

To: Members of the Joint Budget Committee and Interim Sentencing Task Force
 From: Participants of the Community Corrections Utilization Working Group
 Date: January 2, 2018

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Background

The Community Corrections Utilization Working Group began meeting this summer in response to concerns raised by both the Joint Budget Committee and the Interim Sentencing Task Force regarding the under-utilization of community corrections beds for DOC transition clients. This memo is intended to provide a brief update on the recommendations developed to date by this working group that would require statutory change. Recommendations that can be implemented through policy or practice changes by the responsible agency and are not listed here. The recommendations in this memo are agreed to by all of the listed participants. However, additional discussion and input will be solicited from the broader field.

Working Group Participants

Colorado Department of Corrections

Melissa Roberts (Director-Division of Adult Parole), Travis Trani (Director-Prison Operations), Susan White (Assistant Director of Adult Parole), Meredith McGrath (Community Parole Manager), Bryon Sparling (Associate Director of Offender Services), Wes Wilson (Administrative Officer for Offender Services), Christina Rosendahl (Legislative Liaison)

Colorado Department of Public Safety/Division of Criminal Justice

Joe Thome (Director-DCJ), Glenn Tapia (Director-Office of Community Corrections, Gabby Reed (Legislative Liaison)

Colorado Parole Board

Alexandra Walker (Parole Board Member)

City & County of Denver/Department of Public Safety

Greg Mauro (Director-Division of Community Corrections)

Colorado Community Corrections Coalition

Jennifer Hoffman (legislative liaison)

Core Civic Community (halfway house provider)

Shannon Carst, Managing Director

Intervention Community Corrections Services (ICCS-halfway house provider)

Brian Hulse, Executive Director

Colorado Criminal Justice Reform Coalition

Terri Hurst (Policy Coordinator), Christie Donner (Executive Director)

Areas of focus for the working group

The appropriate utilization of community corrections is very complex and the aim is to place the "right" person in the "right" program at the "right time" to improve successful reentry and promote public safety. The following is offered to highlight some of the challenges discussed by the working group:

- The statutory eligibility that triggers the first referral to community corrections is heavily weighted on how much time a person has served in prison based on whether

they are serving a sentence for a nonviolent or violent crime and not necessarily on whether a person is an appropriate applicant for community corrections.

- The criteria in statute related to second or subsequent referrals to community corrections are vague. This creates challenges because there is little consistency as to when or under what circumstances a person in prison is re-referred which can create a high level of stress and uncertainty both for inmates and victims.
- Community corrections programs, themselves, are not monolithic and offer a wide variety of programs from “regular” programs to highly clinical specialties addressing substance abuse, mental health (dual diagnosis), and sex offender treatment. Finding the right program for the right person is more difficult than it may seem, particularly if the “right” program is located outside the judicial district where the inmate intends to parole.
- Local control by community corrections programs/boards, as well as variable supervision and treatment options at the local level, creates differences in practice related to acceptance criteria and decision-making. Local-level decision making practices can and should be advanced to capitalize on modern structured decision making technology.
- DOC faces challenges from the sheer volume of referrals that case managers make on an annual basis and a legacy IT system that makes it very difficult to assemble in a coherent fashion the relevant information needed by the community corrections boards/programs. It appears that Case Managers could benefit from additional training on understanding the variety of programs offered by community corrections and decision-making by programs and boards.
- It has been reported to JBC that a high percentage of people in prison (58%) are waiving their right to be referred to community corrections. This figure is probably inflated because the term “refused” can be entered into the DOC case management system both when an inmate has refused but also when an inmate is ineligible for referral for a multitude of other reasons. This issue is concerning to the working group and will be explored more deeply as referenced in the “next steps” section.
- For many consecutive years, DCJ has been underspent and has reverted millions of dollars appropriated to community corrections which poses challenges, particularly for community corrections programs who try to build capacity in anticipation of both need and available funding.
- Sometimes, the Parole Board will “table” a release decision and request that the inmate be referred to community corrections. There has not been a consistent feedback loop to let the Parole Board know when/if the referral to community corrections is made and the outcome.
- A high and consistent level of collaboration, cooperation, and a culture of problem-solving among the key stakeholders including DCJ, DOC, Parole Board, community corrections providers and community corrections boards is essential but does not consistently happen.

