



COLORADO

Department of Corrections

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**SB 15-124 ANNUAL REPORT:
RESPONSES TO TECHNICAL
VIOLATIONS OF PAROLE
FOR FY 2018**

A REPORT SUBMITTED TO THE
JOINT JUDICIARY COMMITTEES OF THE
SENATE AND HOUSE OF REPRESENTATIVES
DUE JANUARY 1, 2019, PURSUANT TO C.R.S. 17-2-
102(13)(a)

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INTRODUCTION

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, henceforth known as “the Division,” 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 2018: July 1, 2017 to June 30, 2018. 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 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 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).

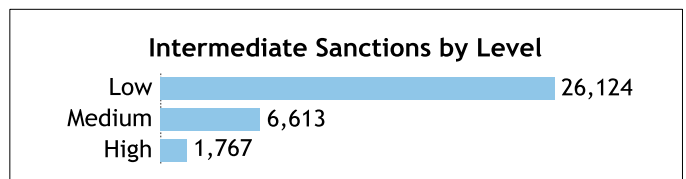
**Table 3:
High-Level Intermediate Interventions**

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

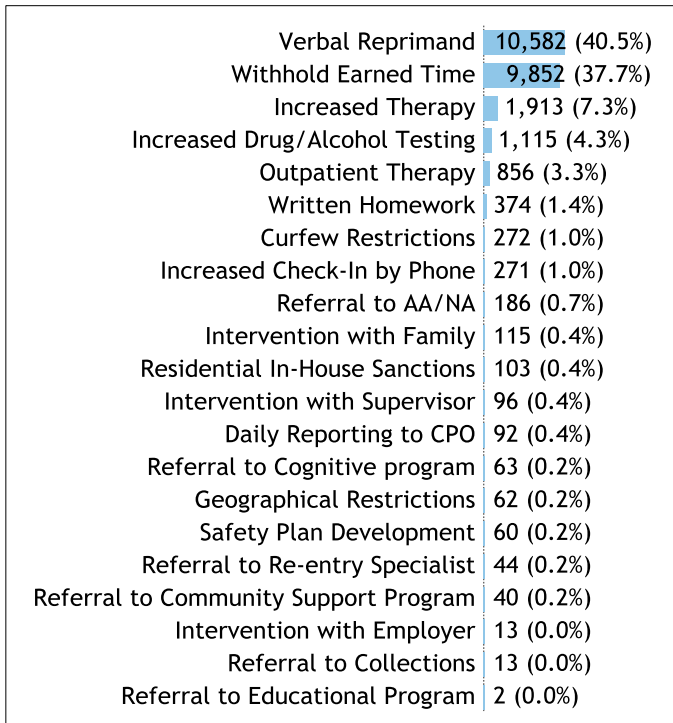
From July 1, 2017 to June 30, 2018, the Division utilized a total of 34,504 intermediate (i.e., non-revocation seeking) interventions. That included a total of 26,124 (76%) low-level interventions, 6,613 (19%) medium-level interventions, and 1,767 (5%) high-level interventions (Figure 1).

**Figure 1:
FY 2018 Intermediate Interventions by Level**



For low-level interventions, verbal reprimands were utilized the most (41%), followed by withholding earned time (38%) and increases in therapy (7%). The remaining low-level intervention options were utilized five percent of the time or less, which included, for example, increased drug and alcohol testing, outpatient therapy, and written homework (Figure 2).

