



# COLORADO

## Department of Corrections

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HB 14-1355 ANNUAL REPORT:  
DEPARTMENT REENTRY INITIATIVES  
FOR FISCAL YEAR 2020

A REPORT SUBMITTED TO THE  
JOINT JUDICIARY COMMITTEES OF THE  
SENATE AND HOUSE OF REPRESENTATIVES  
DUE JANUARY 1, 2021, PURSUANT TO C.R.S. 17-33-101

PREPARED BY  
THE OFFICE OF PLANNING AND ANALYSIS  
DECEMBER 2020

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## INTRODUCTION

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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 inmate 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 Center<sup>1</sup> 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 approach.<sup>2</sup>
5. Requirements for multi-agency collaboration. Multi-agency collaborations help provide support services and non-criminal networks for long-term inmate stabilization. Success is more likely when inmates 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 networks.<sup>3</sup>

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.

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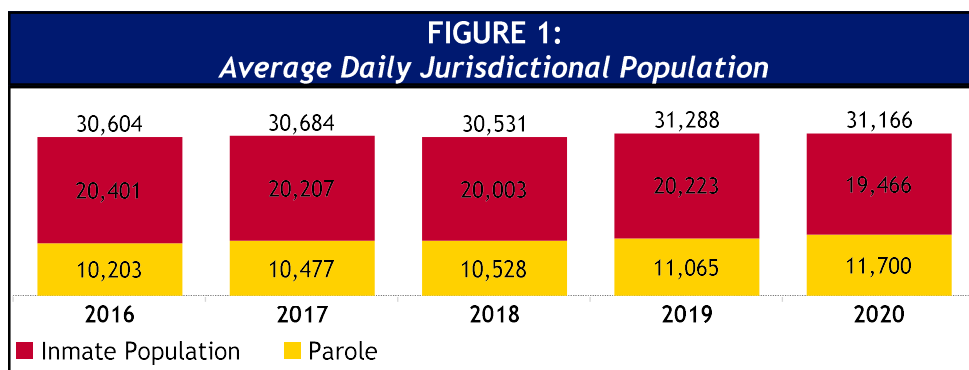
<sup>1</sup> See <https://csgjusticecenter.org/nrrc>.

<sup>2</sup> Burke, P., Herman, P., Stroker, R., & Giguere, R. (2010). TPC Case Management Handbook: An Integrated Case Management Approach. National Institute of Corrections, U.S. Department of Justice. <http://static.nicic.gov/Library/-024393.pdf>.

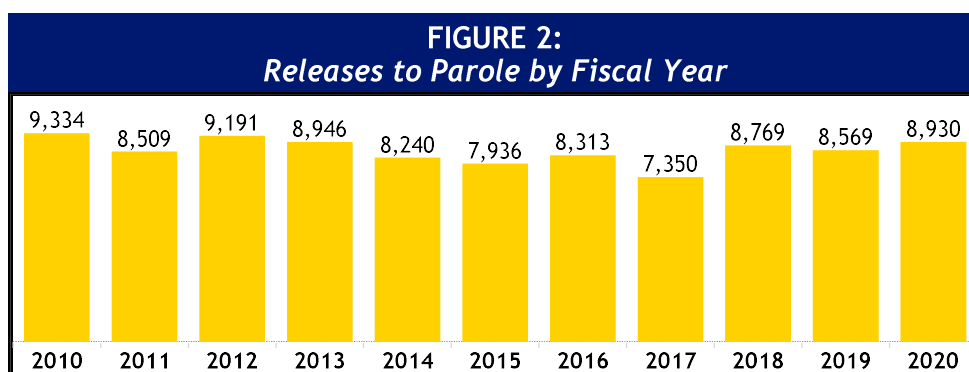
<sup>3</sup> National Academy of Sciences. (2008). Parole, desistance from crime, and community integration. <https://www.nap.-edu/read/11988/chapter/1>.

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.”

During Fiscal Year (FY) 2020, the CDOC managed the needs of an average daily jurisdictional population of 31,166 offenders, of which 11,700 (37%) were parolees (Figure 1).



During FY 2020, 8,930 inmates were released to parole<sup>4</sup> (Figure 2). Between fiscal years 2010-2020, an average of 8,555 inmates released to parole per 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 2020 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.

<sup>4</sup> The 8,930 releases to parole in FY 2020 represent an increase of 361 (4.2%) 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.”

During FY 2020, the CDOC utilized various initiatives within the facilities to prepare inmates for release. These included: the Colorado Transition and Accountability Plan (CTAP), pre-release planning, an inmate 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) ICM 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, inmates, 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 inmate’s strengths. These assessments should be the basis for case planning with each inmate as they determine effective risk management levels and treatment programming that is needed to address individualized needs. These assessments are implemented within a recommended theoretical framework, guided by Risk, Need, and Responsivity principles. Risk factors include, for example: criminal history, institutional behavior, childhood abuse and neglect, substance abuse, education, and employment history. Need areas include, for example: anti-social beliefs, peers, education and vocation, and mental health. Responsivity addresses motivation, learning abilities, personality, and trauma informed care.

**TABLE 1:**  
*Number of Risk/Needs Assessments Administered in FY 2020*

Type	Q1	Q2	Q3	Q4*	Total
Prison Intake Tool	2,126	2,239	2,199	743	7,307
Reentry Tool	1,808	1,616	1,154	1,104	5,682
Supplemental Reentry Tool	2,618	2,715	2,718	2,109	10,160

*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 the length of incarceration (>4 yrs vs. <4 yrs). \*The drop in Prison Intake assessments during fourth quarter is due to COVID-19.*

## COLORADO TRANSITION ACCOUNTABILITY PLAN

The Colorado Transition Accountability Plan (CTAP) includes developing and implementing assessment driven case planning that matches inmates' identified risk, need, and responsivity levels with the most appropriate interventions. This multidisciplinary approach involves the inmate, case managers, reentry unit correctional staff, education and vocational instructors, mental health clinicians, substance abuse counselors, pre-release staff, facility parole officers (FPOs) and community parole officers (CPOs), community reentry specialists (CRESs), 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 continuously updated as progress is made, and used to guide case management. Under normal circumstances, inmates 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), inmates 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 assessment results, criminal justice records, interviews, and other relevant information. Inmates identified as concurrently "high-risk, high-needs, dually-diagnosed," are flagged in the electronic system which follows them throughout their incarceration and release. Treatment recommendations are incorporated into an inmate's individual case plan.

