



# COLORADO

## Department of Corrections

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**SB 15-124 ANNUAL REPORT:  
RESPONSES TO TECHNICAL  
VIOLATIONS OF PAROLE  
FOR FY 2017**

A REPORT SUBMITTED TO THE  
JOINT JUDICIARY COMMITTEES OF THE  
SENATE AND HOUSE OF REPRESENTATIVES  
DUE JANUARY 1, 2018, PURSUANT TO C.R.S. 17-2-  
102(13)(a)



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## INTRODUCTION

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In order “to align parole supervision with evidence-based practices and promising practices in responding to technical violations,” SB 15-124 amended the Division of Adult Parole’s arrest and revocation procedures as directed by C.R.S. 17-2-103. In doing so, it directed Community Parole Officers (CPOs), except in cases where arrest or revocation is statutorily mandated, to:

CONSIDER ALL APPROPRIATE OR AVAILABLE INTERMEDIATE SANCTIONS, AS DETERMINED BY THE POLICIES OF THE DIVISION OF ADULT PAROLE, BEFORE HE OR SHE FILES A COMPLAINT FOR REVOCATION OF A PAROLEE FOR A TECHNICAL VIOLATION OF A CONDITION OF PAROLE FOR WHICH THE UNDERLYING BEHAVIOR IS NOT A CRIMINAL OFFENSE (C.R.S. 17-2-103(1.5)(a)).

This report is required pursuant to C.R.S. 17-2-102:

ON OR BEFORE JANUARY 1, 2016, AND ON OR BEFORE JANUARY 1 EACH YEAR THEREAFTER, THE DIVISION OF ADULT PAROLE SHALL PROVIDE TO THE JUDICIARY COMMITTEES OF THE SENATE AND HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, A STATUS REPORT ON THE EFFECT ON PAROLE OUTCOMES AND THE USE OF ANY MONEYS ALLOCATED PURSUANT TO SENATE BILL 15-124, ENACTED IN 2015 (13)(a).

This legislative report details the Division’s efforts in evidence-based responses to technical violations of parole, including the use of intermediate interventions, use of short-term jail stays, and referrals to community organizations for treatment and other needed support services.

## INTERMEDIATE INTERVENTIONS

SB 15-124 amended C.R.S. 17-2-103 to include a directive that:

COMMUNITY PAROLE OFFICER[S] SHALL UTILIZE INTERMEDIATE SANCTIONS TO ADDRESS A PAROLEE’S NONCOMPLIANCE OR SEEK MODIFICATION OF PAROLE CONDITIONS, OR DO BOTH, AS DEEMED APPROPRIATE BY THE COMMUNITY PAROLE OFFICER, IN A MANNER THAT IS CONSISTENT WITH THE SEVERITY OF THE NONCOMPLIANCE AND THE RISK LEVEL OF THE PAROLEE (1.5)(b).

The legislature enacted SB 15-124 on July 1, 2015. This report addresses outcomes for FY 2017, July 1, 2016 to June 30, 2017. During this time frame, the Division utilized multiple types of intermediate interventions with parolees. These interventions and their usage are detailed below.

### Types of Intermediate Interventions

The Division of Adult Parole implemented an intervention tracking system, the Colorado Violation Decision Making Process (CVDMP), in FY 2011. The CVDMP allows for tracking of violations and the responses for each parolee. When a violation is (or set of violations are) entered into the system, an algorithm provides the presumptive response category based on the parolee’s risk level and the severity of the violation. The possible intermediate intervention categories include low, medium, and high. While also detailed in Tables 1-3, potential interventions from each category are described below.

#### *Low-Level Interventions*

As shown in Table 1, low-level interventions include referrals, increased restrictions, and interventions with the parolee’s CPO. Some of the referral options consist of referrals to collections, alcoholics anonymous, a cognitive behavioral therapy program, a community support program, an education program, or a re-entry specialist. Additionally, the CPO could increase the parolee’s restrictions by adding a curfew or geographical restriction, requiring daily reporting to his/her CPO, and increased phone check-ins or drug/alcohol testing. Further, low-level interventions could also consist of increased therapy or individual interventions with a CPO, an employer, or a family member.

