

Final
STAFF SUMMARY OF MEETING
COMMITTEE ON JOINT JUDICIARY

Date: 12/16/2015

Time: **09:19 AM to 04:59 PM**

Place: RM 271

This Meeting was called to order by
Representative Kagan

This Report was prepared by
Bo Pogue

ATTENDANCE

Aguilar	X
Carver	X
Cooke	X
Court	X
Dore	*
Foote	E
Lawrence	X
Lee	*
Lundberg	*
Lundeen	E
Merrifield	*
Pettersen	E
Salazar	X
Van Winkle	E
Willett	X
Roberts	X
Kagan	X

X = Present, E = Excused, A = Absent, * = Present after roll call

Bills Addressed:	Action Taken:
Opening Remarks	Witness Testimony and/or Committee Discussion Only
Judicial Branch SMART Act and JR 25 Hearing	Witness Testimony and/or Committee Discussion Only
Office of the State Public Defender SMART Act and JR 25 Hearing	Witness Testimony and/or Committee Discussion Only
Office of the State Auditor Annual Report	Witness Testimony and/or Committee Discussion Only
OSPB Presentation on the Results First Initiative	Witness Testimony and/or Committee Discussion Only
Department of Corrections SMART Act and JR 25 Presentation	Witness Testimony and/or Committee Discussion Only
State Board of Parole Presentation	Witness Testimony and/or Committee Discussion Only

09:20 AM -- Opening Remarks

The committee was called to order. A quorum was present. Representative Kagan provided some opening remarks about the SMART Act hearings.

09:21 AM -- Judicial Branch SMART Act and JR 25 Hearing

The Honorable Nancy Rice, Chief Justice of the Colorado Supreme Court, Supreme Court Justice Brian Boatwright, and the Honorable Gerald Marroney, State Court Administrator, presented the SMART Government Act and Joint Legislative Rule 25 presentation on behalf of the Judicial Branch. Committee members received the Judicial Department's performance report (Attachment A). Chief Justice Rice discussed infrastructure needs for the Judicial Branch, and noted some legislation and other policies affecting the mission of the Judicial Branch. Chief Justice Rice discussed open records rules that govern the Judicial Branch.

09:32 AM

Chief Justice Rice responded to questions regarding certain issues associated with competency hearings, and the use of juvenile restraints by certain judicial districts. Discussion ensued regarding the evolving policies concerning the use of juvenile restraints.

09:44 AM

Chief Justice Rice responded to questions regarding the incarceration of individuals for failure to pay fines and fees, and the response rate to a questionnaire created by the Judicial Branch to measure satisfaction with the Judiciary. Judge Marroney provided input on the questionnaire, and responded to questions regarding the Judiciary's case management time standards.

09:56 AM

Chief Justice Rice responded to questions regarding the rate at which alternative dispute resolution is used to resolve court cases. Judge Marroney responded to questions regarding the success rates of the probation system. Discussion returned to the issue of incarcerating individuals for failure to pay fines and fees. Chief Justice Rice responded to questions regarding responsibility for court house safety at the local level.

10:07 AM

Discussion returned to the rules governing open records for the Judicial Branch, and the reasons why the Judicial Branch is exempted from the Colorado Open Records Act. Judge Marroney responded to questions regarding tracking data associated with case settlements, and the potential for requiring the bench to make statements assessing the disposition of cases. Discussion ensued regarding the Judiciary's caseload increase from the fourth quarter of FY 2013-14 to the fourth quarter of FY 2014-15. Discussion followed regarding resources available to hire interpreters for the disabled community in court settings.

10:19 AM

Discussion ensued regarding the tabulation of domestic relations and probate cases in the Judicial Branch's tracking of caseload time management, and the potential for accessing criminal case records based on the type of offense. Discussion returned to the use of alternative dispute resolution to relieve the Judiciary's caseload, and the use of juvenile restraints in certain judicial districts.

10:35 AM -- Office of the State Public Defender SMART Act and JR 25 Hearing

Mr. Doug Wilson, State Public Defender, appeared before the committee on behalf of the Office of the State Public Defender (OSPD) pursuant to the SMART Government Act and Joint Legislative Rule 25. Committee members received a briefing document, prepared by the Office of the State Public Defender (Attachment B). Mr. Wilson was joined by Ms. Karen Porter, Chief Financial Officer for the office. Mr. Wilson provided some background information on the right to counsel, and discussed his office's charge. Mr. Wilson provided a quick overview of OSPD's budget outlook, and discussed certain legislation that has affected the office and its caseload.

10:47 AM

Mr. Wilson responded to questions regarding the impact of recently adopted legislation that adds social workers to the OSPD's personnel resources. Mr. Wilson responded to questions regarding the salary structure and lengths of tenure for public defenders, and the factors that drive public defender turnover rate. Mr. Wilson responded to questions regarding the distribution of costs among the OSPD's entire caseload, and performance measures for the office.

11:02 AM

Discussion ensued regarding the OSPD budget, and a comparison of costs and salaries between OSPD and district attorneys' offices. Discussion followed regarding the impact of prosecutorial discretion on OSPD's caseload. Mr. Wilson provided input on the juvenile shackling issue, discussed at length during the Judicial Branch's appearance.

11:19 AM

Discussion ensued regarding the use of juvenile shackling in the Fourth Judicial District. The discussion returned to the distribution of resources among the OSPD and prosecutors, and a comparison of the quality of defense provided by the OSPD versus the private sector. Mr. Wilson responded to questions regarding how his office provides trial training to staff.

11:28 AM -- Office of the State Auditor Annual Report, Audit Recommendations, and CCI Audit

Mr. Matt Devlin, Deputy State Auditor, and Mr. Trey Standley, Managing Legislative Auditor, Office of the State Auditor (OSA), presented the office's FY 2014-15 annual report, the status of outstanding audit recommendations, and the performance audit for Colorado Correctional Industries (CCI). Mr. Devlin provided some background on the office and its charge. Mr. Standley discussed OSA's reporting responsibilities under the SMART Act, and provided an overview of the CCI performance audit. Committee members received a briefing document on the CCI audit (Attachment C). Mr. Standley explained how the CCI audit was conducted, and provided an overview of the audit findings.

Attachment C can be viewed at State Archives.

11:41 AM

Mr. Standley continued to brief the committee on the CCI audit findings. Mr. Standley responded to questions regarding how CCI uses its canteen profits, and the overcharging of inmates for telephone services. Mr. Standley responded to further questions regarding inmate compensation in the CCI programs, and a finding in the audit that CCI is not sufficiently profit-oriented. Discussion followed regarding the process by which inmates participate in CCI programs.

12:00 PM

Mr. Standley briefed the committee on certain audit recommendations made to departments overseen by the Joint Judiciary Committee that have not yet been implemented. Mr. Devlin responded to questions regarding the impact of these unimplemented audit recommendations.

12:05 PM -- OSPB Presentation on the Results First Cost-Benefit Analysis Initiative

Mr. Erick Scheminske, Deputy Director, Ms. Ann Renaud, Results First Project Director, Ms. Jessica Corvinus, Results First Project Manager, and Ms. Tiffany Madrid, Results First Research and Data Analyst, all with the Office of State Planning and Budgeting (OSPB), provided an overview of the implementation of the Results First initiative. Committee members received a packet of slides supporting the presentation (Attachment D). Ms. Renaud provided background on the initiative both nationally and in Colorado, and discussed the work done in Colorado under the program. Ms. Renaud then detailed the findings of the initiative.

