



COLORADO

Department of Corrections

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HB 14-1355 ANNUAL REPORT: DEPARTMENT REENTRY INITIATIVES FOR FISCAL YEAR 2019

A REPORT SUBMITTED TO THE
JOINT JUDICIARY COMMITTEES OF THE
SENATE AND HOUSE OF REPRESENTATIVES
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INTRODUCTION

The mission of the Colorado Department of Corrections (CDOC) 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.
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. Requirements 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.

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

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>.

DESIGNED TO DECREASE RECIDIVISM, ENHANCE PUBLIC SAFETY, AND INCREASE EACH OFFENDER'S CHANCES OF ACHIEVING SUCCESS UPON HIS OR HER RELEASE TO THE COMMUNITY.”

During Fiscal Year (FY) 2019, the CDOC managed the needs of an average daily jurisdictional population of 31,288 offenders, of which 11,065 (35%) were parolees (Figure 1). During FY 2019, 8,569 offenders were released to parole⁴ (Figure 2). Between fiscal years 2009-2019, an average of 8,563 offenders released to parole per year.

Figure 1:
Average Daily Jurisdictional Population

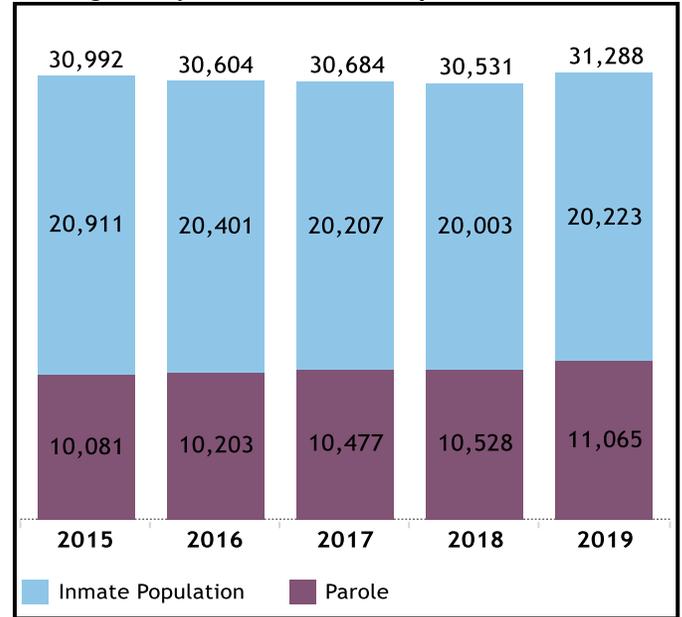
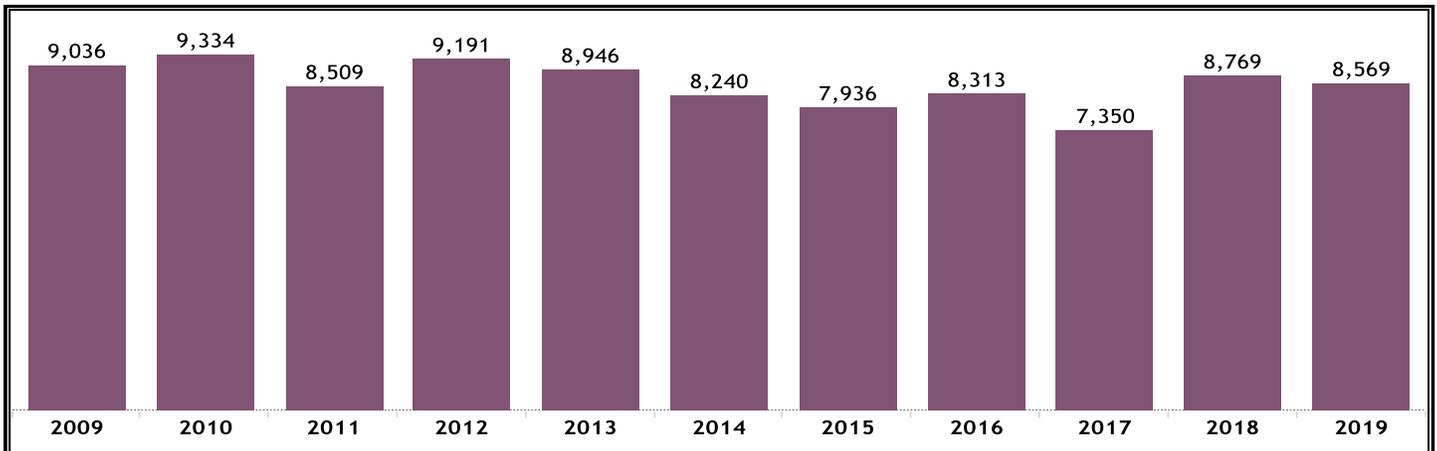


Figure 2:
Releases to Parole by Fiscal Year



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 the CDOC’s programs for offender reentry. In doing so, it discusses new and existing initiatives in the community and facilities during FY 2019 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.

⁴ The 8,569 releases to parole in FY 2019 represent a decrease of 200 (2.3%) from the previous fiscal year.

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 2019, 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.

Evidence-Based Reentry Models

The National Institute of Correction’s (NIC) Integrated Case Management model lays out the principles of Evidence-Based Practice (EBP). 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 (Table 1) 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).

Table 1:
Risk/Needs Assessments FY 2019

Type	Q1	Q2	Q3	Q4	FY Total
Prison Intake Tool	1,869	2,182	1,997	2,223	8,271
Reentry Tool	1,965	1,256	1,000	1,433	5,654
Supplemental Reentry Tool	2,246	2,358	2,840	2,308	9,752

Note: 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).

Colorado Transition Accountability Plan

The Colorado Transition Accountability Plan (CTAP) includes developing and implementing assessment driven case planning that matches 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 other state agencies.