Recommendations for statutory change

I. Change the statutory criteria of what information DOC should provide in the community corrections referral packet to include:

- Risk/Need Assessment

- Projected release dates
- Prior supervision outcomes
- Institutional conduct
- Institutional programming recommendations and completion/participation
- Verified Parole Plan or Community Plan
- Victim statement, if applicable
- Inmate statement, if submitted
- Parole Board Action sheet, if applicable
- Statement from the DOC case manager as to whether s/he recommends (or doesn't recommend) placement in community corrections based on an individualized review that considers risk, need, and responsivity factors in addition to other relevant factors
- Data as to the number of prior referrals to community corrections.
- Results from a mental health, substance abuse disorder, or sex offender assessment, preferably one that has been conducted within the past twelve months, if available
- An indication whether the referral is for a traditional community corrections program or a specialized clinical program and an indication of whether that clinical referral is for intensive residential treatment, residential dual diagnosis treatment or sex offender treatment.

2. Allow greater flexibility in statute to place a transition client in a community corrections program outside the judicial district of the parole destination if it is to allow participation in an appropriate specialized community corrections program or if the inmate submits the request and offers a persuasive rationale in writing.

3. DCJ shall be required to provide annual training to DOC staff involved in making referrals to community corrections. DCJ will also be required to provide ongoing annual training to community corrections boards on structured decision making and other relevant issues to the overall community reentry strategy in Colorado.

4. Community corrections boards and/or community corrections program will be required to submit electronically to DOC:

- the reason(s) for a denial to community corrections
- any suggestions for program completion that would address the reason(s) for the denial, and
- a suggested timeline of no sooner than six months and no later than twelve months before a re-referral is made, unless the provisions of CRS 17-2-201(4)(a) require a parole hearing be set back up to three or five years.

DOC shall develop the method by which community corrections boards and/or program can submit this information electronically and shall also provide this information to the inmate.

5. Require that DOC submit a re-referral to community corrections no sooner than six months and no later than twelve months from the prior denial, except for those inmates

that may be set back by the parole board up to three years or up to five years under CRS 17-2-201(4)(a).

6. Eligibility criteria for a re-referral to community corrections shall include:
 - No Class I COPD within the previous twelve months
 - Inmate does not have a consecutive misdemeanor sentence to serve
 - Inmate does not have an ICE detainer, pending felony charges, or any extraditable warrants
7. The re-referral packet shall include all of the items required in the initial referral. If the DOC case manager is recommending acceptance, the case manager shall also include information regarding the change in circumstances that now make the inmate a more appropriate candidate since the last denial.
8. The Parole Board is required to submit to DOC, the names and register numbers of all inmates that the Parole Board is recommending be referred to community corrections. The DOC will be required to inform the Parole Board when a referral is submitted, or the reasons why it was not.
9. Community corrections boards shall be required to develop and use a structured, research-based decision-making process that combines professional judgement and actuarial risk and needs assessment tools.
10. DCJ will be required to publish an annual report describing key data trends for community corrections providers and boards to include, process measures, outcome measures, referral trends, acceptance data and status of structured decision making implementation.
11. If a person completes community corrections, the Parole Board will schedule a release hearing within 30 days and a majority of the full Board would be required to deny parole.

Additional next steps:

- The issue of inmates waiving referral is concerning and needs to be examined. DOC and CCJRC are working together to develop a questionnaire to ask people who have recently waived a referral for more information about that decision and to gain insight on how to better inform and incentivize people to want to be referred.
- DOC is working with stakeholders on an initiative specifically to increase placement of women in community corrections, for whom the underutilization is more pronounced.
- DCJ will arrange a stakeholder meeting with the Office of Behavioral Health to discuss regulations regarding treatment that are limiting placement in community corrections programs that offer Intensive Residential Treatment (IRT) and Residential Dual Diagnosis Treatment (RDDT).