**Table 1:  
Low-Level Intermediate Interventions**

RESPONSE OPTIONS
Curfew Restrictions
Daily Reporting to CPO
Geographical Restrictions
Increased Check-In by Phone
Increased Drug/Alcohol Testing
Increased Therapy
Intervention with Employer
Intervention with Family
Intervention with Supervisor
Outpatient Therapy
Refer to Collections
Referral to Alcoholics/Narcotics Anonymous
Referral to Cognitive Program
Referral to Community Support Program
Referral to Educational Program
Referral to Re-Entry Specialist
Residential In-House Sanctions
Safety Plan Development
Verbal Reprimand
Withhold Earned Time
Written Homework

**Medium-Level Interventions**

As detailed in Table 2, medium-level interventions include enhanced treatment, interventions, and restrictions. Enhanced treatment options include participation in cognitive behavioral therapy, an intensive outpatient program, or a short-term inpatient program, along with antabuse treatment. The remaining options are forms of restrictions, including curfew restrictions and daily office or reporting center check-ins, increased drug/alcohol testing, loss of driving privileges, use of electronic monitoring, or withholding of earned time.

**Table 2:  
Medium-Level Intermediate Interventions**

RESPONSE OPTIONS
Antabuse
Cognitive Behavioral Therapy (CBT)
Curfew Restrictions
Daily Office Check-In
Day Reporting Center
Increase/Extend Level of Supervision
Increased Drug/Alcohol Testing
Increased Therapy
Intensive Outpatient Therapy
ISP - EM/TMS/GPS Monitoring
Letter of Reprimand
Loss of Driving Privileges
Outpatient Therapy
Remote Alcohol Testing
Residential In-House Sanctions
Return to Sending State
Short-Term Inpatient Treatment Program
Specific Issue Polygraph
Sure and Swift Short-Term Jail Stay
Victim Mediation Process
Withhold Earned Time

**High-Level Interventions**

The high-level interventions involve mostly further restrictions upon the parolee and include remediation to community corrections or summons to the Parole Board. A parolee could also receive a high-level intervention to residential therapy or a short-term inpatient

treatment program (Table 3).

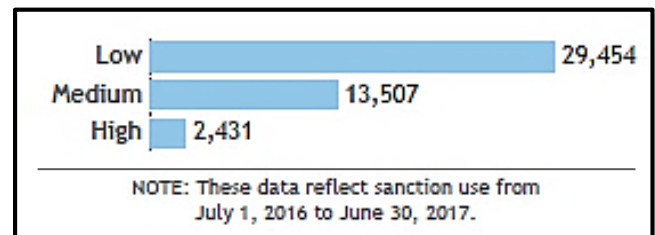
**Table 3:  
High-Level Intermediate Interventions**

RESPONSE OPTIONS
Long-Term Residential Therapy
Remediation to Community Corrections
Short-Term Inpatient Treatment Program
Summons to Parole Board
Sure and Swift Short-Term Jail Stay
Work/Release Program
Jail-Based Treatment Program

**Intermediate Intervention Usage**

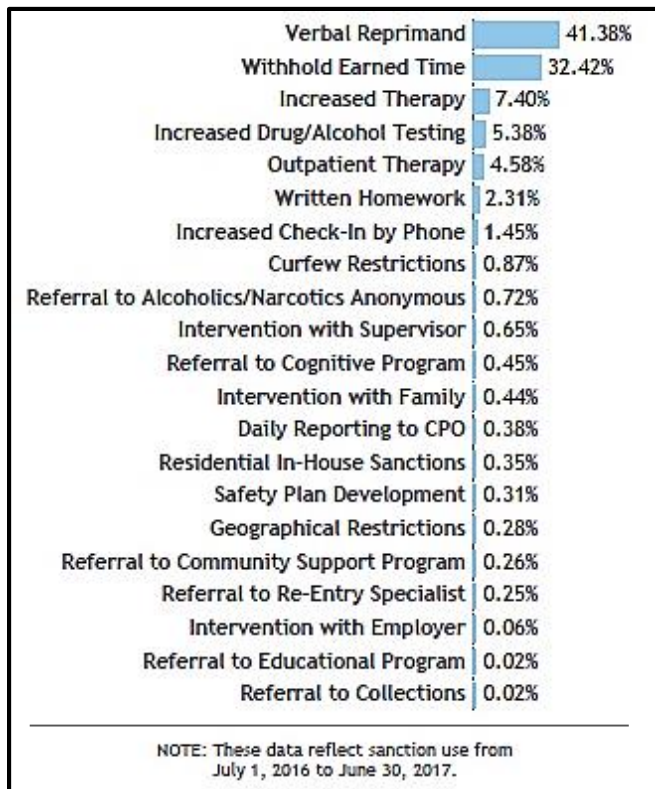
From July 1, 2016 to June 30, 2017, the Division utilized a total of 45,392 intermediate (i.e., non-revocation seeking) interventions. That included a total of 29,454 (65%) low-level interventions, 13,507 (30%) medium-level interventions, and 2,431 (5%) high-level interventions (Figure 1).