The 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 the Denver Reception and Diagnostic Center (DRDC), offenders are assessed individually by multiple departments including 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 them 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 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 system. 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 communication of needs.

The Women’s Risk Needs Assessment (WRNA) was fully implemented on February 1, 2018. The WRNA guides case managers in appropriate case planning for female offenders. The WRNA model allows for the department to address criminogenic needs that are specific to female offenders such as: problems pertaining to relationships, parenting skills, abuse as a child or adult, self-efficacy, and self-esteem. During FY 2019 case managers completed 1,776 WRNA assessments in Denver Women’s Correctional Facility and 290 in La Vista Correctional Facility (Table 2).

**Table 2:
Women’s Risk Needs Assessments by Facility**

Type	Q1	Q2	Q3	Q4	FY Total
Denver Women's Correctional Facility	516	387	358	515	1,776
La Vista Correctional Facility	145	13	74	58	290
Grand Total	661	400	432	573	2,066

PRE-RELEASE PLANNING

Voluntary pre-release classes are offered in each facility and are taught by Pre-release Specialists. Pre-release Specialists provide classes and one-on-one sessions for offenders to help with planning for their release to the community. These classes are comprised of 10 cognitive behavior-based modules, which focus on the largest barriers to success for offenders upon their release.

A list of pre-approved module topics is included on the following page.

Module topics

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.

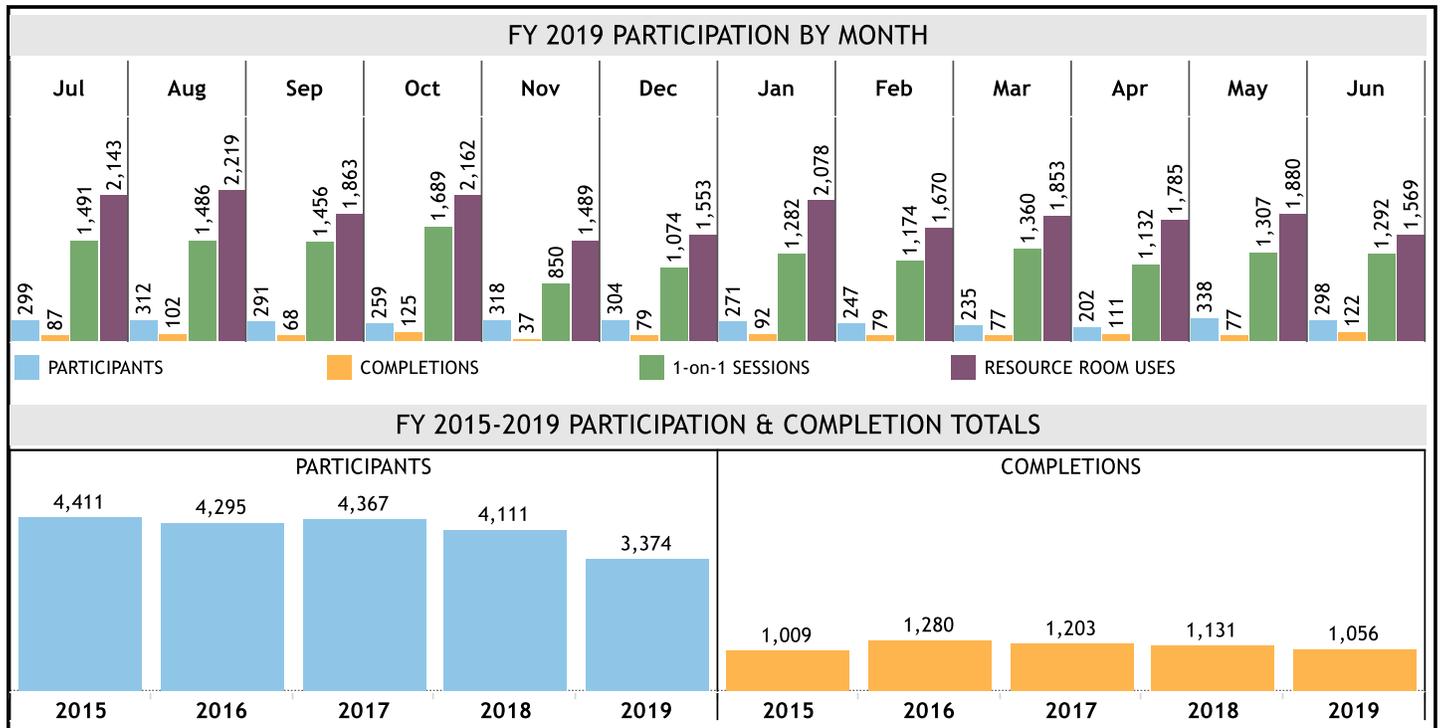
9. *Victim Awareness and Restorative Justice:* Participants gain an understanding of victim awareness and reparation to all parties of crime, along with the opportunity to develop plans toward making reparations for their crime.
10. *Living Under Supervision:* Participants distinguish between different release options, identify strategies for success, and have the opportunity to ask questions about community supervision requirements and processes.

During FY 2019, 3,374 participants were enrolled in pre-release course sessions, on average, 281 participants per month⁵. Of those who participated, a total of 1,056 completed a pre-release course (**Figure 3**). 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 other reason for transfer. Pre-release participants are provided access to the Resource Labs⁶ during classes, while non-pre-release participants have access during open lab times. The Resource Labs provide interactive job readiness courses, job listings and a range of resources to 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.

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

⁶ Resource labs in the facilities are virtual 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).