After inmates are moved to their permanent facility, mental health staff meet with inmates who are identified to have mental health treatment needs. An assigned primary therapist then reviews or develops a treatment plan with the inmate. Case managers maintain regular, meaningful contacts with inmates assigned to their caseload. Documentation of meaningful contact is made in the chronological report system. Facility procedures ensure that inmates 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.

## 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 inmates 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 inmates upon their release. Below is a list of pre-approved 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.

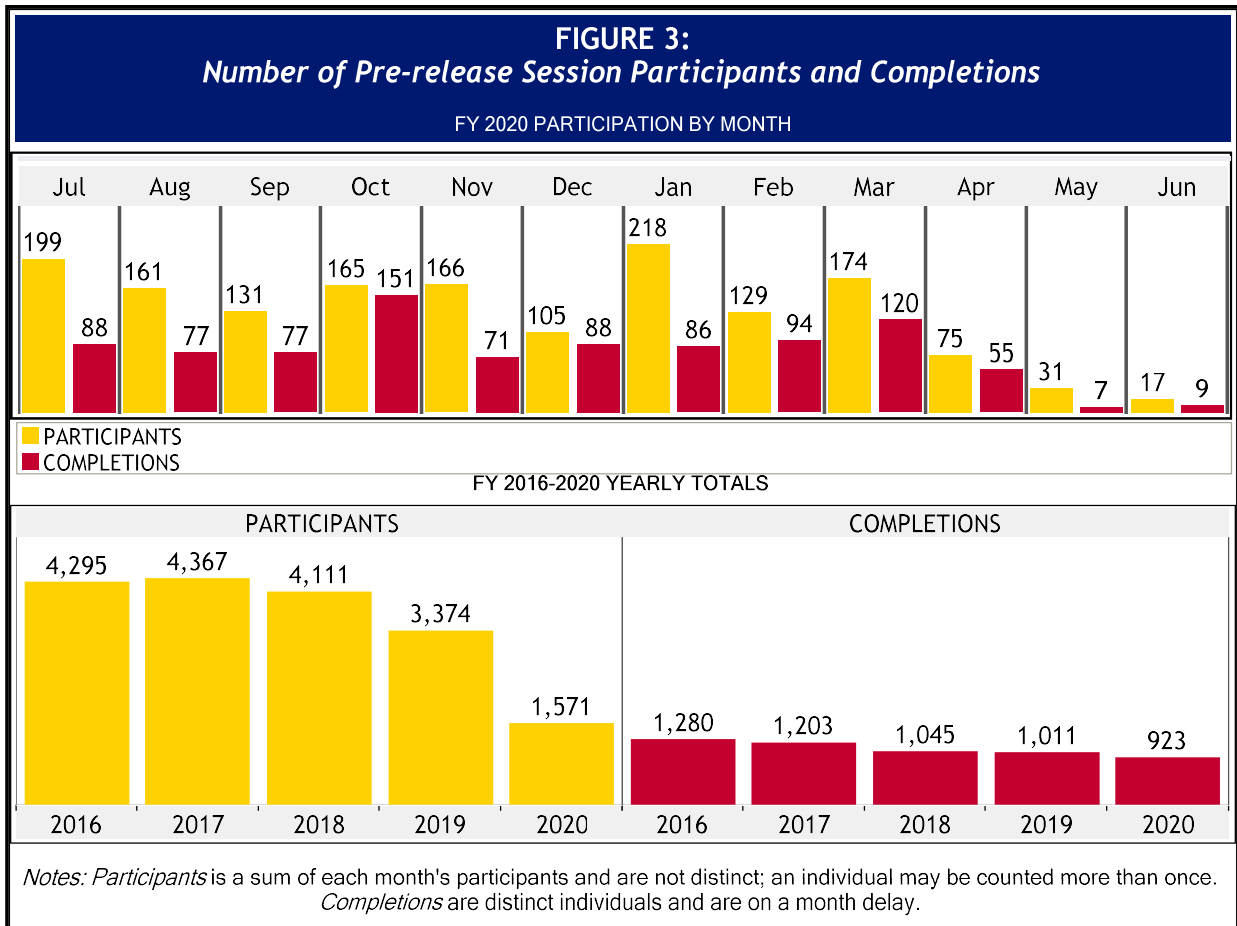
3. *Employment Readiness and Retention*: Participants create a career portfolio, learn how to discuss their criminal history with an employer, and begin to conduct a job search.
4. *Transportation*: Participants identify available resources and develop a transportation plan.
5. *Money Management and 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 victims 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 2020, 1,571 participants were enrolled in pre-release course sessions and there was an average of 131 participants per month.<sup>5</sup> Of those who participated, a total of 923 completed a pre-release course (**Figure 3**). Those who did not complete a 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 completion numbers were also affected this fiscal year due to modified operations and limited facility movement due to the COVID-19 pandemic. Pre-release participants are provided access to the resource labs<sup>6</sup> during classes, while non-pre-release participants have access during open lab time.

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<sup>5</sup> 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.

<sup>6</sup> 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).



The resource labs provide interactive job readiness courses, job listings and a range of resources to build transition plans. Inmates who participate in the pre-release course complete an individualized transition plan (ITP). Inmates 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 time to work on and complete an ITP.