12:15 PM

Ms. Renaud responded to questions regarding how OSPB decides which programs will be analyzed under the Results First initiative, and the potential for private investment to flow to the programs analyzed under Results First. Ms. Renaud responded to additional questions regarding the programs that were found to have a negative return on investment by the Results First analysis. Ms. Renaud responded to questions regarding how Results First makes its assessments. Mr. Scheminske added some comments about the capacity of OSPB to fully assess the programs under consideration by Results First.

12:25 PM

Discussion ensued regarding the next steps for using the findings of the Results First initiative, and communication between OSPB and stakeholders associated with the programs being evaluated under Results First. Ms. Madrid provided some input on how OSPB comes to its cost-benefit conclusions under Results First. Discussion followed regarding the ability of OSPB to investigate the ramifications of technical law violations under Results First.

12:32 PM

The committee recessed for lunch.

01:35 PM -- Department of Corrections SMART Act and JR 25 Presentation

Mr. Rick Raemisch, Executive Director, and Ms. Kellie Wasko, Deputy Executive Director, Department of Corrections (DOC), presented the department's performance plan and regulatory agenda pursuant to the SMART Government Act and Joint Legislative Rule 25. Committee members received the department's performance plan, prepared by DOC staff (Attachment E), and a collection of slides forming the basis of the presentation (Attachment F). Mr. Raemisch provided some background on the department and its operations, and discussed an international training academy administered by DOC. Mr. Raemisch provided an overview of Colorado's prison population, as well as the department's performance plan and regulatory agenda.

01:47 PM

Mr. Steve Hager, Director of Prisons, discussed some developments in the prison system, including changes to the restrictive housing policies. Mr. Hager discussed enhancements made to department reentry programs. Mr. Raemisch responded to questions regarding trends in the prison population, and expenses associated with an aging prison population.

02:06 PM

Mr. Hager responded to questions regarding the conditions associated with the differing levels of restrictive housing, including administrative segregation, and trends in the use of these housing policies. Discussion ensued regarding the ramifications of discontinuing administrative segregation.

02:17 PM

Mr. Hager responded to questions regarding DOC efforts to increase the number of offenders who receive state identification upon release from prison. Discussion ensued regarding the number of inmates in Colorado prisons sentenced to life without parole, trends in this population, and programming options available to this population. Mr. Hager provided input on these issues. Mr. Raemisch responded to questions regarding the potential for DOC to eliminate the waiting list for participation in correctional industries programs.

02:27 PM

Discussion ensued regarding department efforts to remove problematic employees, and the impact of mental illness in the prison system. Mr. Raemisch responded to questions regarding department programs that seek to supplant administrative segregation.

02:39 PM

Mr. Raemisch responded to questions regarding the potential for cycling certain long-term inmates out of the prison system. Ms. Alison Morgan, Deputy Director of Parole, discussed the department's efforts to implement some recently adopted parole-related legislation.

02:51 PM

Ms. Morgan continued to discuss the implementation of recent parole-related legislation. Discussion ensued regarding the recidivism rate, and the impact of punishing technical parole violations on this rate.

03:02 PM

Discussion continued regarding the recidivism rate in Colorado. Ms. Renae Jordan, Director of Clinical and Correctional Services, briefed the committee on the impact of certain recently enacted legislation, and recent developments in treating certain inmate populations with mental health needs. Ms. Jennifer Bennett, Director of Finance and Administration, testified regarding DOC budget changes for FY 2016-17 as compared to FY 2015-16. Ms. Bennett responded to questions regarding the remaining number of certificates of participation payments for Colorado State Penitentiary II (CSP II), and planned uses for the vacant facility.

03:19 PM

Discussion ensued regarding how to access funding for an aging prison population, and the potential for using the certificates of participation payment moneys for department programming once all of the payments are made. Discussion returned to potential uses for CSP II. Mr. Rick Thompkins, Chief Human Resource Officer, provided an update on issues associated with DOC human resources. Mr. Thompkins responded to questions regarding employee satisfaction surveys circulated by DOC, and employee resistance to certain changes being implemented by DOC.

03:31 PM

Mr. Thompkins responded to questions regarding the types of wellness programs available to DOC employees, and resources available to identify potentially problematic DOC employees. Mr. Raemisch addressed questions about DOC employee satisfaction. Mr. Raemisch provided some remarks about a program the department is developing to maintain connection between newborn infants and incarcerated mothers.

03:43 PM

Mr. Raemisch discussed a number of issues affecting the corrections system. The following persons testified regarding the DOC:

03:47 PM -- Mr. Richard Morales, representing the Latino Coalition for Community Leadership, testified regarding the success of reintegration services facilitated by the passage of House Bill 14-1355.

03:54 PM -- Ms. Susan Walker, representing the Coalition for Sexual Offense Restoration, testified regarding sex offense issues. Ms. Walker lauded efforts on the part of DOC to improve treatment and reentry programs, and related her experiences with assisting individuals being paroled. Ms. Walker discussed the need for respite programs for those with infirmities who are paroled, and the over-supervision of certain offender populations. Ms. Walker noted that housing lists compiled for released sex offenders by DOC are outdated.

04:02 PM -- Mr. Michael Dell, representing Colorado Cure, explained that his and other organizations act as a conduit for families of the incarcerated. Mr. Dell addressed questions raised earlier about DOC employee wellness programs.

04:05 PM -- Dr. Charles Clark, representing himself, discussed the treatment of women at the Denver Women's Correctional Facility who have psychological issues. Dr. Clark questioned the need to put nonviolent offenders in isolation.

04:16 PM

Dr. Clark continued to discuss the treatment of inmates at the Denver Women's Correctional Facility, and the impact of this treatment. Dr. Clark responded to questions regarding the status of an individual that was assigned to administrative segregation. Discussion ensued regarding the treatment of offenders with mental health issues in the prison system.

04:29 PM

Mr. Raemisch rebutted the testimony provided by Dr. Clark. Discussion ensued regarding the nexus between community mental health treatment and the prison system, and the allegations made by Dr. Clark.

04:34 PM -- State Board of Parole Presentation

Mr. Joe Morales, Chair, and Ms. Rebecca Oakes, Vice Chair, State Board of Parole, made their annual report to the committee in satisfaction of Section 17-2-201, C.R.S. Committee members received the Board's Annual Report to the Joint Judiciary Committee (Attachment G) and the Presumptive Parole: FY 2015 Report (Attachment H). Mr. Morales provided an overview of the board and provided highlights of the annual report for the committee, including a discussion of House Bill 15-1122.

04:44 PM

Mr. Morales continued to discuss the role of the Parole Board, how the board works with parolees, and training for new board members. In response to the committee, Mr. Morales and Ms. Oakes discussed guidelines for making parole decisions.

04:59 PM

Dr. Clark, who testified regarding the Denver Women's Correctional Facility during the appearance by the DOC, submitted his testimony (Attachment I). The committee adjourned.



Colorado Judicial Department

SMART Government Act Presentation

December, 2015



Honorable Nancy E. Rice
Chief Justice
Colorado Supreme Court

As Chief Justice of the Colorado Supreme Court, I am pleased to present the Judicial Department's Fiscal Year 2016-17 SMART Act performance report along with highlights of the Department's current budget request. Over the last two years I have visited courts across my native state of Colorado. The visits provided me with the opportunity to connect with and learn from the talented professionals whose service to their local communities is the heart of our branch. My priorities and initiatives as Chief Justice incorporate the diverse perspectives and innovative approaches to the administration of justice I encountered.

One of my priorities, which is reflected in the Department's FY 2016-17 budget request, is to promote information and courthouse security. We are requesting resources to establish an information security team, develop a disaster recovery site, and improve the safety and security at local courthouses.