Figure 3:
Pre-release Session Participants and Completions



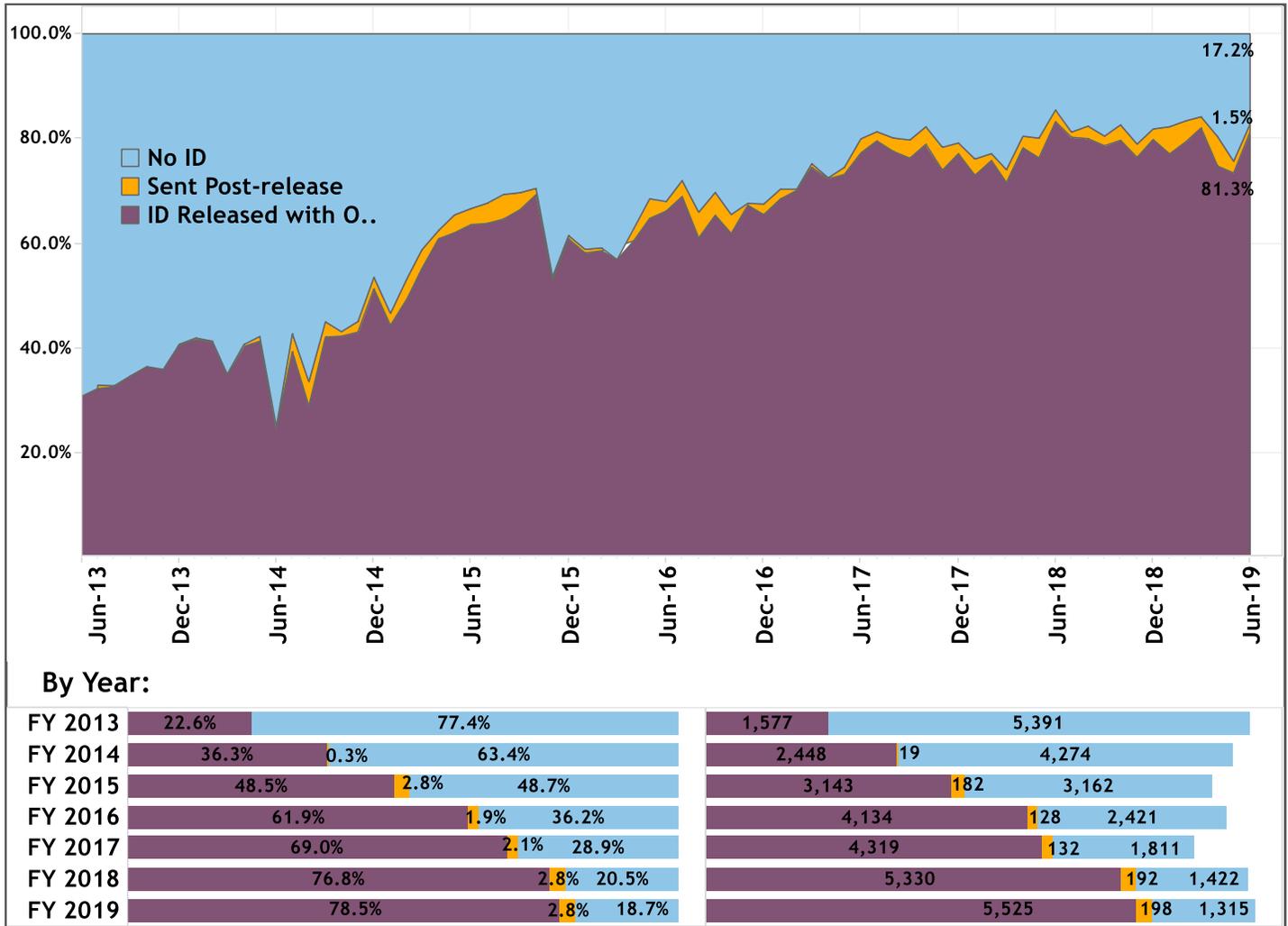
Note: Participants is a sum of each month's participants and are not distinct; an individual may be counted more than once. Completions are distinct individuals and are on a month delay.

Colorado Offender Identification Initiative

The CDOC, in collaboration with the Colorado Department of Revenue (CDOR), has implemented a multi-pronged 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 4** on the following page shows the percent of eligible offenders who released with an official form of identification.

Figure 4:
Eligible Offenders Releasing with Driver's License or State Identification (ID)



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

In FY 2019, of the 1,315 who did not receive an ID, 827 were eligible and either refused, were unable to order, or waived their right to get an ID. (Table 3).

Table 3:
Offenders Released Without an ID in FY 2019

Refused	158
Unable to Order	615
Waived	54
Total	827

FACILITY BASED REENTRY LIVING UNITS

The CDOC Division of Prison Operations was tasked 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, 2019, there were reentry living units in 12 state correctional facilities and 2 private correctional facilities. The facilities and number of reentry beds are:

State Facilities

- Arkansas Valley Correctional Facility (AVCF)- 55 beds
- Arrowhead Correctional Center (ACC)- 105 beds
- Four Mile Correctional Center (FMCC)- 100 beds
- Colorado Territorial Correctional Facility (CTCF)- 42 beds
- Denver Women’s Correctional Facility (DWCF)- 93 beds
- La Vista Correctional Facility (LVCF)- 92 beds
- Sterling Correctional Facility (SCF)-194 beds
- San Carlos Correctional Facility (SCCF) - 26 beds
- Trinidad Correctional Facility (TCF)-100 beds
- Buena Vista Correctional Complex (BVCC)- 196 beds
- Fremont Correctional Facility (FCF)- Medium-144 beds
- Limon Correctional Facility (LCF)- 51 beds

Private Facilities

- Bent County Correctional Facility (BCCF)- 48 beds
- Crowley County Correctional Facility (CCCCF)-104 beds

With the implementation of 14 reentry living units state and private correctional facilities have been able to bridge the gap from facilities to the community by providing releasing offenders with tools and resources necessary for a successful transition.

As an offender approaches 6 to 18 months from release they are moved to a centralized location in the facility where pre-release specialists, community- and faith-based agencies, and facility-based Community Parole Officers become engaged in their individual reentry planning. **Table 4** depicts reentry living unit’s current population and the number of classes and services provided during FY 2019.