**Figure 2:
FY 2018 Low-Level Intervention Use**

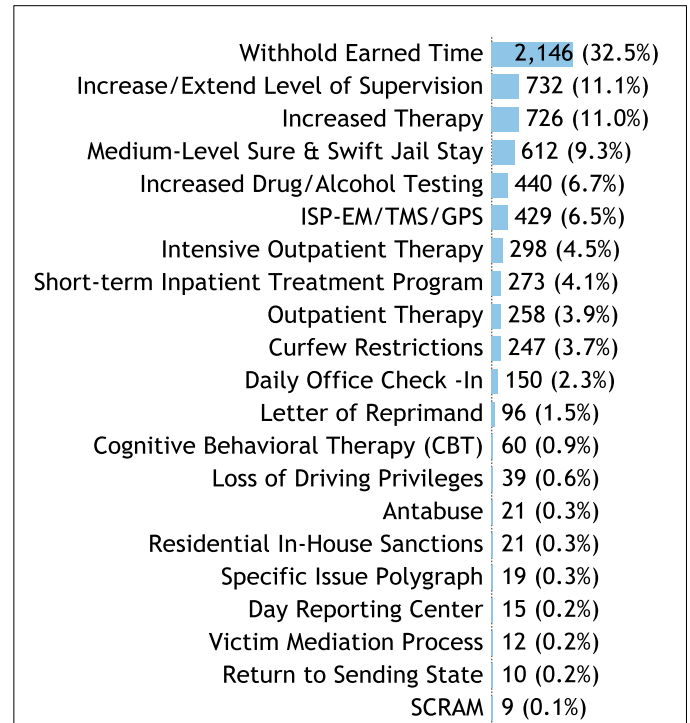


Medium-level intervention utilization included withholding earned time 33% of the time, while increasing and extending level of supervision followed at 11% of the time. Additionally, increased therapy was used 11% of the time, followed by utilizing a medium-level sure and swift jail stay (9%), increased drug and alcohol testing (7%) and ISP-EM/TMS/GPS (7%) (Figure 3).

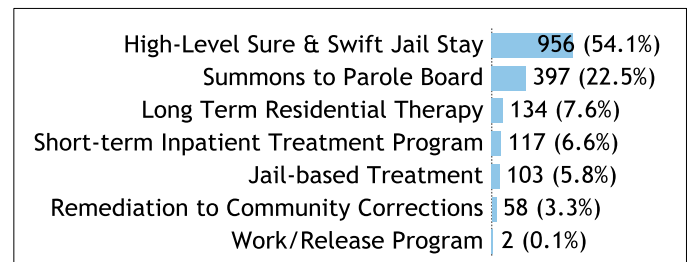
High-level interventions were used five percent of the time during FY 2018. These interventions included the use of a high-level sure and swift stay¹ (54%), summons to the parole board (23%), long term residential therapy (8%), short-term inpatient treatment program (7%), jail-based treatment (6%), remediation to community corrections (3%), and work release programs (<1%). (Figure 4).

¹ See the next section for a detailed account of the sure & swift intermediate intervention.

**Figure 3:
FY 2018 Medium-Level Intervention Use**



**Figure 4:
FY 2018 High-Level Intervention Use**



Jail-based Treatment

Since FY 2016, the Division 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.

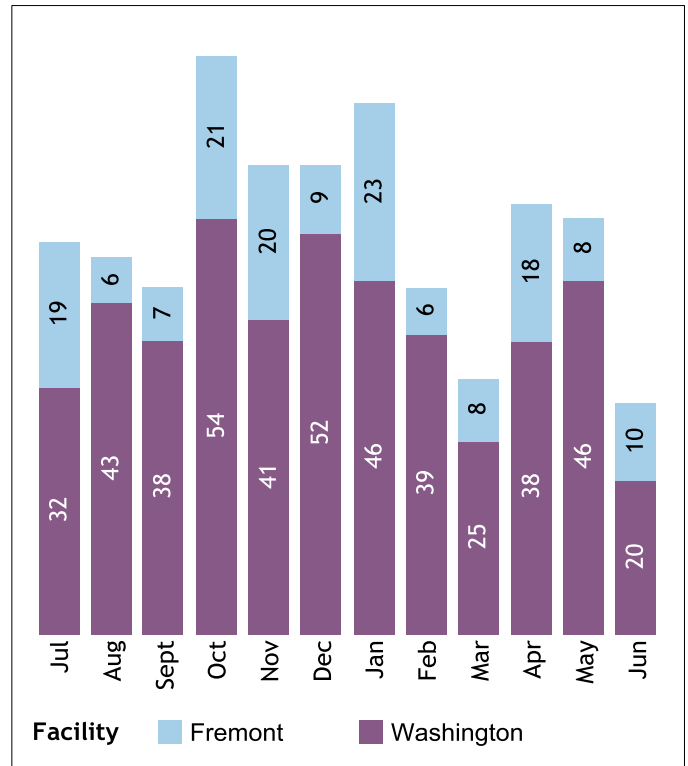
Both the Fremont and Washington County jails provide bed space and treatment options for this program. These include cognitive-behavioral therapy related to substance abuse and/or criminogenic needs. Treatment options may also include group treatment, individual therapy, cognitive skill building, relapse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