**Figure 1:  
Intermediate Interventions by Level**



For low-level interventions, verbal reprimands were utilized the most (41%), followed by withholding earned time (32%) and increases in therapy (7%) or drug / alcohol testing (5%). The remaining low-level intervention options were utilized five percent of the time or less, which included, for example, written homework, curfew restrictions, and referral to a Community Reentry Specialist (totaling 15%) (Figure 2).

**Figure 2:  
Low-Level Intervention Use**

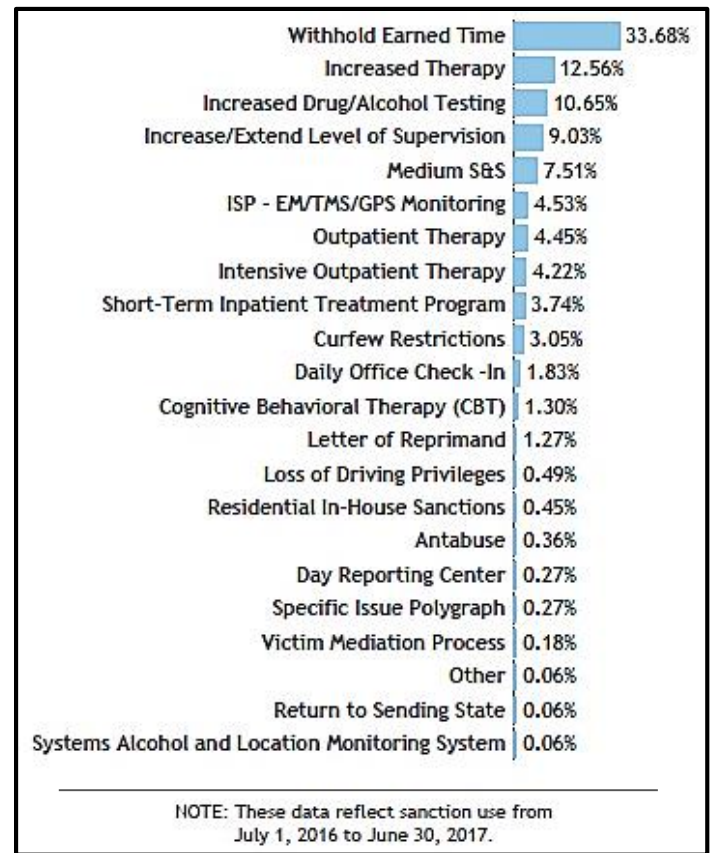


Medium-level intervention utilization included withholding earned time 34% of the time, while increasing therapy followed at 13% of the time. Additionally, increasing drug/alcohol testing was used 11% of the time, followed by increasing the level of supervision (9%), utilizing a medium sure and swift stay (8%), and adding GPS (5%) (Figure 3).

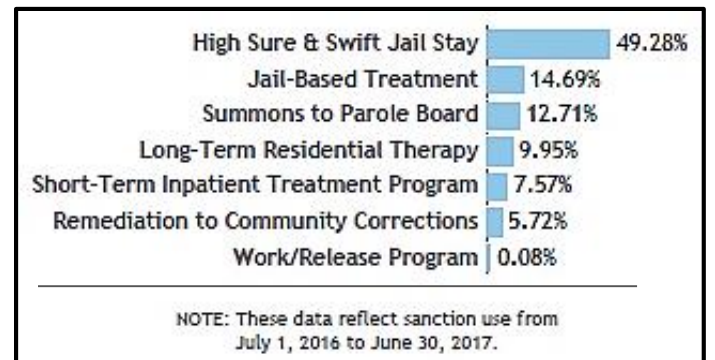
High-level interventions were used five percent of the time during FY 2017, those interventions included the use of a high-level Sure & Swift stay<sup>1</sup> (49%), jail-based treatment (15%), summons to the Parole Board (13%), long term residential therapy (10%), short term inpatient therapy (8%), remediation to community corrections (6%), and work release program (<1%) (Figure 4).

<sup>1</sup> See the next section for a detailed account of the Sure & Swift intermediate intervention.