**Table 4:
Reentry Units**

	Q1	Q2	Q3	Q4	FY Average
Current Population	1,392	1,344	1,350	1,350	1,359
Classes & Services	916	758	803	719	799

The reentry living units provide releasing offenders with tools and resources necessary to facilitate a fluid transition to the community and to promote successful reintegration. A significant component for the success of the reentry units has been the establishment of collaborative partnerships with private and governmental entities to identify resources for releasing offenders through an In-Reach model.

The concept of In-Reach embraces the idea that in order for an offender to succeed in a community setting, they must have critical basic needs, such as housing, job skills,

employment, and treatment programs arranged before releasing from prison. Examples of In-Reach efforts in FY 2019 include:

- Reattaching the Strings at La Vista Correctional Facility, a presentation focused on self-reflection and self-worth for women.
- Centennial Correctional Facility hosted a Reentry Fair with the following organizations: Veterans Upward Bound, Colorado Workforce Center, Department of Human Services - Child Support, God Behind Bars, Mercy Today Ministries, Doing His Time Ministries, FairShake, Teaching Human Existence, CTCF Dental, Medical, and Parole.
- Limon Correctional Facility hosted a Resume Building Lab, during which a Pre-Release Instructor covered all aspects of resume building. All participants acquired resume building skills and began a resume of their own.

Engaging in suitable employment is a critical component for offenders to be successful in the community and to overcome obstacles once released from prison. The In-Reach Liaison in Prison Operations facilitated connections between Colorado Workforce Centers, Second Chance employers and community resource agencies statewide. The partnerships with the Denver, Western Slope, Northern, and Southern Colorado Workforce Centers are a key piece to successful reentry and provide free employment resources including workshops, work programs, apprenticeships and on-the-job training.

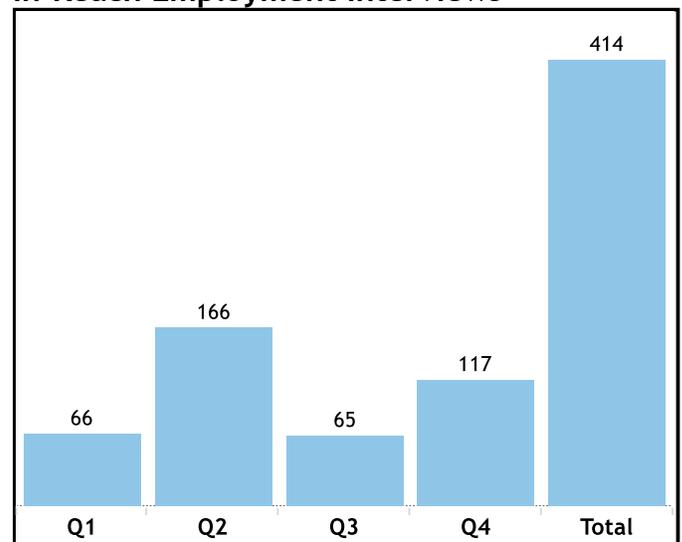
In addition to the workforce center partnerships, the In-Reach Liaison collaborated with Second Chance employers to pre-hire

offenders prior to release in the community. Through this collaboration, employers are able to interview pre-screened offenders who meet the employer’s needs based on criminal background, education, work history, work skills, certifications, and behavior. The In-Reach Liaison notifies and provides the paroling offender’s information to the appropriate Parole Employment & Training Navigator.

Through this joint effort Weld County Workforce Center has enrolled previous offenders that were pre-hired through the In-Reach interview process into a federally funded grant program that provides employment resources such as on-the-job training. This collaboration has allowed the employer, workforce center, and offender to be placed in the on-the-job training program in which the workforce center will pay for 50% of the offender’s wages, up to a limit.

Figure 5 details the number of In-Reach employment interviews conducted in FY 2019.

Figure 5:
In-Reach Employment Interviews



The Sex Offender Treatment and Monitoring Program (SOTMP) partnered with parole

officers, parolees who are supervised as sex offenders, and community-based treatment providers to provide In-Reach sessions. These sessions are delivered to offenders participating in SOTMP treatment and maintenance groups to help them understand the process as they transition to parole supervision.

The SOTMP is collaborating with Reentry, Pre-Release and case management to reach all releasing sex offenders, regardless of status of treatment participation, so they have access to resource information as they release from prison. **Table 5** provides additional details on the reentry units for each quarter of FY 2019.

**Table 5:
Reentry Unit Metrics**

Metric	Q1	Q2	Q3	Q4	1-Year Goal	FY2019
Number of business & industry partnerships	8	9	20	12	25	49
Number of in-reach functions	159	122	136	193	575	610
Offender population served through in-reach services	3,746	3,639	2,815	3,726	4,500	3,482 (Average)
Total number of classes & services delivered in reentry living unit	916	758	803	719	1,500	3,196
Offender population served through classes & services in reentry living unit	1,392	1,344	1,350	1,350		1,359 (Average)
Number of facilitated family contact events	328	447	414	472	200	1,661

FACILITY-BASED COMMUNITY PAROLE OFFICERS

Facility-based Community Parole Officers (FCPOs) work with offenders who are within 180 days of release focusing on offenders who are assessed as high-risk, high-need, and those who are at risk of being released homeless. FCPOs review offender’s records, case files, and transition plans to help with identifying potential barriers to their success upon release. FCPOs 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. FCPOs assist with staffing meetings and pre-parole investigations, and help in completing pre-parole investigations, including those with a quick turnaround for offenders having less than 30 days to release.