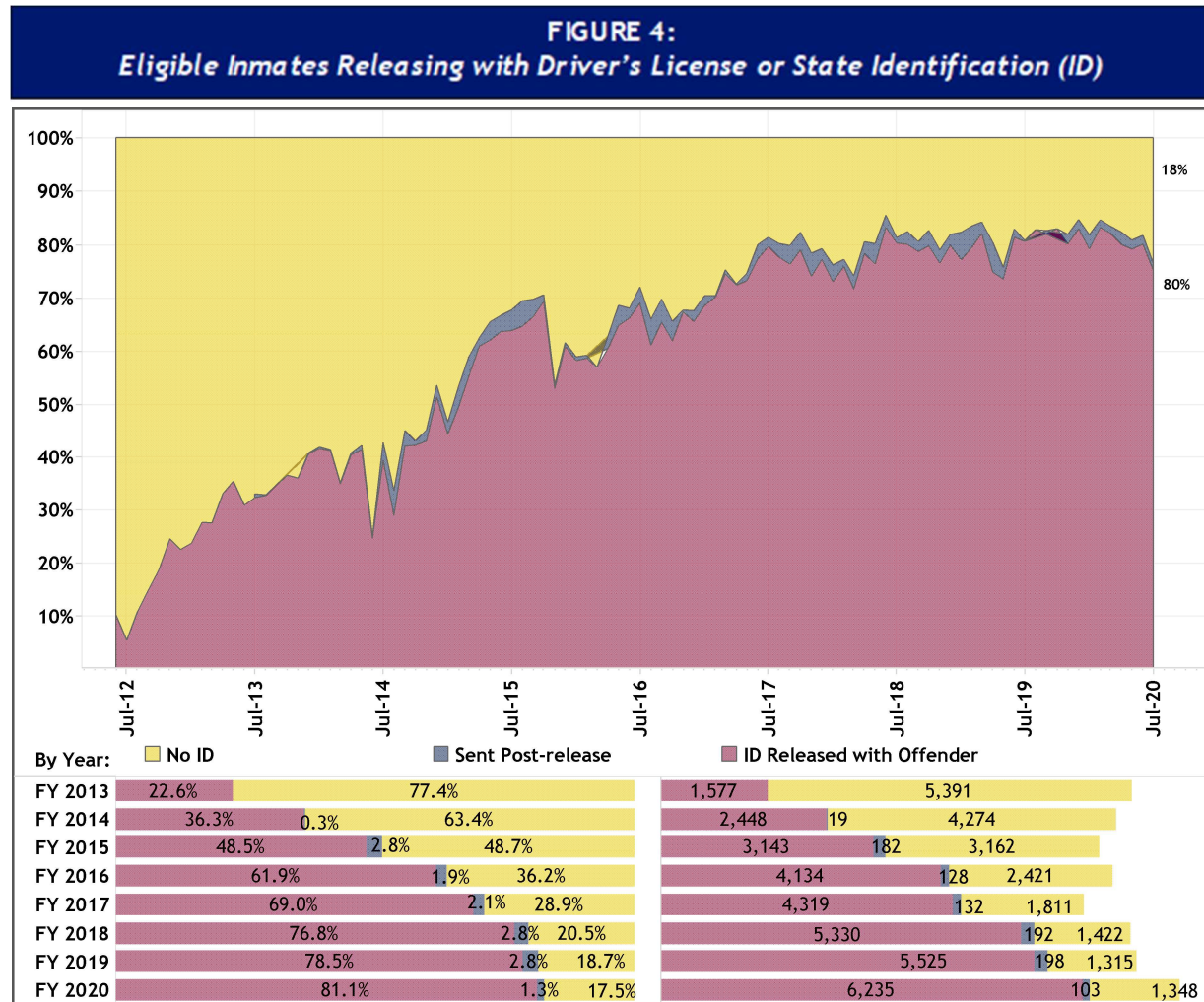
This year, CDOC is piloting an initiative to enhance transitional planning by increasing the number of inmates that complete an ITP. The pilot is being conducted at the Denver Women’s Correctional Facility, Fremont Correctional Facility, and Sterling Correctional Facility with the goal of ensuring that at least 75% of releasing inmates, that are assessed as high risk, receive an ITP. By doing so, stabilization and support services are determined and planned for prior to release. The pilot includes providing information in areas covered in the 10 modules of the pre-release class, treatment and program referrals prior to release, and a transition meeting between the releasing inmate and their assigned community parole officer.

### 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 inmates the opportunity to



secure identification prior to their release. By providing an opportunity to secure identification prior to release, the likelihood that inmates remain law abiding citizens increases, as they are able to produce valid identification when securing housing, finding employment, or applying for state or local assistance. **Figure 4** shows the percent of eligible inmates who released with an official form of identification.



For those unsuccessful in obtaining state identification prior to release, the CDOC can issue a waiver to inmates who may be discharging or on parole status. The waiver allows for costs associated with obtaining state identification to be waived; however, the inmate must still prove their identity in accordance with the Real ID Act and CDOR eligibility guidelines.

In FY 2020, of the 1,348 who did not receive an identification, 815 were eligible and either refused, were unable to order, or waived their right to get identification (**Table 2**).

<b>TABLE 2: Inmates Released Without an ID in FY 2020</b>	
Refused	230
Unable To Order	542
Waived	43
<b>Grand Total</b>	<b>815</b>

## **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, 2020, 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
- Buena Vista Correctional Complex (BVCC)- 196 beds
- Colorado Territorial Correctional Facility (CTCF)- 42 beds
- Denver Women’s Correctional Facility (DWCF)- 93 beds
- Four Mile Correctional Center (FMCC)- 100 beds
- Fremont Correctional Facility (FCF)- Medium-144 beds
- La Vista Correctional Facility (LVCF)- 92 beds
- Limon Correctional Facility (LCF)- 51 beds
- San Carlos Correctional Facility (SCCF)- 26 beds
- Sterling Correctional Facility (SCF)-194 beds
- Trinidad Correctional Facility (TCF)-100 beds

### **Private Facilities**

- Bent County Correctional Facility (BCCF)- 48 beds
- Crowley County Correctional Facility (CCCF)- 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 inmates

with tools and resources necessary for a successful transition.

As an inmate 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 CPOs become engaged in their individual reentry planning. **Table 3** depicts a reentry living unit's quarterly population for FY 2020 as well as the number of classes and services provided.

	Q1	Q2	Q3	Q4
Offenders Served by Reentry Units	1,550	730	1,458	346
Classes & Services	1,805	1,348	1,348	982

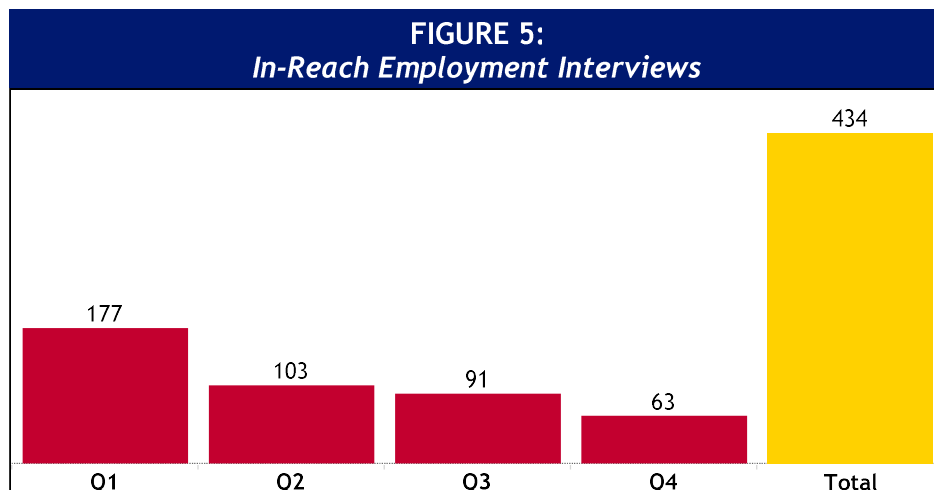
The reentry living units provide releasing inmates with tools and resources necessary to facilitate a fluid transition to the community and to promote successful reintegration. A significant component for the success of the reentry units has been the establishment of collaborative partnerships with private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

The concept of in-reach embraces the idea that in order for an inmate 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. Engaging in suitable employment is a critical component for inmates to be successful in the community and to overcome obstacles once released from prison. The in-reach liaison in Prison Operations facilitates 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 inmates prior to release in the community. Through this collaboration, employers are able to interview pre-screened inmates 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 inmate's information to the appropriate parole employment and training navigator.