**Figure 3:  
Medium-Level Intervention Use**



**Figure 4:  
High-Level Intervention Use**



## Jail-based Treatment

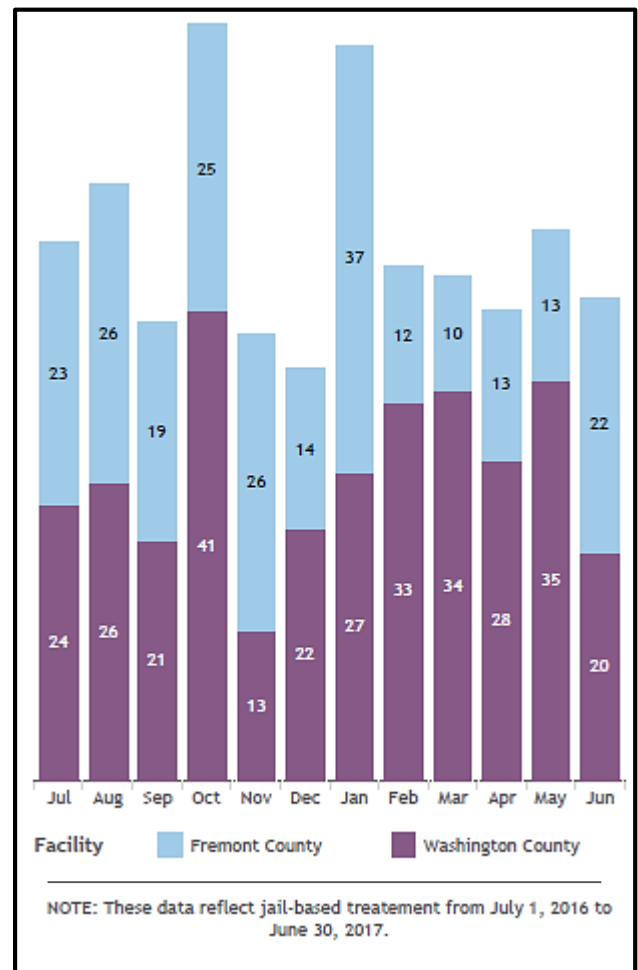
Since FY 2016, the Division of Adult Parole has utilized a jail-based treatment (JBT) program as an additional intermediate intervention for offenders with substance abuse problems and/or criminogenic needs prior to seeking revocation. The program seeks to provide intensive treatment interventions with the goal of providing offenders with the life stabilization tools to continue treatment after program completion. It was designed to address offenders’ deficiencies in motivation, pro-social support systems, appropriate living arrangements, social or psychological adaptive skills, ability to live substance-free, and inability to adequately function outside a treatment-controlled environment.

Both the Fremont and Washington County jails are providing bed space and treatment options for this program. These include cognitive-behavioral therapy related to substance abuse and/or criminogenic needs. Treatment options may also include group treatment, individual therapy, cognitive skill building, relapse prevention, introduction to individual therapy modalities, Vivitrol, and/or Moral Reconciliation Therapy (MRT).

From July 1, 2016 to June 30, 2017, a total of 564 JBT programs were ordered between both facilities, with a total average of 47 JBT placements per month (Figure 5). More specifically, Washington County Jails had 324 JBT orders, with an average of 27 JBT orders per month. Fremont County had 240 JBT orders, with an average of 20 JBT orders per month.

As of the end of FY 2017, of those ordered, 475 were placed into a JBT program (298 in Washington County and 177 in Fremont County). Of those placed, 368 had completed the program (225 in Washington County and 143 in Fremont County). Overall, Washington County had a higher completion rate (70%) than that of Fremont County (60%). Due to high demand and program space limitations, some parolees may be placed on a short-term waitlist until a needed program is available.

**Figure 5:**  
Parolees Ordered to Jail-based Treatment





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## THE SURE AND SWIFT INITIATIVE

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SB 15-124 amended C.R.S. 17-2-103 to include a directive for a new intermediate intervention:

IF A PAROLEE HAS A TECHNICAL VIOLATION, THE PAROLEE'S COMMUNITY PAROLE OFFICER, WITH THE APPROVAL OF THE DIRECTOR OF THE DIVISION OF ADULT PAROLE OR THE DIRECTOR'S DESIGNEE, MAY IMPOSE A BRIEF TERM OF CONFINEMENT IN THE COUNTY JAIL, NOT TO EXCEED FIVE CONSECUTIVE DAYS, AS AN INTERMEDIATE SANCTION (1.5)(d).

This new option, termed *Sure & Swift*, provides officers with the ability to utilize jail time as a intervention without having to seek revocation. The following details the background of this initiative and its utilization in Colorado.