From July 1, 2017 to June 30, 2018, 629 parolees were ordered to JBT (Figure 5). Specifically, Washington County Jail had 474 JBT orders, and Fremont County had 155 JBT orders.²

As of the end of FY 2018, 509 parolees had been placed into a JBT program (330 in Washington County and 179 in Fremont County), and 640

parolees had completed the program (479 in Washington County and 161 in Fremont County). 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:
FY 2018 Parolees Ordered to Jail-based Treatment



² Data for jail-based treatment provided by BI Incorporated, a GEO Group Company.

THE SURE AND SWIFT INITIATIVE

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 an 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,³ follows the *Swift, Certain, and Fair* (SCF) model of supervision.⁴ 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 fields to enhance swift and certain

³ See Bulman, P. (2010). In brief: Hawaii HOPE. *NIJ Journal*, 266, 26-27.

⁴ See, for example, National Network for Safe Communities. (2015). *Swift, certain, & fair*. Retrieved from: <http://nnscommunities.org/our-work/strategy/swift-certain-fair>.

- 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.⁵

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 (one to two days) or a high-level S&S stay (three to five 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 prior to that date. Staff training consisted of education on the violation response principles noted in evidence-based practice research and

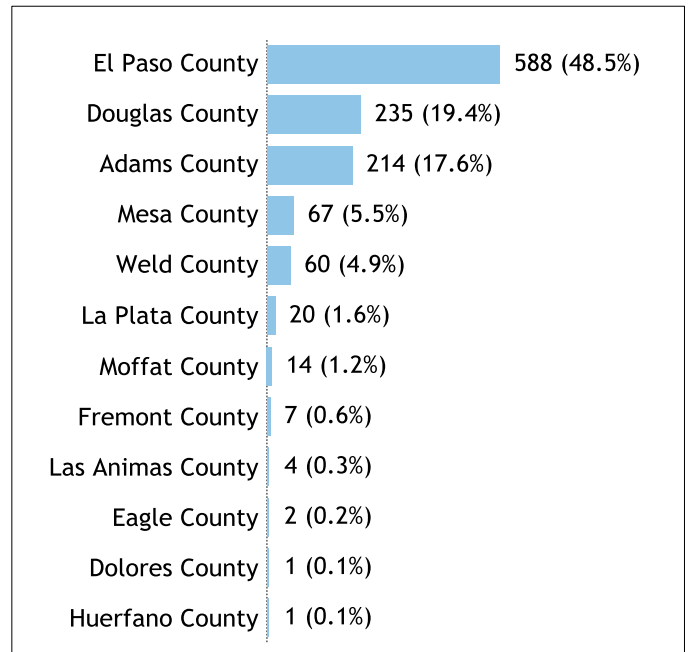
⁵ Directly quoted from: Bureau of Justice Assistance. (2015). *Swift, Certain, and Fair Sanctions Program (SCF): Replicating the concepts behind Project HOPE FY 2015 competitive grant announcement*, BJA-2015-4056. Retrieved from: <https://www.bja.gov/Funding/15Swift&CertainSol.pdf>.

the changes being made to the CVDMP to incorporate short-term jail stays as an intermediate intervention to certain medium- and high-level violations.

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 12 counties collaborated with the Division in using the S&S interventions during the reporting time period of July 2017 to June 2018. Nearly half (49%) of the S&S placements took place in El Paso County. As of the end of FY 2018, there were a total of 20 counties that had formal agreements with the CDOC to provide S&S bed space, though not all had S&S placements during the fiscal year.