Gerald A. Marroney
Colorado State Court
Administrator

I am also committed to utilizing public resources efficiently and effectively while fulfilling the courts' unique societal role in resolving disputes. To this end, additional probation resources are needed to enhance community safety and treatment services. Probation is cost effective and yields the best outcomes for a significant portion of individuals supervised in the criminal justice system.

As always, our focus is on providing the best public service possible, ensuring that we respond to the needs of the people of Colorado, and promoting public understanding and confidence in the judicial system. I look forward to working with the Colorado General Assembly to meet these goals.

Nancy E. Rice
Chief Justice

Judicial Department

FY 2016-17 Performance Report

The Judicial Department (“Department”) consists of the Colorado Supreme Court, Colorado Court of Appeals, trial courts, probation, and the State Court Administrator’s Office. The Department strives to protect constitutional and statutory rights and liberties; assure equal access; provide fair, timely and constructive resolution of cases; enhance public safety; supervise offenders; and facilitate victim and community reparations. Article VI of the Colorado Constitution and section 13-4-101, C.R.S. (2015) provide the constitutional and statutory authority for the state courts. Sections 18-1.3-201 and 18-1.3-202, C.R.S. (2015) provide the statutory authority for probation.

The Department developed the following five principle strategies to meet the priorities of the Department:

1. Provide equal access to the legal system and give all an opportunity to be heard;
2. Treat all with dignity, respect, and concern for their rights and cultural backgrounds, and without bias or appearance of bias;
3. Promote quality judicial decision-making and judicial leadership;
4. Implement quality assessments and community supervision of adult and juvenile probationers to demonstrably enhance public safety and respect for victim rights; and
5. Cultivate public trust and confidence through the thoughtful stewardship of public resources.

The Department has also identified three major performance measures to gauge our success in implementing the five principle strategies. The three major performance measures include: (1) access and fairness surveys; (2) time standards for district and county courts; and (3) Probation client success rates. The Department regularly evaluates these performance measures, and the following three pages illustrate our most recent evaluation of the measures. In addition, the Department’s performance plan can be found at:

<http://www.courts.state.co.us/Administration/Division.cfm?Division=pa>

Performance Measure

Access and Fairness surveys continue to be conducted throughout the State to assess ratings of court users on the court's accessibility and its treatment of customers in terms of fairness, equality, and respect. This measure provides a tool for surveying all court users about their experience in the courthouse. Comparison of results by location and district assist in informing court management practices. To date, over 15,000 court users statewide have responded to these surveys.

Table 1
Statewide Access Survey
Percentage of Respondents who "Agree" or "Strongly Agree"

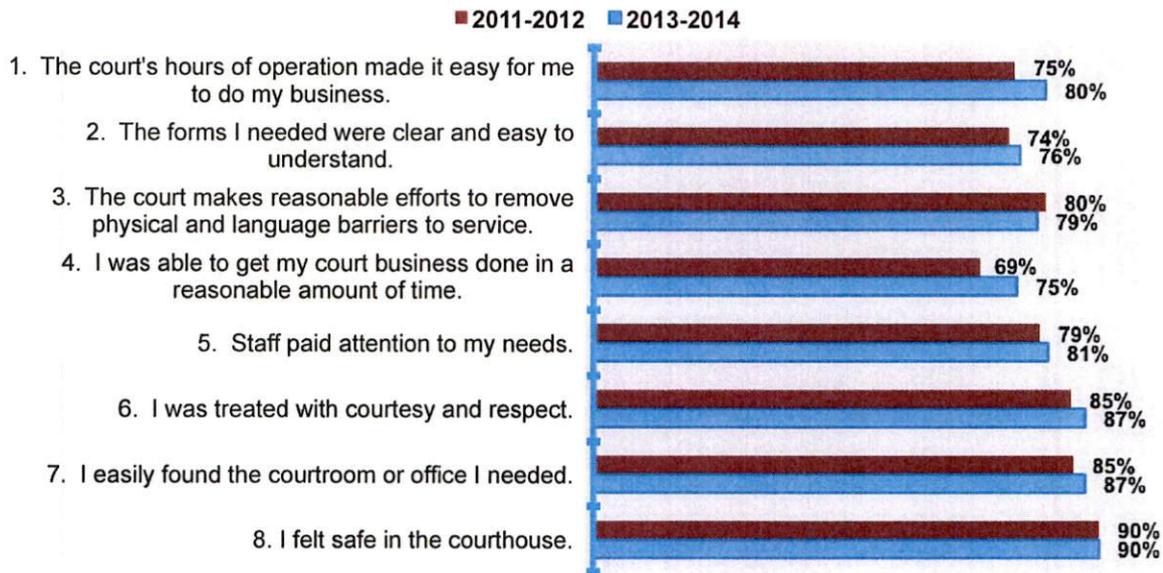
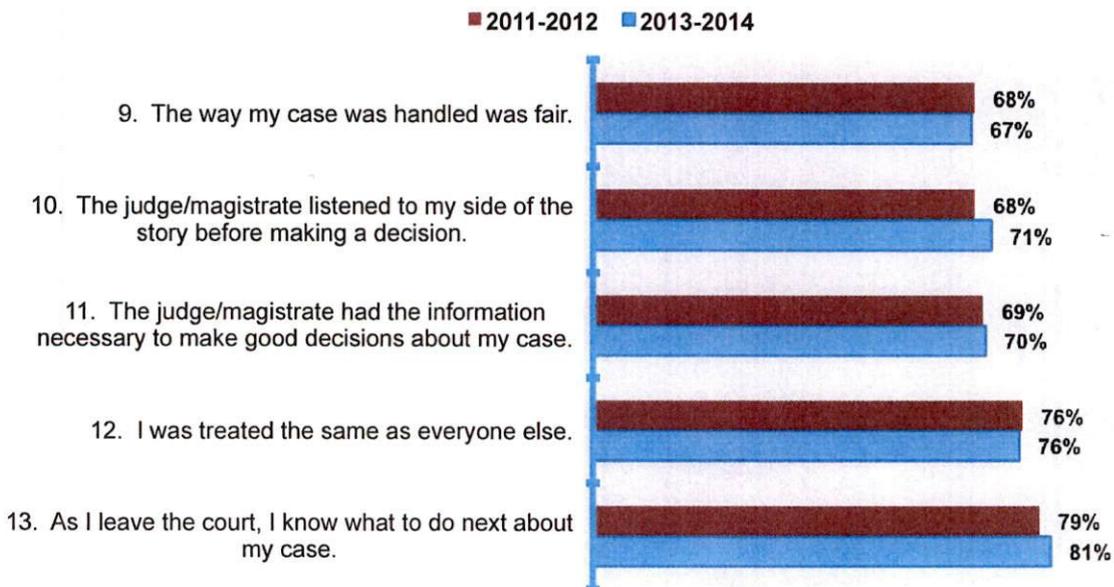


Table 2
Statewide Fairness Survey
Percentage of Respondents who "Agree" or "Strongly Agree"



Performance Measure

Performance goals for Courts and Probation have been established through various means, including Chief Justice Directive 08-05 (Case Management Standards). This directive was developed with input from judges and establishes aspirational time processing goals for each case class. Information about each district's progress in meeting the goals is reported quarterly. Information for individual judges is provided to the Judicial Performance Commission during each judge's retention evaluation. The tables below reflect the *Time Standards for District and County courts*.