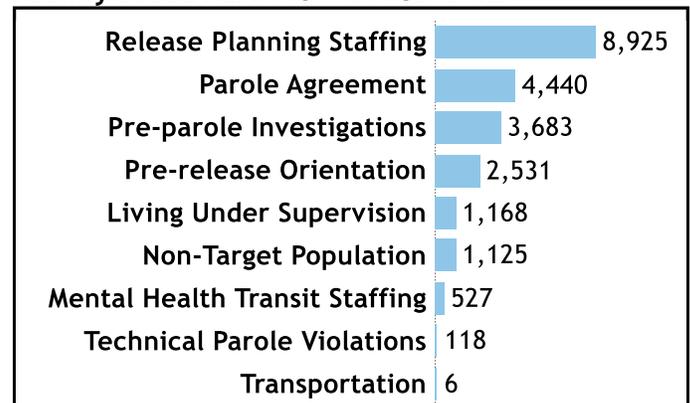
FCPOs contact individuals connected to the offender’s release plan (e.g. the prospective housing sponsor) to ensure appropriateness of the living arrangements, and to identify and help develop solutions to any issues prior to the offender’s release from prison, including contacting sponsors in order 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 contact 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, and CPO’s and Case Managers attend to answer questions and concerns regarding release and resolve questions and concerns regarding an offender’s time and transportation pick-up notifications.

During FY 2019, FCPOs made a variety of contacts the most frequent being: 8,925 release planning staffings, 4,440 parole agreement contacts, 3,683 pre-parole investigations, 2,531 pre-release orientations, and 1,168 living under supervision (Fig 6).

**Figure 6:
Facility-based Parole Officer Contacts**



Note: Categories are not mutually exclusive, one contact can fall within multiple categories.

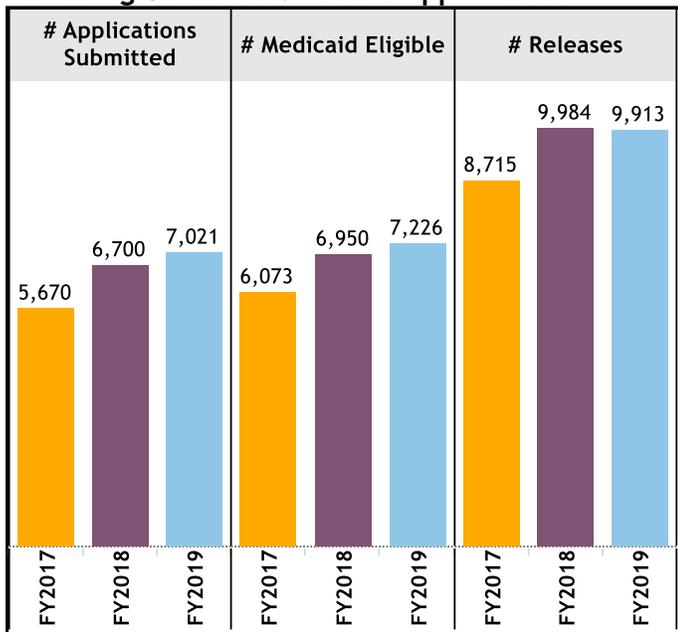
HEALTH CARE NEEDS

Many offenders have health care needs that require transition planning for their release into the community. The following strategies are utilized by the CDOC in helping offenders maintain their health care needs as they reenter the community:

- Continuity of Care
- Mental Health In-Reach Program
- Behavioral Transition Plan
- Nurse Case Managers

The number of offenders who submitted Medicaid applications remained stable through the fiscal year. **Figure 7** shows the number of eligible releases and submissions of Medicaid applications over the past three fiscal years.

Figure 7:
Releasing Offender Medicaid Applications



Professionals within Clinical Services such as nurse case managers, mental health clinicians, and parole mental health clinicians work collaboratively with a multidisciplinary team to ensure that health care and behavioral health treatment needs are established for offenders who are releasing from prison. Parole Mental Health Clinicians (PMHCs) are designated to each parole region and participate in multidisciplinary team staffing’s regarding offenders identified as high-risk, high-needs, dually-diagnosed, prior to release to parole.

Multidisciplinary staffing’s allow the team members to share information so the parole team can assist the offender with the transition to parole by identifying treatment needs and how the offender tends to respond to interventions. The PMHCs assess the mental health needs of the offenders and coordinate referrals to community mental health agencies that can meet their treatment needs. Psychiatric In-Reach services may be provided to offenders with serious mental illness so the medication can be bridged and extended during their transition to community on parole, and while they become established with community mental health agencies to support their mental health treatment needs. The PMHCs are available to assist with assessment of mental health crisis situations and can facilitate referrals to Colorado Crisis Services if further evaluation and treatment are required.

Pre-Release Medication Assisted Treatment (MAT)

In order to increase positive outcomes for offenders suffering from substance use disorders, the CDOC implemented a Medication Assisted Treatment (MAT) protocol for offenders who volunteer as a condition of their parole. In a joint effort, facility case managers, facility parole officers, nursing staff, medical and psychiatric providers provide education, screening, and medication administration to consenting offenders approximately 60 days prior to release. The number of referrals to the Vivitrol program in FY 2019 are detailed in **Figure 8**.

**Figure 8:
Vivitrol Program Referrals**

Year	Month	Referrals
2018	July	5
	August	10
	September	2
	October	1
	November	4
	December	5
2019	January	4
	February	1
	March	4
	April	3
	May	3
	June	5
Grand Total		47

Clinical Case Management

Clinical Case Management includes: a review of clinical records; medication assistance; providing clinical information to community providers; coordinating psychiatric treatment and substance use treatment; staffing and consulting with parole officers, parole board members, facility staff and community providers; providing referrals for basic needs; and assistance with benefit acquisition.

Parole Mental Health Clinicians provide services such as:

- referring for food stamps
- giving information about food banks
- providing information about basic needs resources
- accessing mental health records for Intensive Residential Treatment (IRT) and other programs
- completing release forms to be able to share information with community mental health agencies
- working on treatment matching
- referring to transitional housing
- assisting with applications for housing programs
- discussing different shelters and housing resources including housing vouchers
- distributing housing vouchers to offenders considered homeless or mentally ill
- providing clinical information upon the offenders' request as well as advocacy

Behavioral Health Specialists (BHS)

Four Master's degree-level Behavioral Health Specialists (BHS) work directly with parolees. These community-based BHS provide services for parolees with mental health needs 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.