Figure 6:
FY 2018 Number and Percentage of Sure & Swift Placements by County in FY 2018



Quality Assurance

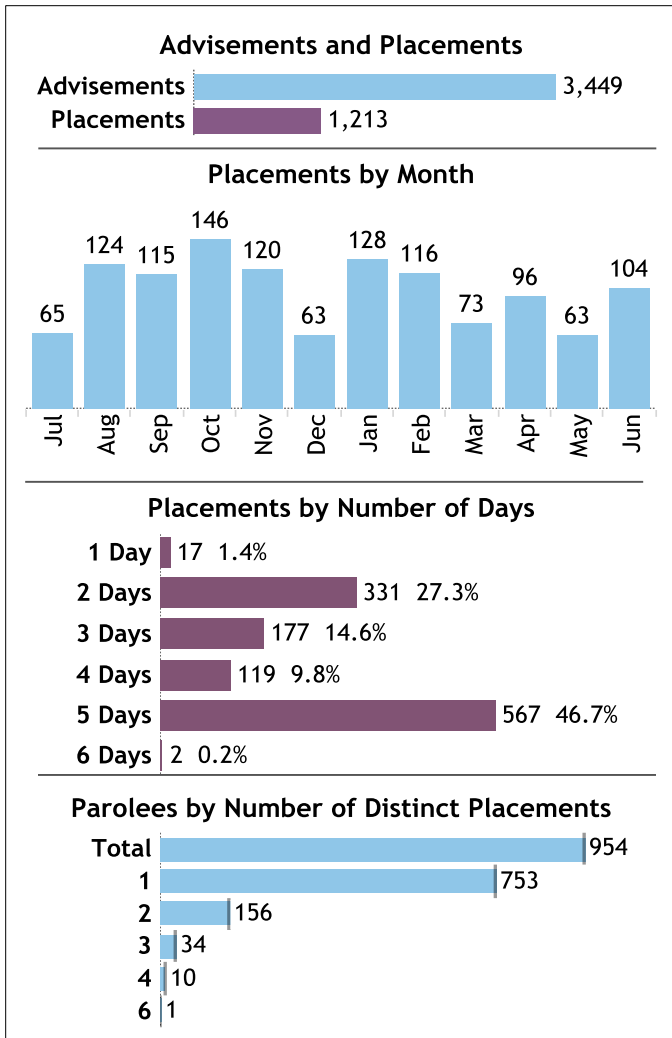
Maintaining program fidelity is important for all initiatives; thus, the Division instituted two processes to track program integrity.

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**, in FY 2018 the Division provided 3,449 S&S advisements and a total of 1,213 S&S placements, with an average of 287 advisements and 101 placements per month.

Figure 7:
FY 2018 Sure & Swift Advisements & Placements



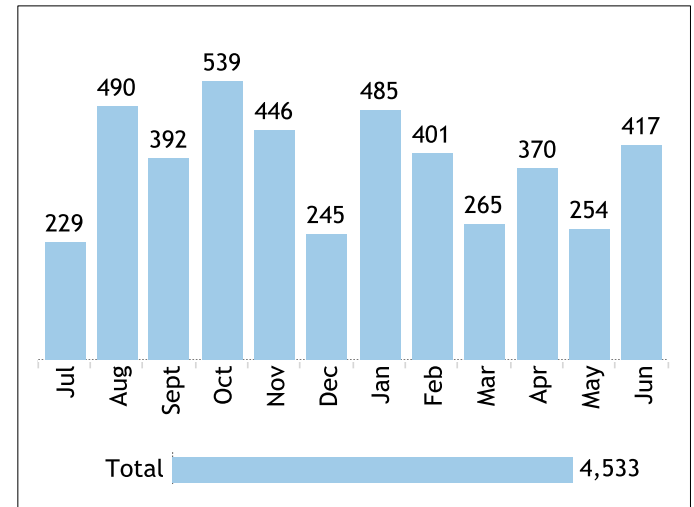
The most placements were for five-day stays (47%), followed by two-day stays (27%), three-day stays (15%), and four-day stays (10%). One-day stays made up 1% of all placements (Percentages may not total 100% due to

⁶ The nightly cost of an S&S jail bed stay is \$54.39.

rounding). The 1,213 total placements involved 954 parolees, with an average of 1.3 placements per parolee. The majority (79%) had one S&S placement during the reporting period, while 16 percent had two placements, 4 percent had three placements, and 1 percent had four or more placements.