TABLE 1

District Court Case Management Time Standards

Established Pursuant CJD 08-05

Case Class	Pending Cases Exceeding Target		Target
	4 th Quarter FY 2014	4 th Quarter FY 2015	
Civil	13.7%	12.1%	No more than 10% of cases open more than one year.
Criminal	4.9%	4.5%	No more than 5% of cases open more than one year.
Domestic Relations	3.3%	3.4%	No more than 5% of cases open more than one year.
Juvenile Delinquency	1.7%	2.3%	No more than 5% of cases open more than one year.
Dependency and Neglect (over 6 years old)*	4.4%	3.2%	No more than 5% of cases open more than 18 months
Dependency and Neglect (under 6 years old)*	7.6%	7.1%	No more than 10% of cases open more than one year.

* The standards in dependency and neglect are under review. This measure shows time to first permanency hearing. A more optimal measure would be time to true permanent placement or termination of court jurisdiction.

TABLE 2

County Court Case Management Time Standards

Established Pursuant CJD 08-05

Case Class	Pending Cases Exceeding Target		Target
	4 th Quarter FY 2014	4 th Quarter FY 2015	
Civil	5.3%	7.5%	No more than 5% of cases open more than six months.
Misdemeanor	11.3%	13.2%	No more than 10% of cases open more than six months.
Small Claims	4.1%	3.4%	No more than 1% of cases open more than six months.
Traffic	4.7%	6.3%	No more than 5% of cases open more than six months.
DUI/DWAI	12.7%	15.3%	No more than 20% of cases open more than seven months.

Performance Measure

One of the main goals of **probation** is to effect long term behavior change. By focusing on issues that relate to criminal behavior, probation officers can increase the likelihood that adults and juveniles placed on probation will make lasting, pro-social behavior change. Measuring outcomes and providing feedback is a critical piece of implementing efficient and effective practices in probation.

This chart provides feedback for one measurement of performance: successful completion of probation. The chart lists the statewide success rates, and the percentage and actual number of terminations for FY 2014 and FY 2015.

Note: intensive program terminations include those cases terminated directly from the program as well as those probationers who completed the program and are transitioning from the intensive program to regular supervision. Due to the small number of probationers in some programs, success rates may experience fluctuations.

Colorado State Probation Success Rates		
Program	FY 2014 Statewide	FY 2015 Statewide
Regular Adult	65% (14,628)	63% (14,743)
Adult Intensive Supervision Program	62% (657)	49% (309)
Female Offender Program	65% (114)	57% (95)
Sex Offender Intensive Supervision Program	47% (131)	47% (144)
Regular Juvenile	73% (2,302)	70% (1,953)
Juvenile Intensive Supervision Program	46% (147)	43% (96)

When a probationer's case has terminated, Victim Services Officers send out a victim satisfaction survey to victims who have requested notification of probation status. Each calendar year the results are compiled into a statewide report. The results shown include the victims' responses regarding Probation's performance and the performance of other criminal justice agencies.



Note: Not every question was answered by each survey respondent. The (n) indicates the number of respondents who answered each specific question.

Budget Request Priorities

To ensure greater information and courthouse security and more effective supervision of individuals on probation, the Judicial Department has identified the following budget request priorities for FY 2016-17:

- **IT SECURITY**

The Department's IT systems provide the Department, the public, attorneys, collection agencies, and many other state and local agencies with increasingly sophisticated and user-friendly applications. These complex systems ensure the proper and secure storage and exchange of information between all Judicial Department employees, state agencies, vendors, and the public, and they must be continuously supported and maintained. The Department's IT infrastructure and systems are critical to the ongoing operations of both the trial courts and the probation offices. Therefore, it is essential for the Department to provide adequate information security staff to protect and ensure the confidentiality, integrity, and availability of these increasingly vital and sophisticated IT systems. To this end, the Department is requesting funding to establish an information security team, create two IT analyst supervisor positions, replace primary database servers, and develop a disaster recovery site.

- **COURTHOUSE CAPITAL**

Pursuant to sections 13-3-104 and -108, C.R.S. (2015), Colorado counties provide and maintain adequate courtrooms, and other court and probation facilities, while the State provides the furnishings and staffing that allow those facilities to function. Though each judicial district works with its county commissioners on space-related issues, it is ultimately the counties—and often the voters as well—who decide when to provide new or remodeled court and probation facilities. Once a new or remodeled facility is constructed, statute requires the Judicial Department to provide the furniture and IT infrastructure to make the facility useable for its intended purpose.

- **PROBATION TREATMENT**

Problem-solving courts, which include adult drug treatment courts and mental health treatment courts, continue to expand throughout the State. Problem-solving courts provide specialized treatment for offenders who are high risk and have significant treatment needs. Currently, the Judicial Department has 80 problem-solving courts throughout the State and expects 11 new courts to begin operation in FY 2015-16. Each time a problem-solving court is created, the fixed resources within the Judicial Department are reallocated to provide funding to these new courts, resulting in less funding for pre-existing courts. The problem-solving courts receive their funding through the Correctional Treatment Cash Fund. As a result, the Department is requesting additional cash fund spending authority from the Offender Services Cash Fund to allow probation to make additional Correctional Treatment Cash Fund money available for continued support of the growing problem-solving courts as well as ensure sufficient treatment funding for probation clients.

- **COURTHOUSE SECURITY**

Senate Bill 07-118 created the Court Security Cash Fund and the Court Security Cash Fund Commission to provide grants to counties for security staff, security equipment, training of security teams, and emergency needs in order to ensure the safety of employees and users of state court facilities. The Court Security Cash Fund is primarily funded by a surcharge on specified civil filing fees and docket fees for specified traffic infraction penalties. Civil filings and traffic filings have declined dramatically in recent years and as a result, the Fund's revenues have decreased significantly each year. Without additional General Fund support, the Court Security Cash Fund will be unable to carry out its mandated requirements through July 1, 2017, the repeal date of the Fund and the Commission. The funding is necessary to ensure the safety and security of local courthouses, the public, and Judicial Department employees.

- **EMPLOYEE SALARY REALIGNMENTS**

Section 13-03-105, C.R.S. (2015) requires the Chief Justice of the Colorado Judicial Branch to maintain a compensation package that is comparable to the Executive Branch to ensure governmental agencies are not competing for talent by offering more competitive compensation packages. The Judicial Department annually reviews the Executive Branch salary survey results and conducts a pay grade realignment study for some or all Judicial Department job classifications. This year's study revealed that we are closing the gap in Judicial Department salaries in comparison to the general market. Findings suggest that the aggressive approach to realignment requests through the FY15 and FY16 legislative sessions have been assisting us in recruitment and retention. However, the Department perpetually has an issue with the age of the data used for comparison. Data used for the Executive Branch and other government agencies is for the current fiscal year, but the Judicial Department uses the data to project for the next fiscal year. Therefore, Judicial Department salaries are continually lagging behind Executive Branch salaries given the availability of salary data.

ANNUAL HEARING

Before
The Joint Judiciary Committee
Of The Colorado General Assembly



APPEARING ON BEHALF OF THE AGENCY:

DOUGLAS K. WILSON
COLORADO STATE PUBLIC DEFENDER

KAREN PORTER
Chief Financial Officer

Wednesday, December 16, 2015

Hearing Agenda

10:15 AM – 11:00 AM Office of the State Public Defender

Introductions

Opening Comments

- Introductory remarks about the creation of the modern Office of the State Public Defender in 1970
- Our role under the United States and Colorado Constitutions

Mission

- The single overriding role of the Office of the State Public Defender is to fulfill requirements outlined in the United States and Colorado Constitutions as well as in Colorado Statutes, which establish the right to a level of criminal defense counsel services for indigent individuals charged with the commission of a crime in Colorado that is commensurate with the level of services available to those that are not indigent and in accordance with the American Bar Association standards relating to the administration of criminal justice, the defense function.