The four Behavioral Health Specialists are licensed mental health professionals and assigned to CDOC parole offices across the state. They are tasked with identifying the seriously mentally ill offenders and high-risk, high-needs, dually-diagnosed offenders to assist them in transitioning from incarceration back into the community. In an effort to identify their specific mental health needs, the PMHCs review clinical records and participate in facility transition planning meetings with outside community mental health providers.

The PMHCs work on ensuring that community mental health services are in place in a timely manner for newly released offenders. Once released, the clinicians meet with the parolees, assess their mental health needs as well as other immediate needs, and assist parolees in obtaining the needed resources to help facilitate their successful transition into the community.

Behavioral Health Contact Categories

Behavioral Health contact categories include:

- Attendance at Transition Planning Meetings
- Housing Assistance
- Face-to-Face contacts at Correctional Facilities
- Crisis Contacts

Clinical Case Management includes a review of clinical records; medication assistance; providing clinical information to community providers, coordinating psychiatric treatment and substance use treatment; staffing and consulting with parole officers, parole board members, facility staff and community providers; and providing referrals for basic needs and assistance with benefit acquisition. Face-to-Face Contacts at a Parole Office include assistance with referrals to outpatient

treatment and inpatient treatment such as Intensive Residential Treatment (IRT), Short Term Residential Treatment (STRT), Jail-Based Treatment (JBT), referrals to community mental health centers for mental health psychiatric and therapeutic services, and referrals for substance use disorder treatment. **Table 6** details the Behavioral Health Specialist contacts made in FY 2019.

**Table 6:
Behavioral Health Specialist Contacts**

Clinical Case Management	9,186
Face-to-Face Contacts at Parole Office	1,404
Referral to Outpatient Treatment	1,030
Planning Meetings	593
Housing Assistance	253
Crisis Contacts	150
Referral to Vivitrol Program	47
Total Case Contacts	12,663
Total Number of Offenders Served	2,780

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

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 2019, 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

Community Reentry Specialists (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. CRES conduct an initial assessment to determine the appropriate level of transition assistance needed for successful reentry into the community.

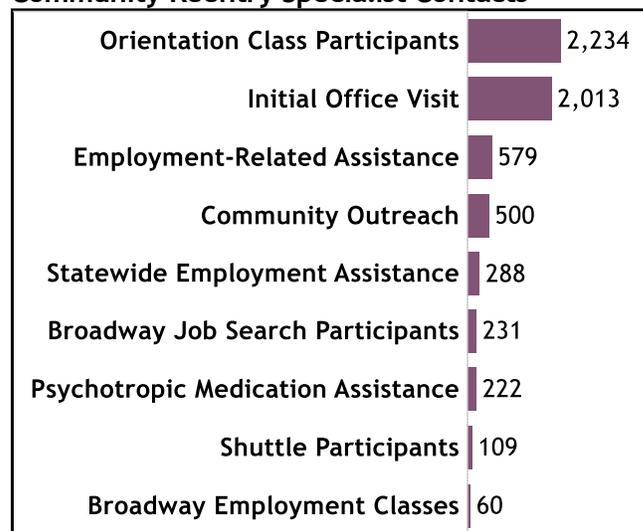
Reentry services include, but are not limited to, the following: case management and community referrals, stabilization assistance or resources for housing, employment assistance and job placement, employment training, resource navigation, and care coordination programming to address criminogenic needs.

In addition to direct service delivery, CRES also leverage resources from community partnerships to assist offenders 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 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.

Figure 9 illustrates different community reentry services provided by CRES. During FY 2019, 2,234 offenders participated in orientation classes, 2,013 made initial office visit contacts, 579 received employment related assistance, and 500 were served by community outreach contacts.

Figure 9:
Community Reentry Specialist Contacts



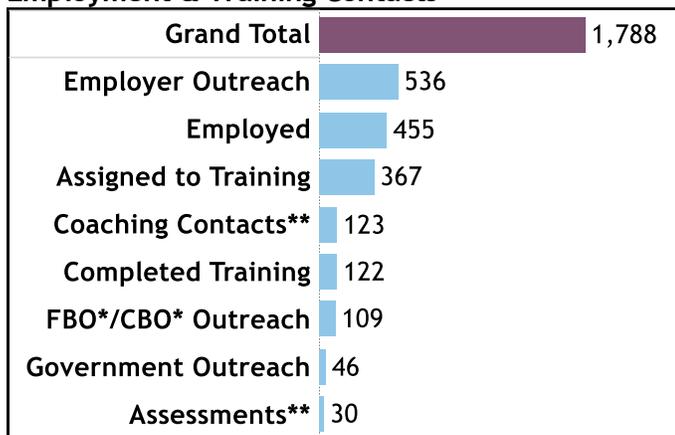
Note: Categories are not mutually exclusive, one contact could fall within multiple categories.

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 determine a 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 2019, ETNs made a total of 1,788 parolee contacts including new employment and training contacts, one-on-ones and employer outreach contacts (Figure 10).

Figure 10:
Employment & Training Contacts



*Note: Categories are not mutually exclusive, one contact could fall within multiple categories. Total Contacts is the sum of distinct individual contacts. *Refers to Faith-based and Community-based Organizations, respectively. **Newly introduced categories starting June 2019.*

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 an 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. Offenders without a friend or family member to pick them up upon release are shuttled to their assigned parole office where they are connected with a Parole Officer and Community Reentry Specialist who are able to assist with support services.

In FY 2019, the release transportation program served a total of 1,705 offenders. Once at the reentry center or parole office, 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 locations. Each parolee is provided with a backpack containing 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 including: local food and clothing bank locations, shelters, and health clinics.