As **Figure 8** shows, the 1,213 placements resulted in a total of 4,533 jail bed days, with an average of 378 jail bed days per month.

Figure 8:
FY 2018 Sure & Swift Jail Bed Days



Based on S&S bed day data (**Figure 8**), and cost per day data from the CDOC's Budget Office in the Division of Finance and Administration, the total expenditure for jail bed stays for FY 2018 was approximately \$246,550⁶ with an average of \$20,546 per month. In comparison, this is 4.2 percent less than the average cost per day for the same amount of time (4,533 days) in a CDOC facility of \$257,474⁷ with an average of \$21,456 per month. This is a savings of \$10,924 annually.

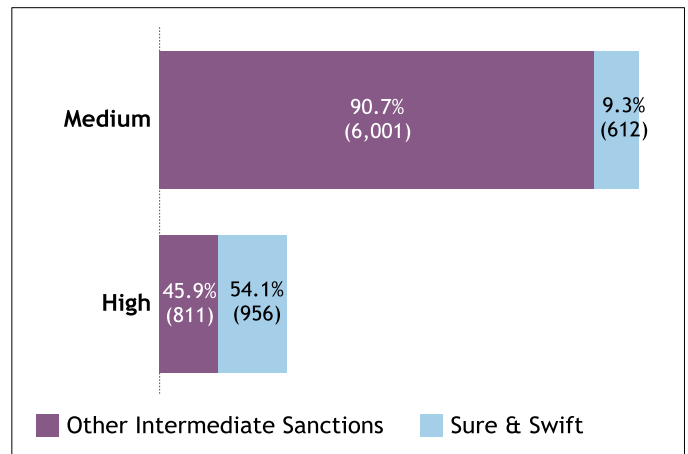
The Division utilized a total of 34,504 intermediate interventions from July 1, 2017 to

⁷ This was calculated using the average cost per day for bed space in a private prison, which is \$56.80.

June 30, 2018. Of all interventions, 26,124 (76%) were low-level interventions, 6,613 (19%) were medium-level, and 1,767 (5%) were high-level interventions.

Of the total intermediate interventions in FY 2018, 1,568⁸ (5%) were S&S interventions (percentage calculated from Figures 1 through 4). These 1,568 S&S interventions made up 19% of all medium- and high-level interventions. There are no low-level S&S interventions. **Figure 9** shows the percentage of Sure & Swift responses as a percentage of Medium and High level sanctions.

Figure 9:
FY 2018 Sure & Swift Interventions



⁸ Data Figures 1 through 4 and Figure 9 come from CWISE, the parole database management system. Data for Figures 6 through 8 come from DCIS, the Department of Corrections database management system.

Total number of S&S placements may vary between figures based on database management system differences.

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.

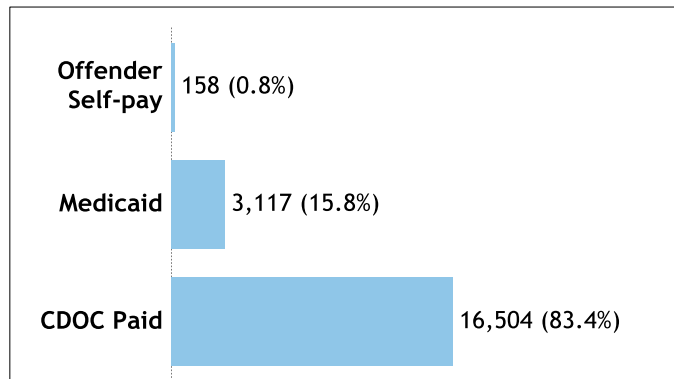
Approved Treatment Providers

As of June 30, 2018, the Division had formal service partnerships with 200 non-governmental community organizations, or Approved Treatment Providers (ATPs), to provide services for parolees. In FY 2018, referrals were made to 108 (54%) of those organizations.

