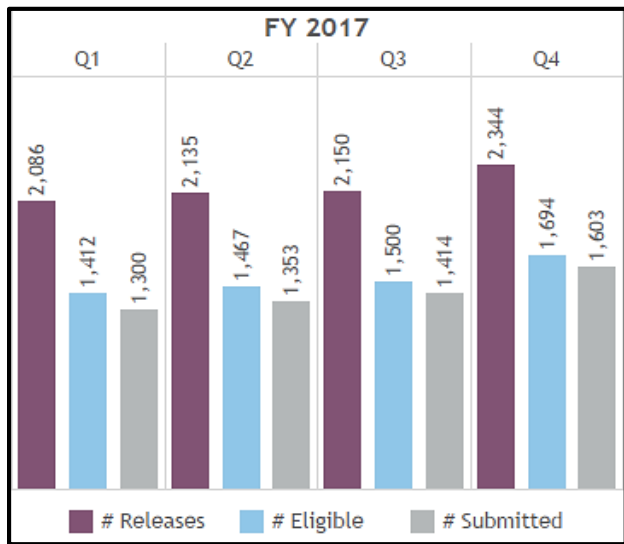
Other reentry efforts supported by the Division of Clinical and Correctional Services include assisting eligible offenders in obtaining Medicaid benefits prior to release and ensuring these offenders are releasing with a Medicaid number.

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 to apply for Medicaid. Since implementation in June 2016, 222 applications have been submitted and approved for offenders releasing to community corrections.

During FY 2017, a total of 5,670 Medicaid applications were submitted, offering 65% of releasing offenders the opportunity to apply for Medicaid prior to release (Figure 8). An average of 30% were ineligible to apply and 5% were missed and not offered the opportunity to apply for Medicaid.

Figure 8:
Releasing Offender Medicaid Applications



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.

During FY 2017, a total of 1,486 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 Housing and Stabilization Unit by a FCPO.

Once at the Housing and Stabilization Unit, the parolees meet with CRES to develop a plan for the first days out. They are provided a general overview of the available reentry services and stabilization resources based on their needs such as transportation, housing, food and basic needs. New releases will return for a more thorough Reentry Orientation in collaboration with community partners and individuals with high stabilization needs will return to work with a CRES.

COMMUNITY-BASED REENTRY INITIATIVES

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 2017, 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)

CRES provide integrated case management and support services throughout the state to assist with removing barriers that interfere with a successful transition from prison to the community. Reentry services may include, but are not limited to, the following: case management and community referrals, stabilization assistance or resources for housing, employment assistance and job placement, employment training, resource navigation, care coordination programming to address criminogenic needs.

CRES 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 leverage resources from community partnerships to assist in obtaining benefits, education, treatment, employment counseling, long-term housing, pro-social leisure and recreation

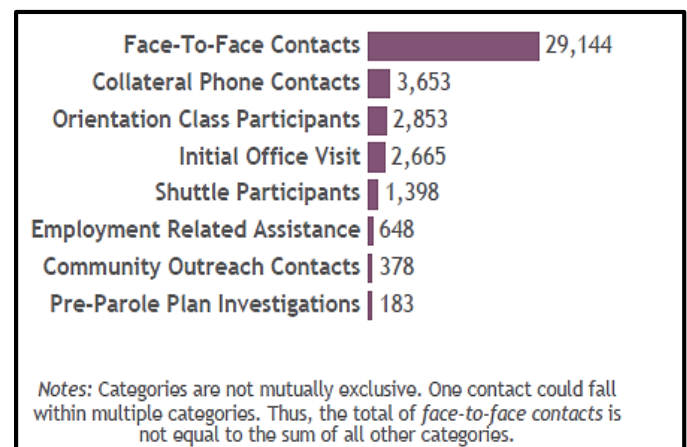
activities, legal documents, and family re-

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 Facility Parole Officers. CRES operate in close coordination with the Community Parole Officers and Employment Training Navigators to offer parolees the opportunity to be self-reliant, responsible, proactive citizens who are invested in their own behavior change.

During FY 2017, CRES made a total of 29,144 face-to-face contacts, a 5% increase from the 27,670 face-to-face contacts made in FY 2016. Additionally, CRES made 3,653 collateral phone contacts, 378 community outreach contacts, and 648 employment-related contacts. They also conducted 183 pre-parole plan investigations, 2,665 initial office visits, and orientation for 2,853 parolees (**Figure 9**).