Through this joint effort, the Weld County Workforce Center has enrolled previous inmates who 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 inmate to be placed in the on-the-job training program, in which the Workforce Center will pay for 50% of the inmate's wages, up to a certain limit. **Figure 5** details the number of in-reach employment interviews conducted in FY 2020.



Examples of in-reach efforts in FY 2020 include:

- **Focus Reentry:** In-reach liaison met with the Focus Reentry community agency in Boulder County to understand their mentoring program, lessons learned and best practices. Liaison connected with the executive director to speak about the agency's years of practice for mentoring those returning to the community from the local county jail. After working with Focus Reentry, the in-reach liaison works to build connections and collaborations with community partners to include faith-based agencies, veteran's programs, Second Chance programs, and colleges/universities to increase potential mentors. Between October and December 2019, there were 8 mentors added and 10 others applying for the program.
- **Take Transitional Work Opportunity (Take TWO):** Take TWO is a transitional work program that seeks to reintegrate inmates nearing release by providing them opportunities to work while serving the remainder of their sentence. The goal is to provide inmates participating in the program the opportunity to acquire the many valuable social skills, knowledge, work experience, and income needed for successful reintegration into the community. To be eligible for the program, inmates must be classified as non-violent and low risk and be within 1 year of their mandatory release date and 16 months from their parole eligibility date. Inmates selected for the program are paired with CDOC employer partners. The CDOC facilitates the transportation between the work site and facility and inmates are required to wear electronic monitoring equipment while they are outside of the facility. Local law enforcement officials are also made aware of Take TWO participants and their places of employment.

- **Buena Vista Correctional Complex (BVCC) Transitional Work Center (TWC):** BVCC inmates participating in Take TWO will be living in the updated “boot camp” building at BVCC. This transitional work center will provide space and opportunity for the participants to learn and improve their skills of self-sufficiency and reliance, while simultaneously ensuring that the safety, training/education, and basic welfare needs of the participants are still being met.
- **Sex Offender Treatment and Monitoring Program (SOTMP):** The SOTMP partnered with parole officers and parolees, who are supervised as sex offenders, and with community-based treatment providers to provide in-reach sessions. These sessions are delivered to inmates participating in SOTMP treatment and maintenance groups to help them understand the process as they transition to parole supervision. The SOTMP collaborates with reentry, pre-release, and case management to reach all releasing sex offenders regardless of their treatment participation status. This collaboration aims at providing releasing sex offenders access to resource information as they transition to parole supervision. **Table 4** provides additional details on the reentry units for each quarter of FY 2020.

TABLE 4: Reentry Unit Metrics						
Metric	Q1	Q2	Q3	Q4*	1-Year Goal	FY Total
Number of business & industry partnerships	1	90	184	10		285
Number of facilitated family contact events	463	511	19	0	200	993
Number of in-reach functions	177	168	175	37	575	557
Offender population served through classes & services in reentry living unit	1,805	1,348	1,348	982		
Offender population served through in-reach services**	4,975	4,603	4,174	133	4,500	3,471
Total number of classes & services delivered in reentry living unit	1,050	730	1,458	346	1,500	3,584

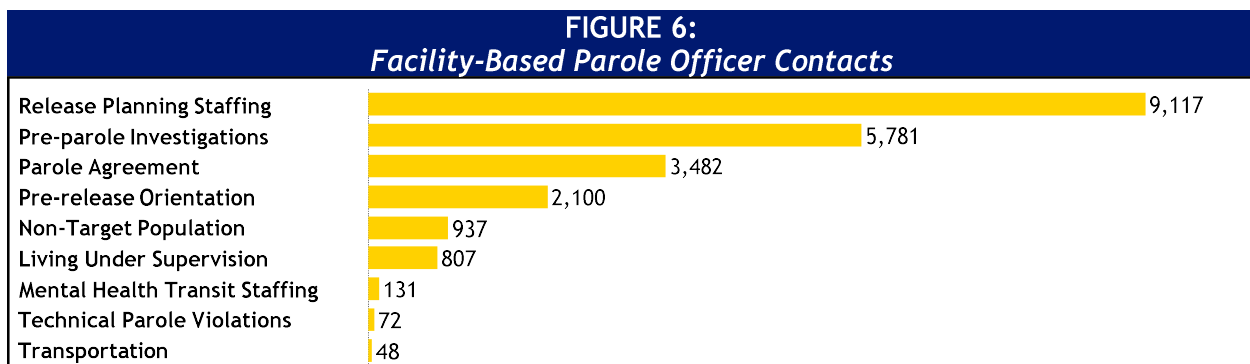
*\*The drastic drop in numbers during the fourth quarter is related to COVID-19.      \*\*The FY20 number is the average of Q1-Q4.*

## FACILITY-BASED COMMUNITY PAROLE OFFICERS

Facility-based community parole officers (FCPOs) work with inmates who are within 180 days of release, focusing on inmates assessed as high-risk, high-need, and those at risk of being released homeless. FCPOs review an inmate’s records, case files, and transition plans to help with identifying potential barriers to their success upon release. FCPOs collaborate with case managers, parole mental health clinicians (PMHCs), and reentry staff to identify inmates with high levels of need and determine the transitional planning necessary to assist with their release to the community. In addition, FCPOs assist with staffing meetings and pre-parole investigations, including those with a quick turnaround for inmates having less than 30 days to release.

FCPOs contact individuals connected to the inmate’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 inmate’s release from prison, including contacting sponsors in order to promote family reunification.