Vision

- The Office of the State Public Defender's vision is to develop, maintain and support our passionate and dedicated team so that they can continue providing the best possible quality of criminal defense representation for each and every one of our clients.

Current Year

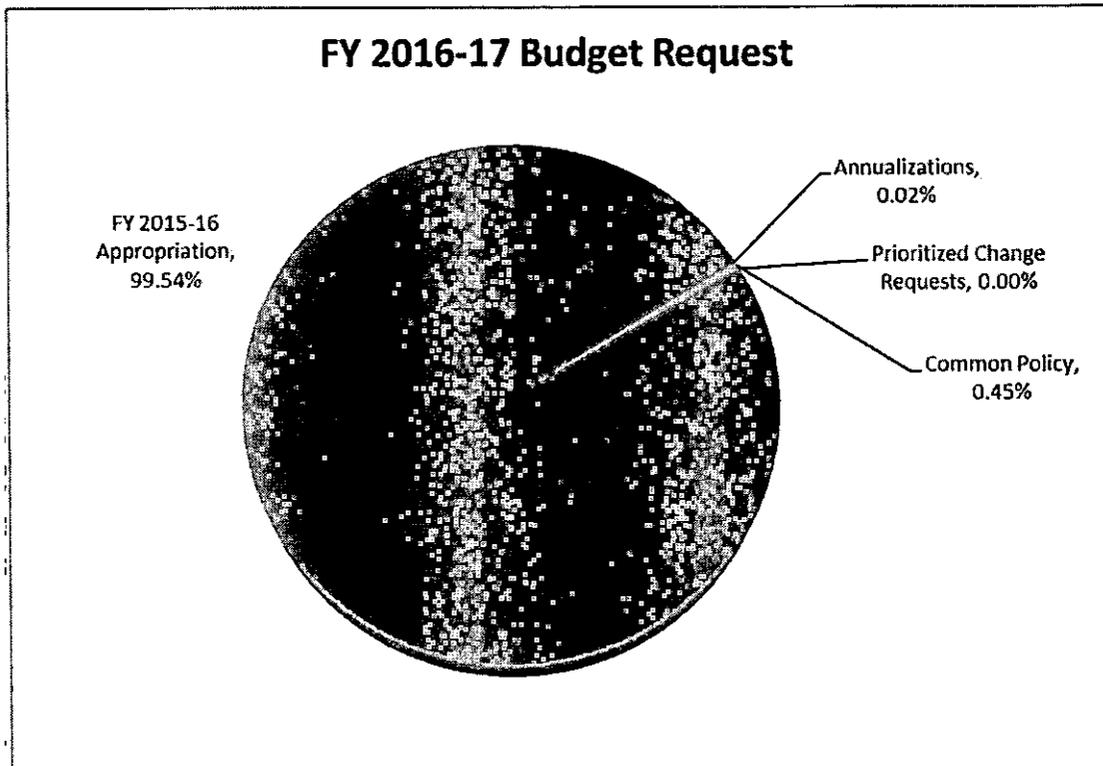
- To support the OSPD in the representation of their FY 2015-16 projected caseload, the OSPD was appropriated \$ 86,828,235 and FTE of approximately 783. This is comprised of 488 attorneys; 150 investigators, paralegals and social workers (including 8 social workers dedicated to juvenile work); 113 administrative assistants and 32 centralized management and support positions.

FY2016-17 Budget Request

The total FY 2016-17 budget request for the Office of the State Public Defender (OSPD) is \$ 87,233,007 and 785.9 FTE. This change represents an increase of 0.47 % when compared to the FY 2015-16 appropriation of \$ 86,828,235.

We are not asking for any prioritized Change Requests in our FY 2016-17 Budget Request.

- **FY 2015-16 Appropriation of \$ 86,828,235**
PLUS Annualizations of \$ 15,831
PLUS Common Policy of \$ 388,941
- **FY 2016-17 Base Request of \$ 87,233,007**
- **FY 2016-17 Budget Request of \$ 87,233,007**



Budget and Legislative Priorities

Rothgery bill. H.B. 13-1210, commonly referred to as "Rothgery," removed the statutory requirement that required an indigent person charged with a misdemeanor or other minor offense to meet with the prosecuting attorney for plea negotiations before legal counsel is appointed. This legislation went into

effect on January 01, 2014. The OSPD carefully tracked caseload and workload data to determine where best to place staffing provided by the legislation. Annual caseload tied to this legislation was originally estimated to be 20,000, but the most recent numbers indicate that the impact was just under 18,000 cases, which allowed us to return 6 FTE and related funding originally received through this bill.

Below is a table showing the agency's Misdemeanor closed caseload prior to the implementation of Rothgery in FY 2012-13 compared to FY2014-15.

	2013 Closed	2013 Res Alloc	2015 Closed	2015 Res Alloc	% Increase
Misdemeanor 1	9,541	54.6	12,677	73.1	33%
Misdemeanor Sex Assaults	428	2.5	474	2.7	11%
Misdemeanor 2	6,240	19.6	4,129	13.1	-34%
Misdemeanor 3/Traffic/PO	12,212	39.3	22,064	70.8	81%
<i>Subtotal Misd Trial and PreTrial</i>	<i>28,421</i>	<i>116.0</i>	<i>39,344</i>	<i>159.8</i>	<i>38%</i>
<i>Subtotal Misd Other Proceedings **</i>	<i>16,053</i>	<i>9.1</i>	<i>26,687</i>	<i>13.6</i>	<i>66%</i>
Total Misdemeanor	44,474	125.1	66,031	173.3	48%

*** Misdemeanor advisement/bond hearings are not included. We began tracking this distinct set of hearings in November of 2014. Accordingly, the 12,231 misdemeanor advisement/bond hearings for FY15 represents only a partial year.*

Juvenile Defense bill. H.B. 14-1032, the Juvenile Defense bill, gave us funding and FTE relating to appointments for juveniles. First, this bill changed the juvenile detention procedures. A juvenile who is detained for committing a delinquent act is required to be represented at the detention hearing by counsel. The second area has to do with advisements. After the detention hearing or at the first appearance if the juvenile appears on a notice to appear or summons, the court is required to advise the juvenile of his or her constitutional rights, including the right to counsel. Finally, this bill allows the court to appoint the Office when parents refuse and/or is in the best interest of the child and further specifies the conditions under which a juvenile can waive counsel.

Since this legislation took effect November 01, 2014, the Office has only 8 months of data. During this period the Juvenile caseload for new cases went from 7,040 in FY2013-14 to 8,275 in FY 2014-15 (a 17.5 percent increase) and the Office appeared at 3,038 detention hearings.

SMART ACT - Goals, Strategies and Performance Measures

In order to achieve our mission of providing high-quality, effective criminal defense representation for each of our clients, the OSPD ensured that our goals, strategies and measures addressed our people, our process and our product.

To this end, we have developed three overarching goals, five strategies and nineteen measures, all focused on improving service to our customers. We continue to analyze and further refine the concepts included in this document throughout the year using a variety of platforms, topics such as juvenile defense, performance ratings, attrition and office staffing.

Although we have multiple connections among our goals, strategies and measures, they all tie directly to our vision and our mission. Furthermore, as part of our organizational infrastructure planning, these components are continually being reviewed and further refined.