### The Initiative

The Sure and Swift (S&S) Initiative, modeled after Hawaii's HOPE program,<sup>2</sup> follows the *Swift, Certain, and Fair* (SCF) model of supervision.<sup>3</sup> According to the Bureau of Justice Assistance (BJA), the SCF approaches seek to:

- (a) improve supervision strategies that reduce recidivism;
- (b) promote and increase collaboration among agencies and officials who work in community corrections and related

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<sup>2</sup> See Bulman, P. (2010). In brief: Hawaii HOPE. *NIJ Journal*, 266, 26-27.

<sup>3</sup> See, for example, National Network for Safe Communities. (2015). *Swift, certain, & fair*. Retrieved from: <http://nnscommunities.org/our-work/strategy/swift-certain-fair>.

fields to enhance swift and certain interventions;

- (c) enhance the offenders' perception that the supervision decisions are fair, consistently applied, and consequences are transparent; and
- (d) improve the outcomes of individuals participating in these initiatives.<sup>4</sup>

Utilizing this concept of deterrence, where an intervention should be swift, certain, and fair, the S&S Initiative provides officers with the option to impose swift and certain interventions on parolees for certain medium- and high-level violations of their conditions of parole, namely, short-term (one to five day) jail stays. Officers have the option of imposing a medium-level S&S stay (1 to 2 days) or a high-level S&S stay (3 to 5 days).

In deciding how to best use limited jail beds, the Division decided to focus on using the S&S short-term jail stay for medium- and high-level violations. Thus, a S&S stay could be utilized, for example, for a GPS violation, tampering with a drug test, or having contact with a victim.

### Implementation

The statewide implementation of the S&S Initiative began in September 2015, with training and on-boarding of locations occurring

<sup>4</sup> Directly quoted from: Bureau of Justice Assistance. (2015). *Swift, Certain, and Fair Sanctions Program (SCF): Replicating the concepts behind Project HOPE FY 2015 competitive grant announcement*, BJA-2015-4056. Retrieved from: <https://www.bja.gov/Funding/15Swift&CertainSol.pdf>.

prior to that date. Staff training consisted of education on the violation response principles noted in evidence-based practice research and the changes being made to the CVDMP to incorporate short-term jail stays as an intermediate intervention to certain medium- and high-level violations. The Division, in collaboration with Colorado Web-based Integrated Support Environment (CWISE), the Office of Information Technology, and the CDOC’s Office of Planning and Analysis, updated the CVDMP as of the end of August 2015 to accommodate S&S stay tracking.

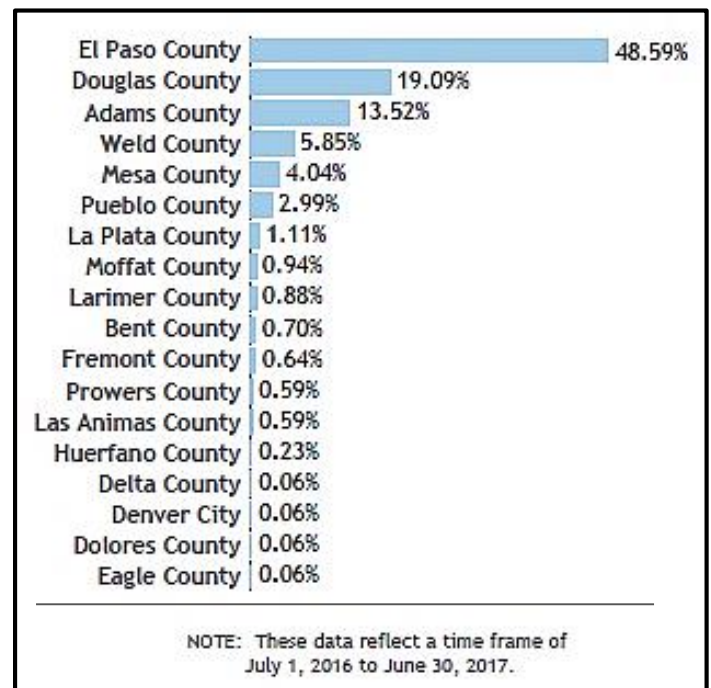
In order to develop support for short-term jail stays and to negotiate the number of beds available for use, Division staff met with county jail administrators around the state. Use of S&S short-term jail stays first began in the Southern Colorado Parole Offices, as pre-existing purchase orders were already in place between local jails and the Division. Those agreements were utilized to begin the use of the S&S stays, while the Division determined the best method for expanding the program to other counties. The Division chose to establish Letters of Agreement (LOAs) with local agencies to provide bed space for the S&S program.