Furthermore, FCPOs provide an orientation to parole as well as answer any questions the inmate may have about what to expect while on parole. In doing so, they review the conditions of the parole agreement, discuss concerns, and help the inmate contact their CRES and/or 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. CPOs and case managers also attend the reentry panels to answer questions and concerns regarding release, and the inmate’s time and transportation pick-up notifications. During FY 2020, FCPOs made a variety of contacts (**Figure 6**). The most frequent contacts were: 9,117 release planning staffings, 5,781 pre-parole investigations, 3,482 parole agreement contacts, 2,100 pre-release orientations, and 937 non-target population contacts.



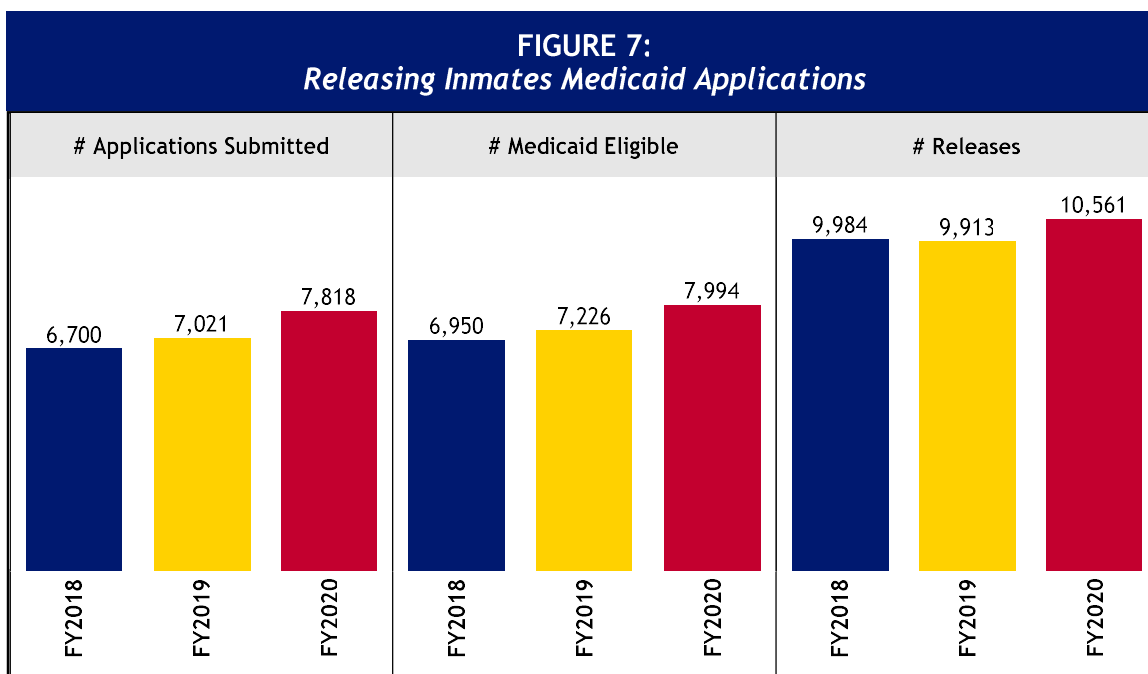
*Note: Categories are not mutually exclusive, one contact can fall within multiple categories.*

## HEALTH CARE NEEDS

Many inmates have health care needs that require transition planning prior to their release into the community. The following strategies are utilized by the CDOC in helping inmates 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 inmates who submitted Medicaid applications remained stable through the fiscal year. **Figure 7** shows the number of releases, Medicaid applications, and Medicaid eligibles over the past 3 fiscal years.

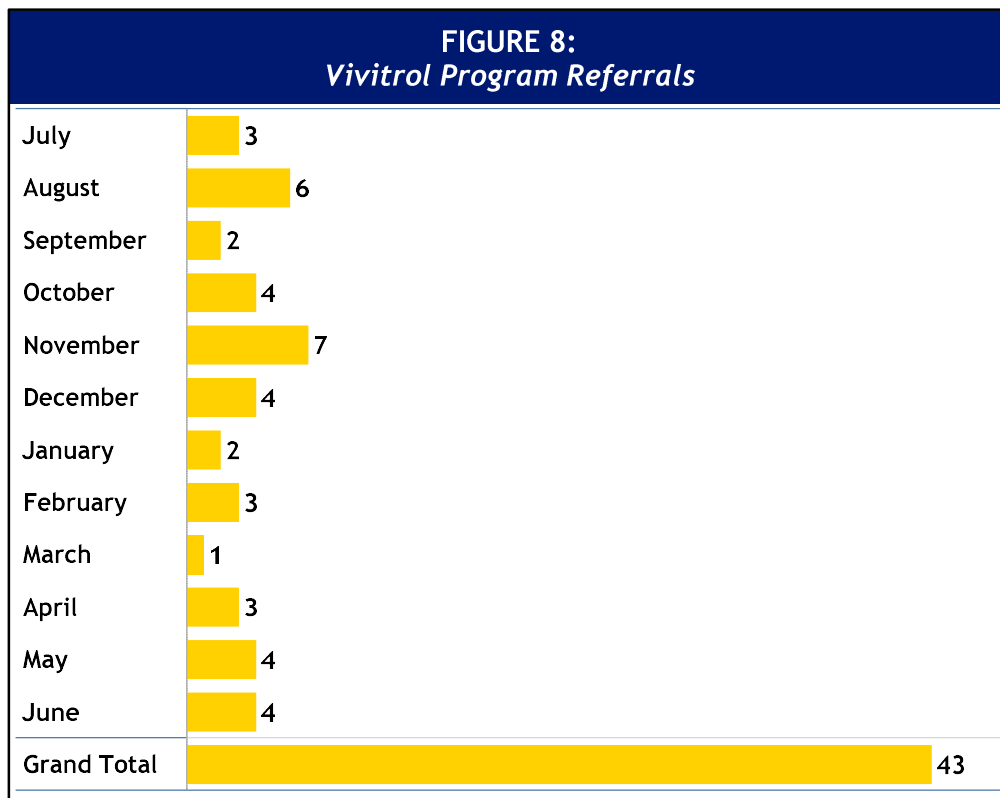


Professionals within clinical services such as nurse case managers, mental health clinicians, and parole mental health clinicians, work collaboratively within a multidisciplinary team to ensure that health care and behavioral health treatment needs are established for inmates who are releasing from prison. Parole mental health clinicians (PMHCs) are designated to each parole region and participate in multidisciplinary team staffings regarding inmates identified as concurrently high-risk, high-needs, dually-diagnosed, prior to release to parole.