Referrals

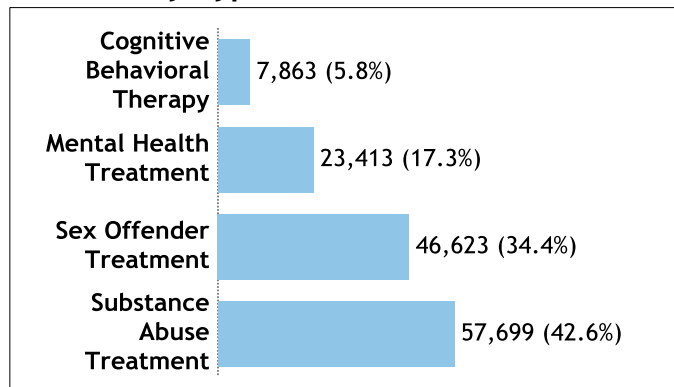
Division staff and Rocky Mountain Offender Management Systems (RMOMS)⁹ provide referrals to providers, from which parolees may receive multiple services. From July 1, 2017 to June 30, 2018, staff made 19,779 distinct referrals to ATPs. **Figure 10** shows the majority (83%) of those referrals were for services to be paid for by the CDOC, Medicaid paid for 3,117 referrals (16%), and 158 referrals (1%) were paid for by the offender.

Figure 10:
FY 2018 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 2018, parolees utilized those distinct referrals for a total of 135,598 services. The most frequent service/treatment referrals consisted of substance abuse treatment (43%), followed by sex offender treatment (34%) and mental health treatment (17%) (**Figure 11**).

Figure 11:
FY 2018 Approved Treatment Provider Services Provided By Type

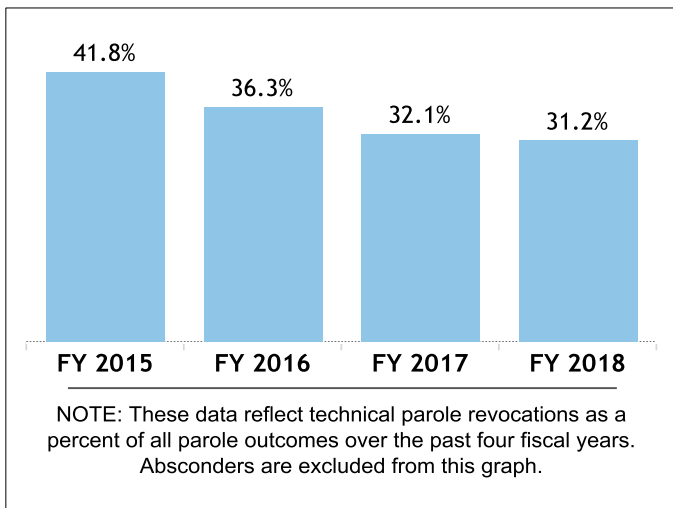


⁹ The Division contracted with First Alliance, to manage all referrals to ATPs for parolees. First Alliance changed to RMOMS on 01/01/2018.

CONCLUSION

During FY 2018, the Division utilized various methodologies in responding to technical violations of parole that intended to reduce the number of returns to prison for technical violations. Figure 12 outlines technical parole revocations over the last four fiscal years. In 2015, 41.8% of parole revocation outcomes were technical parole revocations; in the most recent fiscal year this number is at 31.2% (Figure 12).

Figure 12:
Technical Parole Revocations



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 S&S and the jail-based treatment options were utilized as intermediate intervention options during FY 2018. 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 200 organizations as of June 30, 2018. These additional initiatives provided through and/or enhanced by SB 15-124 funding are designed to reduce the number of parolees being returned to prison.

FOR MORE INFORMATION, CONTACT:

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