Goals:

1. Hire and retain a sufficient number of high quality staff to effectively manage the assigned caseload.
2. Provide both high quality and sufficient quantity of staff development, training, new technology and other resources to adapt our response to the ever-changing landscape and criminal justice atmosphere so that our legal services are commensurate with what is available for non-indigent clients.
3. Provide effective legal representation in both trial court and appellate cases.

Strategies:

1. Hire a sufficient number of high quality staff and retain an adequate level of experienced staff in order to effectively manage the assigned caseload.
2. Track and analyze trends in caseloads and adjust staffing levels.
3. Provide trainings to address the changing legal climate and reach critical staff.
4. Continually evaluate administrative processes and organizational infrastructure needs such as office space, technology and staffing.
5. Work all cases as efficiently as possible, while retaining a high quality of effective and reasonable representation.

Measures:

Input

1. Number of new trial court cases.
2. Number of active trial court cases.
3. Percent of trial court attorney staff allocated vs. total required for closed trial court cases.
4. Number of attorney applications received.

5. Percent of total attorney staff allocated versus total required for closed trial court cases and active appellate cases.
6. Annual rates of attrition.
7. Percent of experienced, fully capable staff.
8. Percent compliance with minimum standards for total staffing requirements.
9. Maintain established standard percentages for reasonable staff supervision, management and development.
10. Number of new appellate cases.
11. Number of active appellate cases (cases awaiting filing of Opening Brief).
12. Percent of appellate attorney staff allocated vs. total required for active appellate cases.

Output

13. Number of trial court cases closed.
14. Days of training provided.
15. Number of CLE credit hours provided.
16. Hours of ethics training provided, focusing on Colorado criminal law.
17. Number of administrative processes and organizational infrastructure evaluations performed.
18. Number of appellate cases for which an Opening Brief has been filed.
19. Number of backlogged appellate cases.

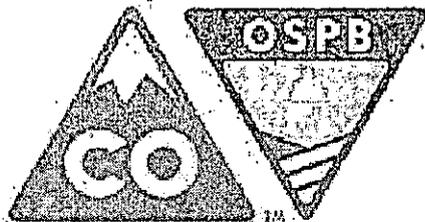
Performance Measures

		FY 13-14 (actual)	FY 14-15 (actual)	FY 15-16 (projected)	FY 16-17 (projected)	FY 17-18 (projected)
MEASURE 1:	Target	112,447	132,270	132,500	138,228	144,568
Number of new trial court cases.	Actual	115,107	126,947			
MEASURE 2:	Target	140,320	159,575	166,589	173,019	180,153
Number of active trial court cases.	Actual	142,907	159,814			
MEASURE 3:	Target	100%	100%	100%	100%	100%
Percent of trial court attorney staff allocated vs. total required for closed trial court cases.	Actual	96.10%	92.30%			
MEASURE 4:	Target	480	480	480	480	480
Number of attorney applications received.	Actual	722	615			
MEASURE 5:	Target	100%	100%	100%	100%	100%
Percent of total attorney staff allocated vs. total required for closed trial court cases and active appellate cases.	Actual	93.20%	92.20%			
MEASURE 6:	Target	12%	12%	12%	12%	12%
Annual rates of attrition:						
Attorneys	Actual	9%	12%			
Investigators	Actual	7%	8%			
Administrative Assistants	Actual	16%	18%			
Total All Employees	Actual	9%	11%			
MEASURE 7:	Target	70%	70%	70%	70%	70%
Percent of experienced, fully capable staff (journey level or higher):						
Attorneys	Actual	41%	41%			
Investigators	Actual	45%	44%			
Legal Assistants	Actual	46%	45%			
Total All Employees	Actual	44%	44%			

		FY 13-14 (actual)	FY 14-15 (actual)	FY 15-16 (projected)	FY 16-17 (projected)	FY 17-18 (projected)
MEASURE 8:	Target	100%	100%	100%	100%	100%
Percent compliance with minimum standards for total staffing requirements	Actual	84.00%	86.20%			
MEASURE 9:	Target	12%	12%	12%	12%	12%
Maintain established standard percentages for reasonable staff supervision, management and development	Actual	9.20%	8.60%			
MEASURE 10:	Target	597	592	576	576	576
Number of new appellate cases.	Actual	573	533			
MEASURE 11:	Target	n/a	n/a	2,299	2,322	2,264
Number of active appellate cases.	Actual	2,341	2,282			
MEASURE 12:	Target	100%	100%	100%	100%	100%
Percent of appellate attorney staff allocated vs. total required for active appellate cases.	Actual	69.60%	91.50%			
MEASURE 13:	Target	121,449	127,879	129,805	134,906	140,512
Number of trial court cases closed.	Actual	110,044	124,416			
MEASURE 14:	Target	137	106	135	135	135
Days of training provided.	Actual	137	162			
MEASURE 15:	Target	15	15	15	15	15
Number of CLE credits provided.	Actual	15	17			
MEASURE 16:	Target	3	3	3	3	3
Hours of ethics training provided, focusing on Colorado criminal law.	Actual	3	3			
MEASURE 17:	Target	15	15	15	15	
Number of administrative processes and organizational infrastructure evaluations performed.	Actual	15	16			

		FY 13-14 (actual)	FY 14-15 (actual)	FY 15-16 (projected)	FY 16-17 (projected)	FY 17-18 (projected)
MEASURE 18:						
Number of appellate cases for which an Opening Brief has been filed.	Target	471	507	502	502	502
	Actual	367	422			
MEASURE 19:						
Number of backlogged appellate cases.	Target	697	703	681	624	566
	Actual	749	738			

Colorado Results First Initiative



COLORADO

Office of State Planning
& Budgeting

Overview of the Results First Initiative

- The Pew-MacArthur Results First Initiative started as a partnership between the Pew Charitable Trusts and the Catherine T. and John D. MacArthur Foundation.
- The Pew-MacArthur Results First Initiative provides states with a benefit-cost tool to compare programs delivered in the state.
- The Results First benefit-cost model was initially created by the Washington State Institute for Public Policy (WSIPP) and has been modified for states across the country to use.
- Colorado is one of 20 states to participate in this initiative.

Results First in Colorado

- The Colorado Results First project started as a partnership between the Governor's Office and the Legislature in July, 2014.
- There are two full-time positions for the project in the Governor's Office of State Planning and Budgeting.
- To gather data for the project, the Results First team worked with the Executive Branch agencies, the Judicial Branch, counties and service providers.

Results First in Colorado (cont.)

- Colorado has reviewed programs offered in the following systems:

- Adult Criminal Justice
- Juvenile Justice
- Child Welfare



- The Colorado Results First team is currently reviewing programs offered in Colorado's behavioral health systems.
- The model can also perform benefit-cost analyses in other policy areas, such as prevention and early childhood education. It can also be used to predict the benefit-cost of a new program or service.

The Results First Approach

Program Inventories

- The first step in Colorado's Results First Initiative is to develop program inventories and identify programs and services delivered in Colorado.
- The Results First team collected information on program descriptions, program goals, and how programs were evaluated, along with other data.
- The Results First team then compared our state's programs to comprehensive national and international research to determine the level and types of research available on programs.

Research on Colorado's Programs

The Results First team compiled inventories of programs delivered in the Adult Criminal Justice, Juvenile Justice and Child Welfare systems and cataloged the level of research available on these programs.

41 Evidence-Based Practices

- Program or practice offers a high level of research on effectiveness, determined as a result of multiple rigorous evaluations. These programs typically have specified procedures that allow for successful replication.

19 Promising Practices

- A “promising” program or practice has some research demonstrating effectiveness, but does not meet the full criteria for an evidence-based designation.