WORK AND GAIN EDUCATION AND EMPLOYMENT SKILLS PROGRAM

The Work and Gain Education and Employment Skills (WAGEES) program began in FY 2015 as a grant-funded program that incorporates community-based organizations to provide reentry services to parolees. Grantees work to improve the employment prospects of parolees assessed to be medium- or high-risk for recidivism. The CDOC partnered with the Latino Coalition for Community Leadership (LCCL) as the third-party administrator of the WAGEES program. The LCCL works with grantees to provide employment assistance, training, placement, and ongoing case management services.

Fiscal Year 2019 was an unprecedented year of growth for WAGEES, the program added 10 new community partners, of which 5 are located outside of the Front Range metro area. As of June 30, 2019, WAGEES operates through 18 Community Partners in 14 communities across the state from Cortez to Sterling and Fort Collins to La Junta. The WAGEES expansion included the launch of the WAGEES Women’s Pilot which combines gender-responsive programming with

intensive medical and behavioral health care, specifically to address the effects of trauma and substance abuse. These services are integrated with medical and behavioral health including substance abuse services through the Colorado Coalition for the Homeless’ (CCH) Stout Street Clinic. The LCCL and WAGEES community partners continue to serve as valued and collaborative partners in our efforts to reduce recidivism by providing essential services to offenders returning to our communities.

Community based partners include: Bridge House (Boulder); Christlife Ministries (Pueblo and Colorado Springs); Junction Community Church (Grand Junction and Montrose); Second Chance Center (Aurora), Servicios de la Raza (Denver); The Rock Foundation (Greeley); Colorado Springs Works (Colorado Springs); Homeward Alliance (Ft. Collins); Hope House (Sterling); Lifeline Colorado (Denver); Loaves and Fishes Ministries (Canon City); Empowerment (Denver); The Reentry Initiative (Longmont); Southeast Health Group (La Junta); Bridgehouse Aurora (Aurora); and Pinon Project (Cortez).

**Table 7:
Performance of WAGEES Community Partners through June 2019**

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.	FY: 1,270 participants	FY:1,433 C:3,595
Placement rate: Participants placed in employment, short- or long-term occupational training, or post-secondary education.	60% of participants	C:66% (1,772)
Employment retention rate: Participants receiving an employment-related placement should remain in such placement for at least 90 days.	50% of participants	C:67% (923)
Credential attainment rate: Participants receiving a high school equivalency diploma, occupational training credential, or certificate.	50% of participants	C:92% (500)
Return rate: Participants who are arrested for a new crime or have their parole revoked for technical violations while enrolled in the program.	20% Or Less participants	C:3.1% (113)

Note: The "C:" prefix denotes cumulative data (2/1/2015 - 6/30/2019), and "FY:" denotes FY2019 data.

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.

During FY 2019, the 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

During FY 2019, in addition to training all division staff in the Gender Responsive curriculum, the Division of Adult Parole (DAP) in conjunction with the Specialized Trainer positions authorized by HB 14-1355 also developed the *Being Trauma Informed* (BTI) training curriculum and began to deliver this 2-day classroom experience statewide. The BTI class, when coupled with gender responsive strategies, allows supervision staff to consider the client experience and behavior while on supervision from a trauma informed perspective, in an effort to identify best strategies for rapport building and intervention application. Communities of practice were suspended during this time frame to accommodate the multiple day trainings, and will begin again in FY 2020.

Existing staff were trained in Motivational Interviewing in 2015 and forward. In FY 2019

this continued to be a part of the training program within DAP for each new hire, along with Level of Supervision Inventory-Revised (LSI-R) training.

During FY 2019 and continuing, the Division training unit underwent a realignment, which included bridging the use of force program with the training program. Efforts included hiring for a training coordinator position whose main role is the coordination of training efforts, partnering with the above-mentioned specialized trainers to ensure training topics and delivery comport with Evidence-Based Practices (EBP) and promising practices, as well as align with adult learning theory.

Gender Responsiveness

Prison populations remain predominantly male; however, recent increases in the female offender population have highlighted the need for a new approach when supporting their success. Gender-responsive interventions address issues such as abuse, violence, family relationships, substance abuse, and co-occurring disorders. Gender-responsive interventions provide a strength-based approach to treatment and skill building. The emphasis is on self-efficacy⁷.

Theoretical Perspectives

Three interrelated theoretical perspectives undergird and help guide the Division's approach to working with and supporting female offenders. Those theoretical perspectives are:

1. *Pathways Perspective*: Pathways research

⁷ See Bloom, B. Owen, B., and Covington, S. (2003). *Gender-Responsive Strategies: Research, Practice, and Guiding*

Principles for Women Offenders. Washington, DC: National Institute of Corrections. NIC accession no. 018017

has identified key issues in producing and sustaining female criminality, such as histories of personal abuse, mental illness tied to early life experiences, substance abuse and addiction, economic and social marginality, homelessness, and dysfunctional relationships.

2. *Relational Theory and Female Development:* According to relational theory, females develop a sense of self and self-worth when their actions arise out of, and lead back into, connections with others. Therefore, connection, not separation, is the guiding principle of growth for girls and women.
3. *Trauma and Addiction Theories:* Trauma and addiction are interrelated issues in the lives of women offenders. Although they are therapeutically linked, these issues historically have been treated separately. Trauma and addiction theories provide the integration and foundation for gender responsiveness in the criminal justice system⁸.