As **Figure 6** shows, local jails in 18 counties collaborated with the Division in using the S&S interventions during the reporting time period of July 2016 to June 2017. This is an increase of 3 counties from FY 2016. Nearly half (49%) of jail participation occurred in El Paso County. As letters of agreements continue being negotiated between the CDOC and local agencies across the state, implementation is expanding to other areas, as well. As of the end of FY 2017, there were a total of 18 counties that had formal agreements with the CDOC to provide *Sure & Swift* bed space.

## Quality Assurance

Maintaining program fidelity is important for all initiatives; thus, the Division instituted two processes to track program integrity.

**Figure 6:**  
Counties With Sure & Swift Jail Participation



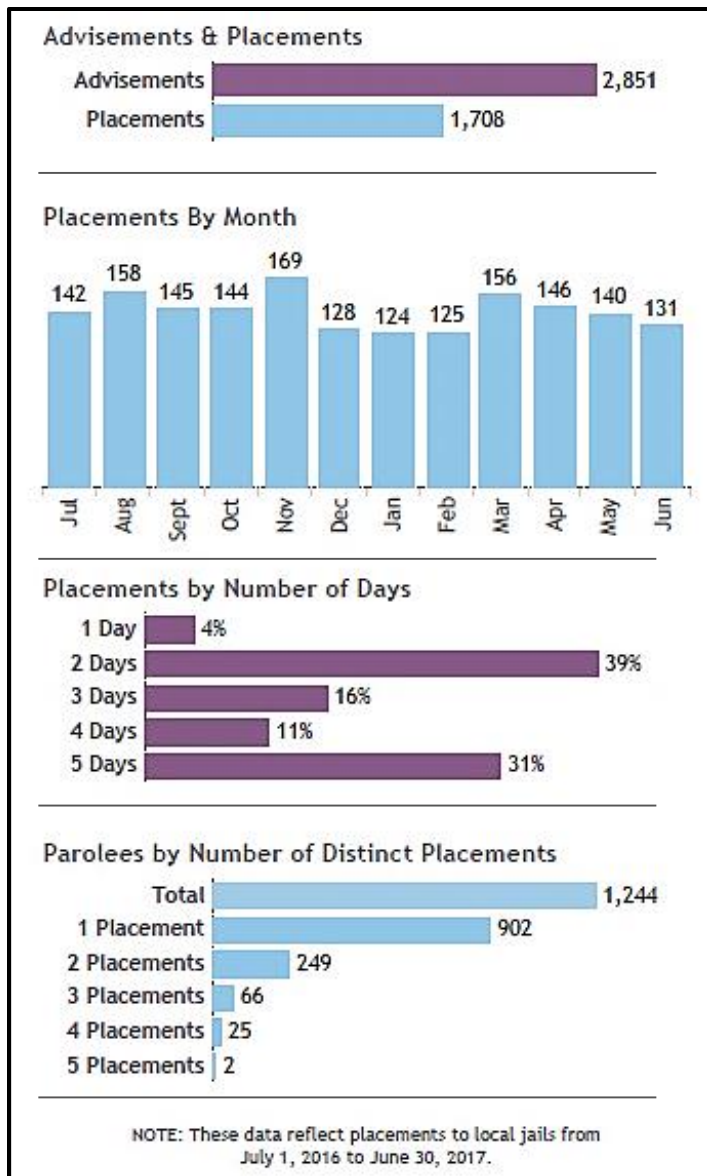
From a data management perspective, both the Project Manager and the CDOC’s Office of Planning & Analysis review the S&S stays on a regular basis for data entry and usage issues. All issues are investigated and updated for accurate data tracking. Additionally, the Division’s management team reviews all arrests related to technical violations. Parole Managers, or their designated representatives, meet with Division Directors weekly to discuss each case and the availability of other possible intermediate interventions that might be used prior to seeking a revocation.

## Outputs

As shown in **Figure 7**, from July 1, 2016 to June 30, 2017, the Division provided 2,851 S&S

advisements and a total of 1,708 S&S placements, with an average of 142 placements per month.