Multidisciplinary meetings allow the team members to share information so the parole team can assist the inmate with the transition to parole by identifying treatment needs and how the inmate tends to respond to interventions. The PMHCs will assess the inmates’ mental health needs and coordinate referrals to community mental health agencies that can meet their treatment needs. Psychiatric in-reach services may be provided to inmates 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 inmates suffering from substance use disorders, the CDOC implemented a medication assisted treatment (MAT) protocol for inmates who volunteer as a condition of their parole. In a joint effort, facility case managers, FPOs, nursing staff, medical and psychiatric providers provide education, screening, and medication administration to consenting inmates approximately 60 days prior to release. The number of referrals to the vivitrol program in FY 2020 are detailed in **Figure 8**.





## 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.

## BEHAVIORAL HEALTH SPECIALISTS

Four Master's degree-level parole mental health clinicians (PMHCs), who are licensed mental health professionals that work out of the CDOC parole offices across the state, work directly with parolees to provide them with mental health services. They are tasked with identifying the seriously mentally ill inmates and high-risk, high-needs, dually-diagnosed inmates 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 participates in facility transition planning meetings with outside community mental health providers.

Prior to parole, the PMHCs will meet with facility case management and mental health providers to discuss specific services the inmate may require upon release. Once on parole, the PMHCs provide additional services, such as conducting crisis counseling, linking medication assistance and psychiatric appointments, providing consultation for parole offices, and other services the inmate may require. Parole Mental Health Clinicians also provide services such as:

- Referrals for food stamps
- Information about food banks
- Assistance on treatment matching
- 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
- Providing information on resources for basic needs
- Referrals to transitional housing
- Assistance with applications for housing programs
- Discussing different shelters and housing resources, including housing vouchers
- Distributing housing vouchers to inmates considered homeless or mentally ill
- Providing clinical information upon the inmate's request, as well as advocacy

The PMHCs work on ensuring that community mental health services are in place in a timely manner for newly released inmates. 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 2020.

<b>Table 6: Behavioral Health Specialist Contacts</b>	
Clinical Case Management	8,827
Face-to-Face Contacts at Parole Office	755
Referral to Outpatient Treatment	854
Planning Meetings	481
Housing Assistance	267
Crisis Contacts	176
Referral to Vivitrol Program	43
<b>Total Case Contacts</b>	<b>11,403</b>
<b>Total Number of Offenders Served</b>	<b>2,447</b>

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

## COMMUNITY-BASED REENTRY INITIATIVES

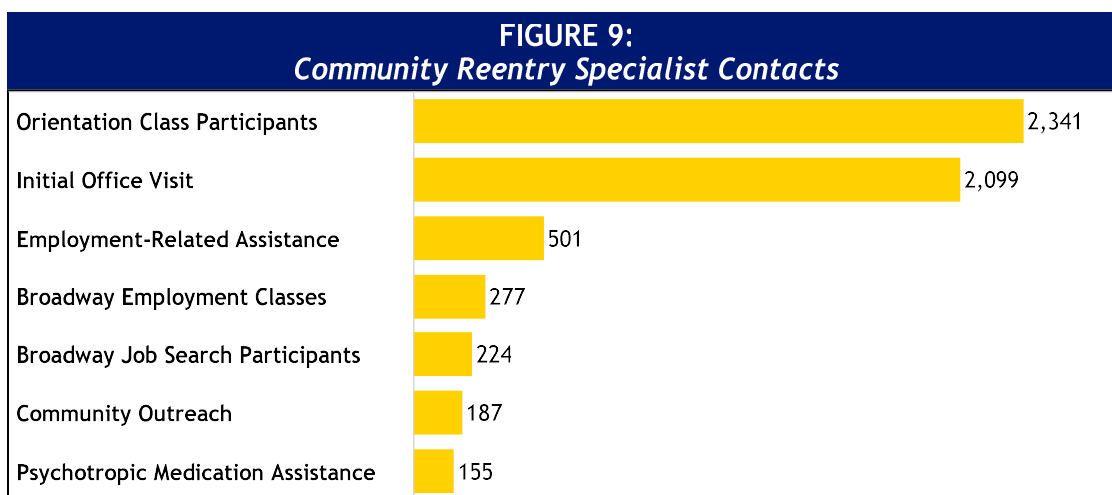
HB 14-1355 provided appropriations to “Develop and implement initiatives specifically designed to assist each offender’s transition from a correctional facility into the community.”

### COMMUNITY REENTRY SPECIALISTS

During FY 2020, the CDOC utilized community-based reentry programs and processes to provide releasing inmates with needed assistance as they returned to the community. Community reentry specialists (CRES) provide integrated case management and support services throughout the state to assist with removing barriers that interfere with 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: 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, the CRES also leverages resources from community partnerships to assist inmates in obtaining benefits, education, treatment, employment counseling, long-term housing, pro-social leisure and recreation activities, legal documents, and family reunification programs. Community reentry services and resources are a continuation of the reentry planning and transition services provided in facilities. The CRES operates in close coordination with the CPOs and employment training navigators to offer parolees the opportunity to be self-reliant, responsible, pro-active citizens who are invested in their own behavior change.

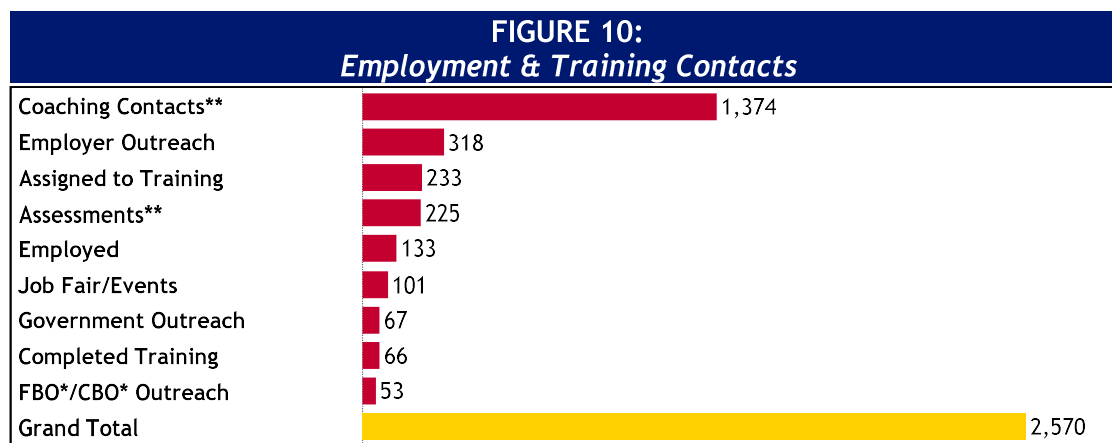
**Figure 9** illustrates different community reentry services provided by the CRES. During FY 2020, 2,341 inmates participated in orientation classes, 2,099 made initial office visit contacts, 501 received employment related assistance, and 277 were served by Broadway employment classes.