50+ Theory Based Practices/Need Additional Research

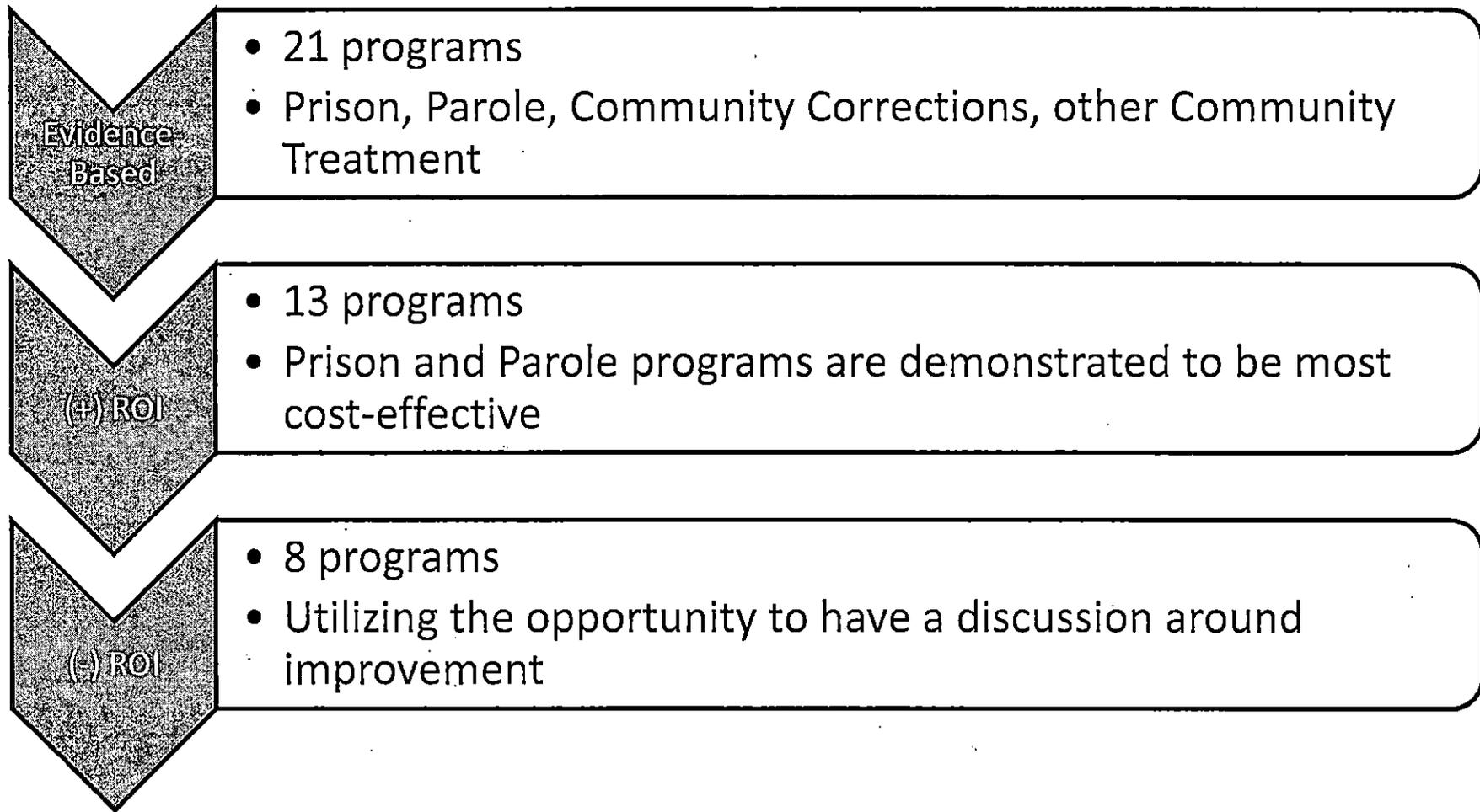
- This makes up approximately 47% of programs in these policy areas.

The Results First Approach (cont.)

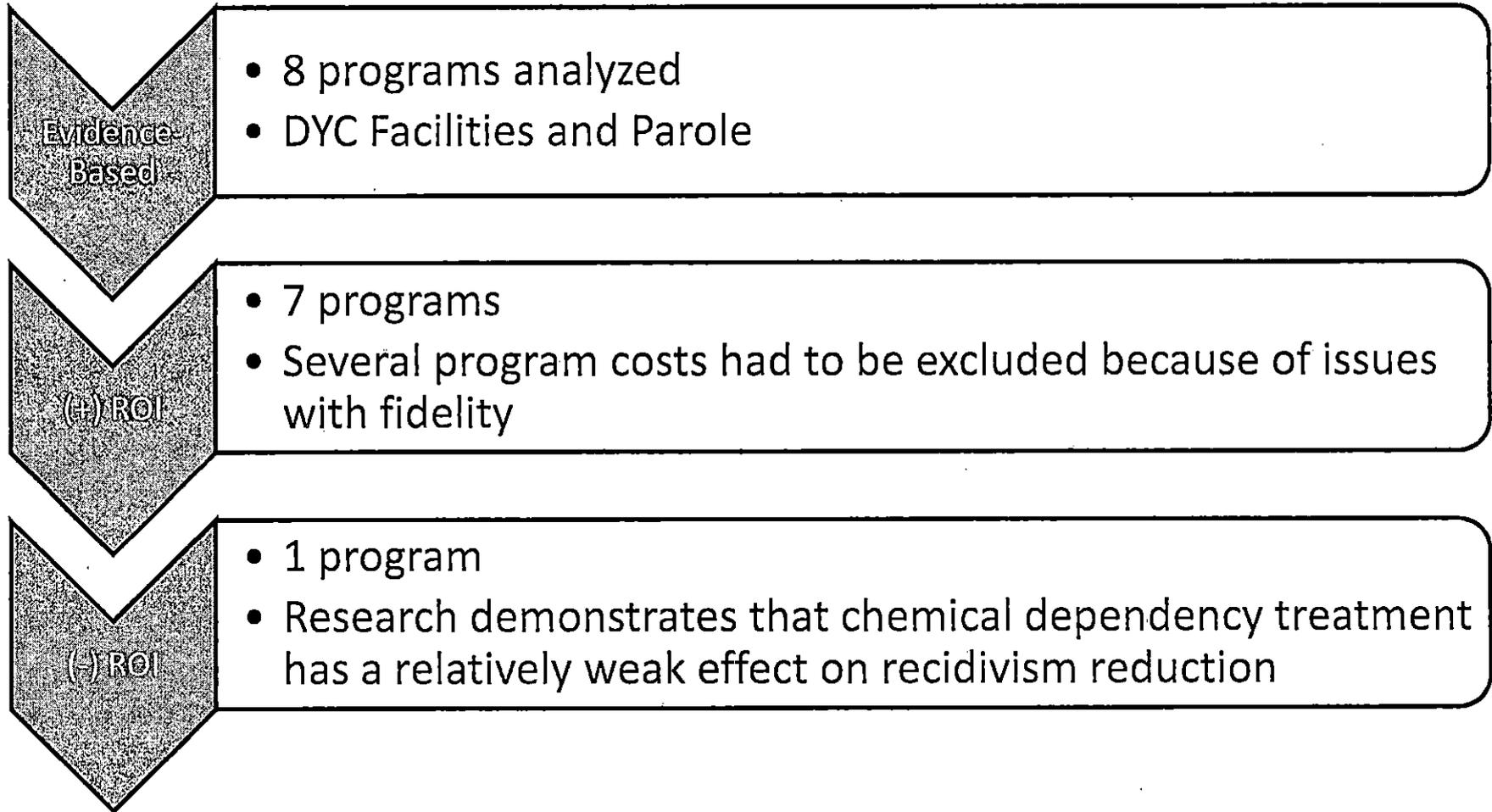
Benefit-Cost Model

- After completing the program inventory, the Colorado Results First team identified evidence-based programs delivered in the state to run analyses through the Results First model.
- The Pew-MacArthur Benefit-Cost Model uses the best international and national research on programs that demonstrate effectiveness on specific outcomes (e.g. criminal justice programs that effectively reduce recidivism) and utilizes Colorado-specific cost data and trend data to project benefit-cost analyses for Colorado's programs.
- Programs that are included in the model must be evidence-based and rigorously evaluated. The model presumes that programs are being delivered as designed (with fidelity).
- The model shows for every dollar invested in a program, what the projected return on investment will be.