Guiding Principles

1. Gender responsive research has identified the following, “...guiding principles...for a gender-responsive approach to the development of criminal justice policy.”⁹ Submitting audio recorded sessions with parolees utilizing the EPICS principles, receiving feedback, and implementing feedback in future sessions. Participation in Communities of Practice (CoP) includes on-going quarterly participation in a three-hour forum with coaches Acknowledge That Gender Makes a Difference
2. Create an Environment Based on Safety,

Respect, and Dignity

3. Develop policies, practices, and programs that are relational and promote healthy connections to children, family, significant others, and the community
4. Address Substance Abuse, Trauma, and Mental Health Issues Through Comprehensive, Integrated, and Culturally Relevant Services and Appropriate Supervision
5. Provide Women with Opportunities to Improve Their Socioeconomic Conditions
6. Establish a System of Community Supervision and Reentry With Comprehensive, Collaborative Services.

Next Steps

Congruent with the development of gender responsive training, the Division designed a gender responsive supervision program piloted at Denver Women’s Correctional Facility. This multi-phased program utilizes a step-down approach to supervision. Beginning prior to release to parole, offenders receive front-loaded services aimed at assisting them in overcoming potential barriers to success in the community, e.g. stable housing, stable employment, physical, and mental health services. Upon release, offenders are supervised with a focus upon further enhancing stability and future success.

Electronic Monitoring Command Post

During FY 2019, the Division utilized appropriations for eight Full Time Employees (FTE) from HB 14-1355 to staff a Division of Adult Parole Electronic Monitoring Command

^{8,9} Ibid.

Post. The Command Post staff monitor (24 hours a day, 7 days a week, and 365 days a year) live electronic monitoring alerts on high risk clients who are on Intensive Supervision and/or Electronic Monitoring. These alerts include tampering alerts, location alerts, curfew alerts, and equipment status alerts.

The Command Post staff review alerts against a pre-established hierarchy of alerts, assign appropriate response protocols, clear alerts when applicable, and when necessary, escalates response protocols if the Command Post staff cannot resolve the alert. The Command Post monitors these alerts around the clock to ensure electronic monitoring alerts are processed and addressed in a timely manner.

The Division utilizes an Electronic Monitoring Response Team (EMRT) comprised of 18 Community Parole Officers (CPO's) or Community Parole Team Leaders (CPTL's) on an on-call basis outside of normal business hours, and during weekends and holidays, 7 days a week, 365 days a year. During the year, approximately 80 CPO's and/or CPTL's will cover these 18 EMRT positions on a rotating basis. Command Post staff will escalate alerts requiring immediate action to appropriate EMRT personnel for follow up. During normal business hours, alerts requiring immediate action are escalated to the CPO assigned to that particular client for case supervision.

After escalation of alerts to EMRT staff, the Command Post also monitors the EMRT responses for alert closing information. The Command Post monitors all management of alerts around the clock (24/7/365), and can monitor and close invalid alerts, preventing the unnecessary escalation of alerts to EMRT staff.

In addition to the primary function of monitoring and escalating electronic monitoring alerts, the Command Post also handles calls from CPO's requesting

information and assistance, calls from outside law enforcement agencies regarding DOC clients, and monitors and verifies arrest information on all name and fingerprint hits received from law enforcement agencies.

The Command Post handled over 45,000 calls for service and dispatched EMRT staff to resolve over 9,400 electronic monitoring alerts in FY 2019.

CWISE Programming

Parole Complaint programming was completed to incorporate the various stages associated with the parole complaint process. From incorporating the CVDMP (Colorado Violation Decision Making Process) into the written complaint, electronic escalation for supervisor approval, electronic communication of revocation hearing dates, tracking the service of the complaint, and allowing the uploading of the signed document and Report of Investigation into the Colorado Web-based Integrated Electronic (CWISE) system (thus allowing electronic access to these documents for the Parole Board at the time of the hearing). Improvements also included the ability to be more efficient in requesting warrants and electronically processing the complaint withdrawal requests. CWISE programming is still being considered to allow for the Parole Board to utilize CWISE to complete the revocation hearings electronically.

The Early Parole Discharge process has been fully automated to include the Parole Board entry of their votes and decision. Officers are promptly notified of an offender's eligibility and recommendations are appropriately escalated and then submitted electronically to the Parole Board for approval. On-going programming continues to ensure victim notifications are properly considered and time

frames strictly enforced prior to the Parole Board rendering a decision.

CWISE programming was completed for tracking Offender Housing Designations, providing detailed reports as to the type of housing and the average length of stay for the parole population. Programming was also completed for tracking and reporting on the employment status of the parole population. Lastly, CWISE programming was completed for the Vivitrol program, providing tracking and detailed reports as to Vivitrol referrals, participants, and their demographics.

During FY 2019 CWISE programming was expanded to accommodate the new gender types and the changes associated with the parolee's voting rights. There were also updates and corrections made to the employment verification tracking to ensure accurate data and percentages are available regarding parolee employment numbers. There were also enhancements for community reentry users and reports associated with the employment navigators.

CWISE programming continues to incorporate improvements in order to assist in streamlining the pre-parole process and provide quality assurance measures. In collaboration with the Department of Corrections and the community correction boards, programming is being developed to track community correction denial reasons associated with House Bill 18-1251. CWISE programming was also developed to track the progression of community residential inmates as they progress through the residential centers, enabling management

to better protect and plan for offenders completing the program.

Safety Equipment Replacement Plan

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, radios, Tasers and required equipment for staff certified in their use and operation, individual trauma kits for a portion of field staff designed to give triage care and control bleeding for an individual who has sustained a serious injury until advanced medical care can be rendered, and 42 replacement Glock Model 23 GEN4 pistols accomplishing the first phase of a plan to rotate out older weapons.

CONCLUSION

During FY 2019, 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 to provide a myriad of services for parolees, providing staff training and case management strategies. These trainings included 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 FY 2020, the CDOC will continue to implement strategies to develop a continuum of effective offender reentry services and programs to 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;
- Expanding in-reach efforts, with specific emphasis on mitigating homelessness upon release and to increase continuity of care from the facility to the community;
- Reducing technical parole violations by expanding the use of community-based interventions in lieu of incarceration;
- 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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