**Figure 7:**  
Sure & Swift Advisements & Placements

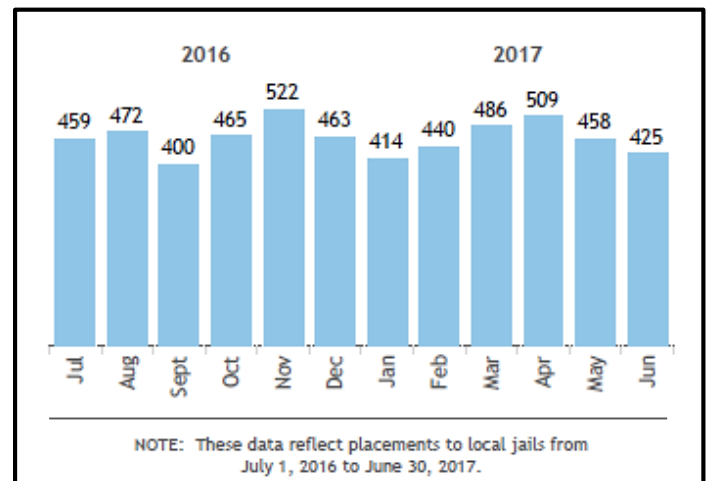


The 1,708 total placements involved 1,244 parolees, with an average of 1.37 per placed parolee. The majority (73%) had 1 S&S placement during the reporting period, while 20 percent had 2 placements, 5 percent had 3 placements, and 2 percent had 4 or more

placements (Percentages may not equal 100% due to rounding).

As **Figure 8** shows, the 1,708 placements resulted in a total of 5,513 jail bed days<sup>5</sup>, with an average of 459 per month. The majority (43%) of the placements were for one or two-day stays, followed by five-day stays (31%), three-day stays (16%), and four-day stays (11%) (Percentages may not total 100% due to rounding).

**Figure 8:**  
Sure & Swift Jail Bed Days

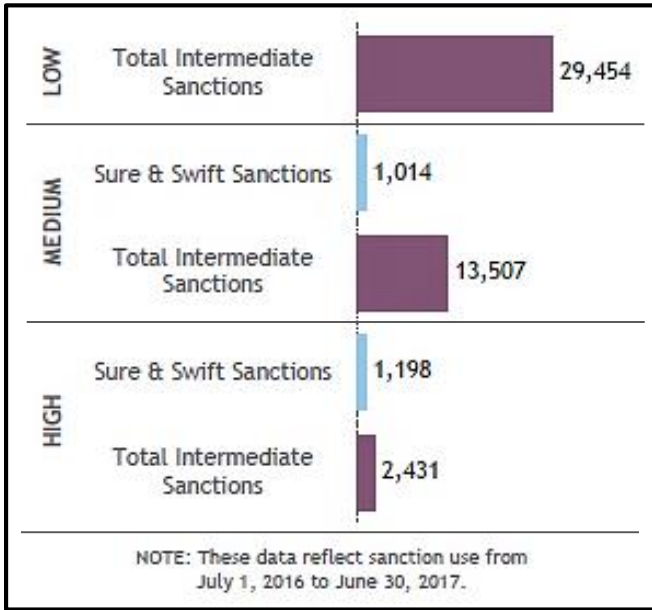


Since the initiative began in September 2015, a comparison of Sure & Swift interventions to the overall use of intermediate interventions requires assessing the intermediate intervention totals from the same timeframe. Thus, the Division utilized a total of 45,392 intermediate interventions from July 1, 2016 to June 30, 2017. Of those 29,454 (65%) were low-level interventions, 13,507 (30%) were medium-level, and 2,431 (5%) were high-level interventions. Of the total intermediate interventions from July, 2016 to June 2017,

<sup>5</sup> S&S jail bed days are billed per night, rather than per any portion of a day.

2,212 (5%) were S&S interventions. Of these 1,014 were medium-level S&S interventions and 1,198 were high-level S&S interventions (Figure 9).

**Figure 9:  
Sure & Swift Interventions**



Based on S&S bed day data (Figure 8), and cost per day data from the CDOC’s Budget & Business Office, the total expenditure for jail bed stays for July 1, 2016 to June 30, 2017 was approximately \$295,717<sup>6</sup> with an average of \$24,643 per month. In comparison, this is four percent less than the average cost per day for the same amount of time (5,513 days) in a CDOC facility of \$308,838<sup>7</sup> with an average of \$25,736 per month.

<sup>6</sup> The nightly cost of a S&S jail bed stay is \$53.64.

<sup>7</sup> This was calculated using the average cost per day for bed space in a private prison, which is \$56.02.

## SERVICE/TREATMENT REFERRALS

SB 15-124 amended C.R.S. 17-2-103 to include a directive for:

A COMMUNITY PAROLE OFFICER SHALL ALSO MAKE REFERRALS TO ANY NEEDED TREATMENT OR OTHER SUPPORT SERVICES THAT MAY HELP A PAROLEE BECOME COMPLIANT WITH THE CONDITIONS OF PAROLE AND SUCCEED IN REINTEGRATING INTO SOCIETY (1.5)(c).

During the reporting time period, the Division continued referring parolees to agency-approved treatment providers as part of its regular supervision practices.