*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. ETN staff use an employment readiness screening tool to determine a career path and match individuals on parole with appropriate levels of service. ETN staff collaborate with workforce centers, community organizations, technical schools, community colleges, and other vocational schools to identify certificate and job training opportunities. Additionally, ETN staff seek and establish relationships with employers who are willing to hire parolees. In FY 2020, ETN staff made a total of 2,570 parolee contacts including new employment and training contacts, one-on-ones and employer outreach contacts (Figure 10).



*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 a parolee'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. Inmates 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 2020, the release transportation program served a total of 1,825 parolees. 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 their 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, water bottle, socks, wash cloth, towel, pocket calendar, pen, 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.

**TABLE 7:**  
*Performance of WAGEES Community Partners through June 2020*

Performance Standard	Target	Actual
Credential attainment rate: Participants receiving a high school equivalency diploma, occupational training credential, or certificate.	50% of participants enrolled in vocational or other training placement	C: 88%; (887)
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 that were placed in employment	C: 66%; (2,105)
Enrollment rate: The number of enrollment participants should meet or exceed the number stated in the community partner's enrollment plan.	100%; FY: 1,730 participants	C: 138%; (2,393)
Placement rate: Participants placed in employment, short- or long-term occupational training, or post-secondary education.	60% of participants	C: 66%; (2,791)
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	C: 5%; (274)

*Note: The "C:" prefix denotes cumulative data (2/1/2015 - 6/30/2020), "FY:" denotes FY 2020 data.*

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## OPERATIONAL ENHANCEMENTS

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HB 14-1355 provided appropriations to “Make necessary operational enhancements and develop and implement initiatives specifically designed to ensure that the department has proper equipment, training, and programs to properly supervise offenders in the community to enhance public safety.” 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 inmate reentry.

### STAFF TRAINING

In FY 2020, specialized trainers went through restructuring and were reassigned from the Corrections Training Academy to the Division of Adult Parole, which has allowed a more directed focus on parole specific initiatives. Prior to the restructuring, the specialized trainers continued coaching the evidence-based practice called *Effective Practices in Community Supervision* (EPICS) to a group that consisted mostly of facility case managers. The trainers conducted EPICS group coaching sessions and coded EPICS tapes to give written feedback regarding fidelity. Simultaneously, the trainers continued to instruct the two-day *Being Trauma Informed* class to all Division of Adult Parole staff members.

In conjunction with trauma informed principles, the trainers assisted with the implementation and expansion of the gender responsive program in parole. Throughout FY 2020, motivational interviewing continued to be taught within the Division of Adult Parole as a part of the training program for new hires. Specialized trainers instructed the *Evidence-Based Practice Overview and Level of Supervision Inventory* (LSI) training to new CPOs and individually coached experienced staff in evidence-based practices (EBPs), communication skills, and various case management principles.

In the latter part of FY 2020, the Division of Adult Parole reincorporated Communities of Practice (CoP) into the training regime for every staff member. Specialized trainers developed and delivered these trainings to the entire division. Due to COVID-19, the training required an adaptation to an online platform and facilitation in order to meet new health guidelines. The trainers tested several options and made the necessary adjustments while still maintaining high quality training.

The topics of the CoP are rooted in evidence-based practices and principles and consisted of: eight guiding principles of risk/recidivism reduction, risk/need assessment overview, Colorado Transitional Accountability Plan (CTAP) overview, shaping model and reinforcement tool (SMART) goals, incorporating risk/need assessments into supervision planning, and motivational interviewing refreshers and activities. Topics taught in the CoP support the implementation of the division’s strategic initiatives; therefore, CoP will continue into the next fiscal year and beyond.

Specialized trainers assisted with the development of a sex offender training for staff who are new to supervising a sex offender caseload. They also created a sex offender resource center for CPOs to further enhance knowledge about sex offenders including the most updated Sex Offender Management Board (SOMB) standards. This will be instrumental with parole’s efforts to establish a

specialized supervision unit that is standardized throughout the state.

The division's training unit identified necessary equipment improvements during FY 2020 and implemented a plan to enhance CPO safety. Tactical medical kits were ordered and a process was created to train staff on the kits and disperse them; every sworn staff member will eventually take the training and be issued a kit. The training unit also worked on a taser replacement plan due to one of the current taser models becoming obsolete.

New tasers were acquired with the intention of replacing the obsolete model and to equip new staff. Another set of tasers will be ordered in the next fiscal year to continue with the replacement process. A class was set up for new staff who wish to carry a taser. Lastly, the training unit continued with a handgun rotation where a group of handguns were replaced with new ones. This is to enhance safety and to ensure that all sworn staff will have their handgun replaced within ten years.

### Gender Responsiveness

Prison populations remain predominantly male; however, recent increases in the female inmate 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-efficacy<sup>7</sup>.

### Theoretical Perspectives

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

1. *Pathways Perspective*: Pathways research has identified key circumstances that create and sustain 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 female inmates. 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 system<sup>8</sup>.

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<sup>7</sup> 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

<sup>8</sup> Ibid.

## Guiding Principles

1. Gender responsive research has identified the following, “...guiding principles...for a gender-responsive approach to the development of criminal justice policy.”<sup>9</sup> 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 3-hour forum with coaches from the *Acknowledge That Gender Makes a Difference* program to create an environment based on safety, respect, and dignity.
2. Develop policies, practices, and programs that are relational and promote healthy connections to children, family, significant others, and the community.
3. Address substance abuse, trauma, and mental health issues through comprehensive, integrated, and culturally relevant services and appropriate supervision.
4. Provide women with opportunities to improve their socioeconomic conditions.
5. Establish a system of community supervision and reentry with comprehensive, collaborative services.

## Implemented

Congruent with the development of gender responsive training, the division designed a gender responsive supervision program that was implemented at Denver Women’s Correctional Facility and La Vista Correctional Facility, with those female inmates releasing to the Broadway Parole Office, West Denver, Englewood, Aurora, Westminster, Colorado Springs and Pueblo Parole Offices. This multi-phased program utilizes a step-down approach to supervision. Prior to release to parole, inmates receive front-loaded services aimed at assisting them in overcoming potential barriers to success in the community, such as stable housing, employment, medical, and mental health services. Upon release, parolees are supervised with a focus upon further enhancing stability and future success.