Figure 9

Community Reentry Specialist Contacts

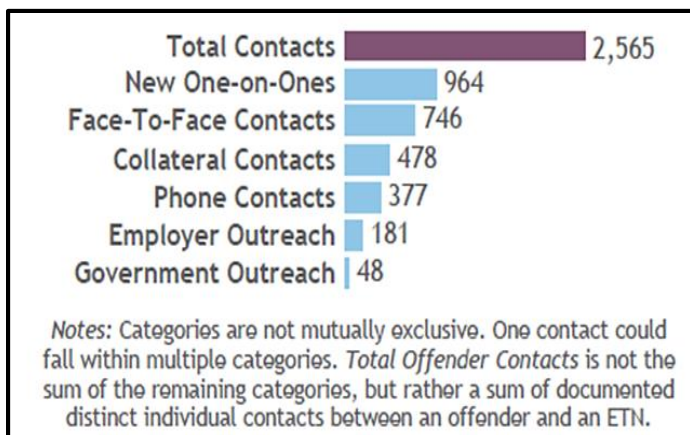


Employment and Training Navigation

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 with sustainable wages through soft skills classes and funding for job training. ETNs use an employment readiness screening tool to career path and match individuals on parole with appropriate levels of service. ETNs collaborate with workforce centers, community organizations, 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.

In FY 2017, (Figure 10) ETNs made a total of 2,565 parolee contacts. More specifically, they made 964 new one-on-one contacts, 746 face-to-face contacts, 478 collateral contacts, and 377 phone contacts. Additionally, the ETNs made 181 contacts with potential employers and 48 contacts with governmental organizations on behalf of the parolee.

Figure 10:
Employment & Training Contacts FY 2017



Behavioral Health Specialists (BHS)

Four master's level community-based BHS provide services for mentally ill parolees across the state. Prior to parole, BHS 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 2017, BHS had a total of 18,585 contacts with offenders. Clinical case management contacts occurred the most (40%), followed by collateral phone contacts (27%) and face-to-face contacts (10%). Additionally, they assisted with medication issues (6%), made offender phone contacts (4%), participated in transition planning meetings (3%), and provided other (10%) types of assistance as noted in Figure 11.

Figure 11:

Behavioral Health Specialist Contacts

Clinical Case Management	7,484
Collateral Phone Contacts	5,094
Face-to-Face Contacts	1,842
Medication Assistance	1,162
Offender Phone Contacts	690
Attendance at Transition Planning Meetings	526
Referral to Outpatient Treatment	511
Housing Assistance	355
Ongoing Engagement with Community Partners	329
Referral to Inpatient Treatment	155
Referral to JBT	106
Crisis Contacts	94
Community Partnerships Established	76
Referral to Vivitrol Program	68
Referral to Emergency Psych Services	52
Referral to Other Entity	28
Referral to D&A Treatment	12
Assistance w/ Placement in Shelter	1
Grand Total	18,585

Note: Categories are not mutually exclusive. One contact could fall within multiple categories.

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 responsibilities include 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 stabilization needs to parolees upon release to parole supervision from prison, specifically focusing on the needs of offenders who are paroling homeless. Those emergency needs typically consist of transportation, housing, psychotropic medication, clothing, and any other specialized needs that may impact a parolee’s successful transition into the community.

During FY 2017, the funding was also used to provide employment training, work tools, tattoo removal, 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 2017, 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 twelve months. This treatment is used in conjunction with psychosocial treatment for participants willing 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 2017, the Vivitrol program served a total of 120 parolees, providing a total of 297 injections.

Reentry Enhancements

In FY 2017, the Division continued to implement operational enhancements to reentry processes. 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 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 continues to expand the existing partnership with WAGEES to include co-facilitating parolee orientations, conducting joint trainings, conducting joint monthly case staffings for wrap-around services, and providing increased care to parolees through combined efforts.

Finally, the Division is conducting strategic in-reach to facilities for reentry planning and homeless mitigation prior to an offender's release. This process includes coordination between the FCPO, PRS and CRES to ensure the best plan is in place prior to release. The addition of two new Community Care Case Managers supports this process through 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.

OPERATIONAL ENHANCEMENTS

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 2017, CDOC utilized operational enhancements in staff training and the electronic monitoring command post in order to improve supervision strategies that are 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 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 supervisees⁸. 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 change⁹.

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 and assessing and troubleshooting skill

⁸ 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%20CJS%20Report%202.22.13.pdf>.

⁹ 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.

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 meeting¹⁰.

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 2017, all parole staff, with the exception of new hires, had completed beginning motivational interviewing. In FY 2017, a total of 28 Parole staff had EPICS end user training, 11 were certified as EPICS Coaches, and 7 were certified as Specialized Trainers.