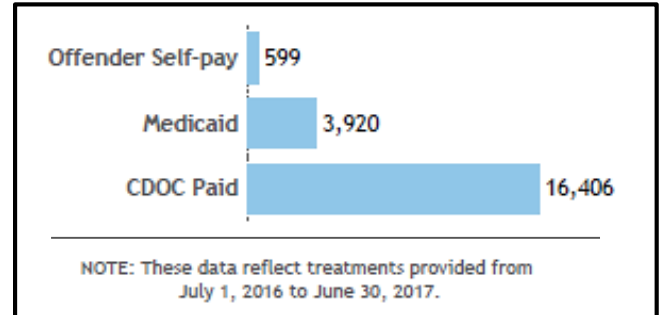
### Approved Treatment Providers

As of June 30, 2017, the Division had formal service partnerships with 223 non-governmental community organizations, or Approved Treatment Providers (ATPs), to provide services for parolees. From July 1, 2016 to June 30, 2017, referrals were made to 140 (63%) of those organizations.

### Referrals

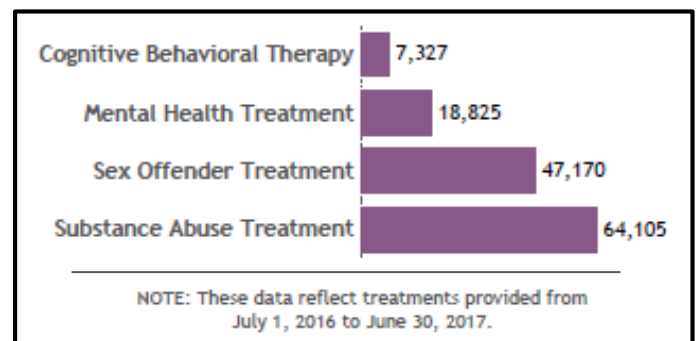
Division staff and First Alliance staff<sup>8</sup> provide referrals to providers, from which parolees may receive multiple services. From July 1, 2016 to June 30, 2017, the staff made 20,925 distinct referrals to ATPs. As **Figure 10** shows, the majority (78%) of those referrals were for services paid for by the CDOC. Medicaid paid for 3,920 services (19%), and an additional 599 services were paid for by the offender (3%).

**Figure 10:**  
Approved Treatment Provider Referrals



Referrals for treatment and services for parolees fall into four main categories: cognitive behavioral therapy, mental health treatment, substance abuse treatment, and sex offender treatment. During FY 2017, parolees utilized those distinct referrals for a total of 137,427 services. The majority (47%) of service/treatment referrals consisted of substance abuse treatment, which was followed by sex offender treatment (34%), mental health treatment (14%) and cognitive behavioral therapy (5%).

**Figure 11:**  
ATP Services Provided By Type



<sup>8</sup> The Division of Adult Parole contracted with the community treatment service organization, First Alliance, to manage all referrals to ATPs for parolees.

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## CONCLUSION

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During FY 2017, the Division utilized various methodologies in responding to technical violations of parole that aided in the decline of returns to prison for technical violations. More specifically, the number of technical parole returns (2,455) for FY 2017 was 12 percent less than the number of returns (2,791) in FY 2016, and 32 percent less than the number of returns (3,614) in FY 2015<sup>9</sup>. As detailed in this report, these efforts included the use of intermediate interventions, short-term jail stays, and referrals to community organizations for treatment and other needed support services.

A range of intermediate interventions across presumptive severity ranges are utilized. Low-level interventions include responses such as curfew restrictions, geographical restrictions, verbal reprimands, and increased reporting requirements. Medium-level interventions consist of responses such as cognitive behavioral therapy, withholding earned time, increased drug/alcohol testing, and in/outpatient treatment programs. High-level interventions include more intensive responses such as inpatient treatment programs, residential therapy, remediation to community corrections, and summons to the Parole Board.

As additions to the previously available intermediate interventions, the Sure & Swift and the jail-based treatment options were utilized as intermediate intervention options during FY 2017. In doing so, officers gained the ability to utilize both short-term jail stays and longer-term treatment-based jail stays in response to technical violations.

Beyond the use of regulatory intermediate interventions, the Division also incorporates the use of referrals to community organizations for treatment and services as part of its response to technical violations. Those organizations must be on the Division's ATP list, which consisted of 223 organizations as of June 30, 2017. These additional initiatives provided through and/or enhanced by SB 15-124 funding have assisted in the reduction of parolees being returned to prison.

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<sup>9</sup> These numbers may diverge slightly (<1%) from previous year's reports due to methodology changes.

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