## Next Steps

The division had plans to continue to implement this process to all parole offices statewide, but due to COVID, the expansion was put on hold. The division has also had to explore other methods of conducting in-reach due to limited accessibility into facilities, but this focus and approach continues to be a priority.

## **ELECTRONIC MONITORING COMMAND POST**

During FY 2020, the division utilized appropriations for eight full time employees from HB 14-1355 to staff a Division of Adult Parole electronic monitoring command 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

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<sup>9</sup> Ibid.



appropriate response protocols, clear alerts when applicable, and when necessary, escalates response for unresolved alerts. The command post monitors alerts around the clock to ensure they are processed and addressed in a timely manner.

The division utilizes an electronic monitoring response team (EMRT) comprised of 19 CPOs or community parole team leaders (CPTL) 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 100 CPOs and/or CPTL will cover these 19 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 the 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, command post serves various other functions as well, including: handling calls from CPOs requesting information and assistance; handling calls from outside law enforcement agencies regarding CDOC clients; and monitoring and verifying arrest information on all name and fingerprint hits received from law enforcement agencies. The command post handled over 50,000 calls for service and dispatched EMRT staff to resolve over 10,000 electronic monitoring alerts in FY 2020.

## COLORADO WEB-BASED INTEGRATED ELECTRONIC (CWISE) PROGRAMMING

Significant programming was committed to adjustments associated with the division's response to COVID-19. This included the temporary adjustments to guidelines and criteria associated with special needs parole, placement of inmates on the intensive supervision program, low risk/low custody supervision, early discharges, and necessary tracking of these inmates. Programming was also developed to improve communication efforts with inmates during the COVID-19 outbreak.

Prior to the pandemic, enhancements to pre-parole investigations provided improved tracking and expedited approval in order to better assist with pre-release planning and thereby contribute to helping reduce the number of inmates being released homeless. In collaboration with the CDOC and the community correction boards, programming is still being developed to track community correction denial reasons associated with House Bill 18-1251. CWISE programming now allows for making projections based on the progression of parolees as they transition through the levels associated with the community residential centers.

Due to the new client choice model for treatment, programming changes were required in order to adjust the Approved Treatment Provider program. This included the ability to make electronic referrals for inmates still in prison in anticipation of their release, as well as some necessary tracking and billing changes. Changes associated with the TASC contract resulted in programming adjustments for the new service provider and urinalysis testing. CWISE has also been collaborating with the Office of Information Technology (OIT) and Marquis in the

development of the department's Electronic Offender Management Information System (EOMIS).

## 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 replace expired or outdated equipment, such as: custom fitted ballistic vests, along with external carriers; radio holders; speaker and 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. This accomplished the first phase of a plan to rotate out older weapons.

## TREATMENT FOR SAFER COMMUNITIES (TASC) TRANSITION

Effective July 1st, 2020, the Division of Adult Parole no longer has the TASC contract [previously held by Recovery Monitoring Solutions (RMS) or formally known as Rocky Mountain Offender Management System (RMOMS)]. TASC has been a part of the division and how the division manages the parolee population for almost 30 years and recognizes that this is, and will be, a big change moving forward. TASC assisted the division with five main areas; Standardized Offender Assessment-Revised (SOA-R) assessments, approved treatment provider (ATP) referrals, case management, drug screening, and referrals to Intensive Residential Treatment/Strategic Individualized Remediation Treatment/Residential Dual Diagnosis Treatment programs (IRT/STIRT/RDDT). The division has worked to identify different opportunities for incorporating those services within their operations and move in a progressive manner that incorporates evidence-based practices and addressing historical challenges.

**Assessments:** More and more ATP providers are becoming dual billable providers (ATP and Medicaid) and the division continues to move towards fully leveraging Medicaid and better coordination with regional accountability entity's treatment networks. To support that effort, the department has already completed SOA-R assessments and will now utilize the Medicaid approved assessments for behavioral health and substance use disorder (SUD) completed by the providers. This flexibility aligns with the Affordable Care Act and helps our parolees not only with continuity of care from facility to parole, but also from parole to discharge.

**ATP Referrals:** In April 2020, the division moved from traditional ATP contracts to a client choice model. This model provides parolees the opportunity to be engaged in their treatment and the division the ability to add more providers and services. Part of this client choice model is conducting in-reach to releasing parolees and setting up initial intakes with providers within 7 to 14 days of release. This in-reach and initial appointment will be provided for parolees who have substance abuse needs, behavioral health needs, and/or offense specific (sex offense) needs. The division created a new ATP provider handbook that outlines this model and process for our providers.

**Case Management:** Parole officers conduct Level of Service Inventory (LSI) assessments, case reviews, and work with parolees to establish SMART goals in their supervision plans to help guide the parolees towards success. The division is exploring various ways to help further support officers and provide training tailored towards assessment driven case planning, to include the utilization of Carey Guides, and multidisciplinary team approaches to supervision.

**Drug Screening:** Beginning July 1<sup>st</sup>, 2020, the division began a new intermediary contract with Cordant Health Solutions to provide oversight over subcontracted collection sites. All parole officers have participated in the entry training and the division continues to work with OIT and BI Incorporated/CWISE to move forward with automating data transfers between systems. In addition, the division evaluated the frequencies associated with drug testing and implemented the utilization of risk/need assessments and substance abuse code in determining frequency. This gives the division a better targeted approach at screening, while also still giving officers discretion to do suspect tests as needed.

**IRT/STIRT/RDDT:** In June, five division staff completed the SOA-R assessment training to help clients who need a Residential Treatment program (RDDT, IRT, STIRT). In addition, the division is working with the Office of Behavioral Health and the Department of Criminal Justice to establish new processes for residential treatment referrals (IRT/STIRT/RDDT). The division will be working to establish a referral tracking process with the community referral unit.

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## CONCLUSION

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During FY 2020, the CDOC continued implementing strategies to enhance existing reentry programs, services and policies. Some of the enhancements included expanding in-reach activities to inmates within the facilities prior to their release to link to community-based resources, providing pre-release planning, 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 their transition to the community. This consists of providing pre-release courses, establishing individual transition plans, assessing an inmate'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 and to provide 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 inmate 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 staffing and transition planning prior to release for inmates 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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