Electronic Monitoring Command Post

During FY 2017, the Division utilized appropriations for six 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 applicable and, if appropriate, escalates response protocols if the offender or officer

¹⁰University 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).

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 2017, the Division made enhancements to the CWISE system to improve functionality for Community Parole Officers by implementing an automated Parole Complaint process, an automated Early Parole Discharge process and an automated Restitution Collections Referral process - all paper-driven processes prior to automation.

Specific improvements to the parole complaint process provide for multiple efficiencies such as an electronic escalation for approval at various stages to include the officer's supervisor and Parole Board staff, electronic communication of

revocation hearing dates, and the ease and speed at which a warrant can be entered or a complaint be withdrawn. Improvements to the early discharge process are specific to the timely reward for supervision compliance by allowing an officer to be notified of offender eligibility, for the request to be electronically submitted, and for the request to move quickly through the escalation process to the Parole Board for review. If approved, the system automatically generates a discharge certificate and the discharge is processed. Lastly, the automation of the restitution collections referral process allows an officer to hold an offender accountable to pay a restitution balance if the offender is delinquent in payments while on parole or upon parole discharge by sending the referral directly to the judicial system from DOC Restitution Accounts.

Safety Equipment Replacement Plan

During FY 2017, the Division utilized appropriations to replace safety equipment. More specifically, the funds were used to purchase equipment for new officers and replacing expired or outdated equipment, such as custom fitted ballistic vests, along with external carriers, radio holders, speaker microphones, earpiece microphones, surveillance kits, and radios for Division staff.

GRANT PROGRAM

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 program to provide grant money 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 money 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

¹¹ The Division has moved from a three region system to an office system, with a total of 18 parole offices, as of the end of FY 2017.

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 regions¹¹. 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. In FY 2017, seven community partners remain part of the program, including: Bridge House (Boulder);

Christlife Ministries (Pueblo and Colorado Springs), Inside Out (Aurora, Ft. Collins); Junction Community Church (Grand Junction); Second Chance Center (Aurora), Servicios de la Raza (Denver); and The Rock Foundation (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 through June of 2017¹², WAGEES grantees provided services to a total of 1,699 parolees, 36 percent more than projected (Table 2).

Available Services

Although each community partner has its own unique approach, cultural competency, and service area emphasis, all provide or coordinate services that include 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 of 2015. From February 2015 to June of 2017, the grantees provided services to a total of 1,699 CDOC parolees. Of those 962 parolees, 449 (26%) obtained

employment and 145 (9%) began participation in a training or education program (Figure 12).

**Table 2
Performance of WAGEES Community Partners through June 2017**

Performance Standard	Target	Actual
Enrollment rate: The number of enrollment participants should meet or exceed the number stated in the community partner’s enrollment plan.	1,250 participants	1699
Placement rate: Participants placed in employment, short- or long-term occupational training, or post-secondary education.	60% of participants	63%
Employment retention rate: Participants receiving an employment-related placement as described above should remain in such placement for at least 90 days.	50% of participants	57%
Credential attainment rate: Participants receiving a high school equivalency diploma, occupational training credential, or certificate.	50% of participants	72%
Recidivism rate: Participants who are arrested for a new crime or have their parole revoked for technical violations while enrolled in the program.	No more than 20 %	9%

¹² WAGEES grantees began providing services to parolees in February of 2015. Data is provided up through June 30, 2017.

CONCLUSION

During FY 2017, the CDOC continued implementing strategies to enhance existing reentry programs, services and policies. Some of the enhancements included expanding in-reach activities 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 community and faith-based organizations into providing a myriad of services for parolees; providing staff training and case management strategies including motivational interviewing and EPICS as additional tools to motivate parolees to engage in services that are designed to reduce their risk to reoffend and increase their likelihood of successful transition back into the community.

In FY18 the CDOC will continue to build off the success of the past by implementing strategies to further develop a continuum of effective offender reentry services and programs.

Specific strategies include:

- Increasing employment and housing options for released parolees by expanding the availability and access to services provided by community- and faith-based organizations across the state;
- Reducing technical parole violations by expanding the use of community-based interventions in lieu of incarceration;
- Expanding in-reach efforts, with specific emphasis on mitigating homelessness upon release and to increase continuity of care from the facility to the community;
- Enhancing the process for multidisciplinary team staffings and transition planning prior to release for offenders with high risk and needs; and Developing a comprehensive process-improvement, evaluation and reporting capacity to measure and track key program performance and outcome measures.

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