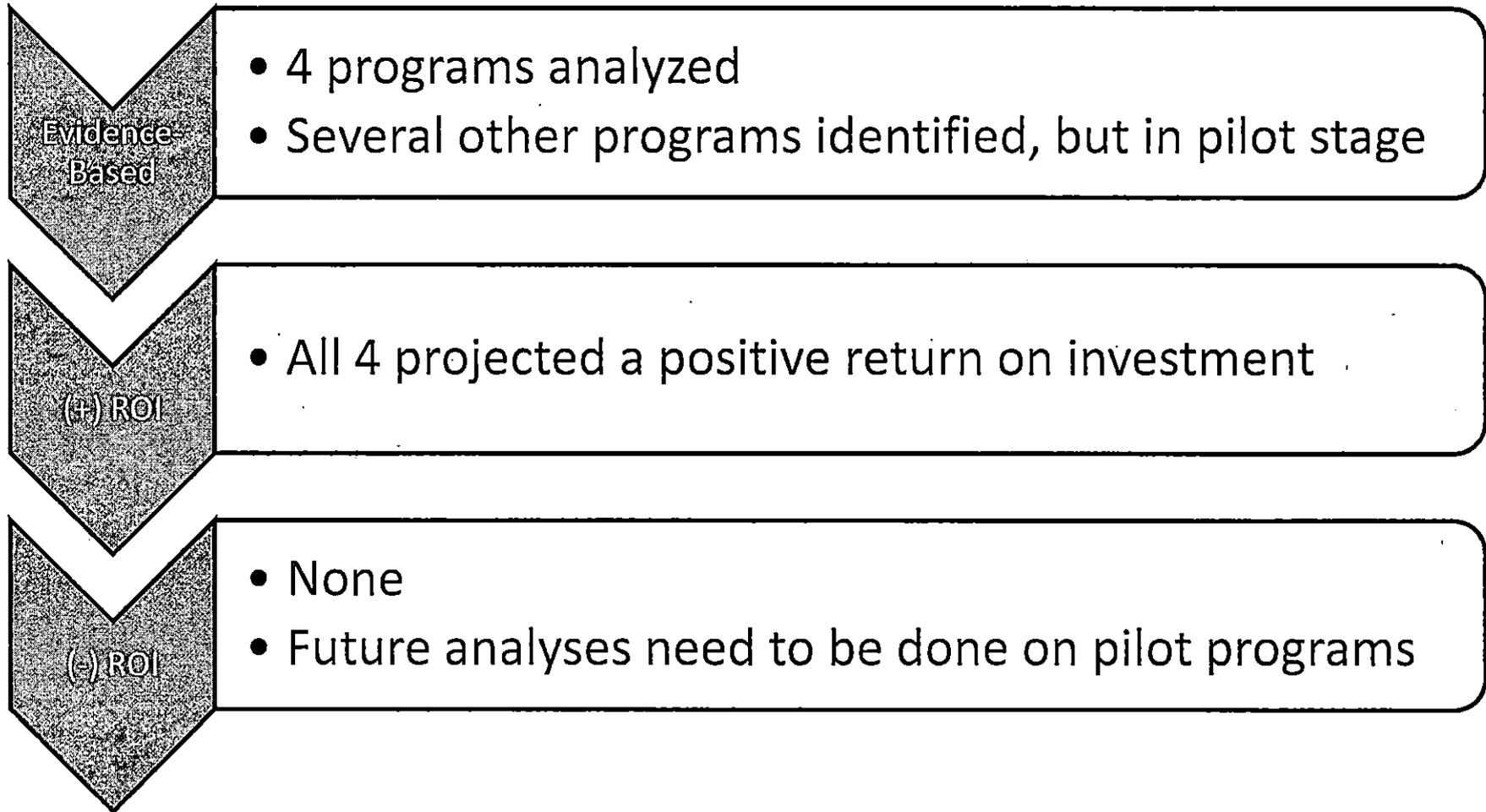
Adult Criminal Justice



Juvenile Justice



Child Welfare



What We Have Learned...

- *The program inventory process highlighted that limitations exist in identifying data on state-funded programs delivered in Colorado.*
 - The State does not always collect data on money that goes out for programs and services.
 - Counties responded at well over 60% to the program inventory request, but the State still has incomplete information on how funds are spent.
- *Numerous programs in the state have limited to no research available on effectiveness.*
 - When asked to self-report on how programs are evaluated, typically audits by the state auditor were mentioned. These audits typically address compliance measures or financials, with limited program evaluation.

What We Have Learned...(cont.)

- *Although certain programs are evidence-based, issues with fidelity remain.*
 - Some Departments noted that although programs are intended to be delivered as evidence-based practices, there is indication that programs are not being delivered as designed (programs are not adhering to fidelity.)
 - State boards that set evidence-based standards for programs were not designed or funded to provide oversight or technical assistance to ensure programs adhere to standards.
- It is important to note that the Results First Initiative utilizes a benefit-cost tool. The Results First team did not evaluate programs. In order to build evaluation capacity in Colorado, the state will need to prioritize and invest in this.

Colorado Results First Contacts

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Reports of findings are now available at:

<https://sites.google.com/a/state.co.us/ospb-live/>



Performance Plan: 2015-2016

Colorado Department of Corrections



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A Message from DOC Executive Director

Rick Raemisich

It is my pleasure to submit the Colorado Department of Corrections (DOC) Performance Plan for fiscal year 2015-2016. This year's plan is unlike the DOC plan submitted last year. Much of the data provided for last year's plan will continue to be tracked through standard reporting requirements. However, some data points were found not relevant in terms of depicting DOC goals and initiatives, and reporting of these metrics will be discontinued. Although last year's plan includes an in-depth view into the priorities of the DOC, along with valuable metrics supporting those priorities and the overall mission of the Department, this year's plan has a different structure. It encompasses a condensed, more focused approach of the top priorities of the DOC.

The Department understands there are many worthy initiatives to adopt. It was with full consideration that four strategic policy initiatives were chosen that define the path to successful offender reintegration into society. These initiatives will be explained in depth in the performance plan. The following is a brief overview.

Implement Re-Entry Living Units/Pods in Certain Facilities

This initiative refers to a program where offenders will be transferred to a re-entry living unit/pod for a specific amount of time,

depending on the needs of offenders, before completion of their prison sentence. In the re-entry living unit/pod, offenders will receive services that are critical to their success in society after being released from prison. This innovative idea focuses on getting offenders every resource or tool they need before releasing from prison and not after they are released into the community. Services such as obtaining housing or employment will be facilitated before releasing from prison. Historically, offenders released from prison and then worked with Adult Parole to find housing and employment, among other necessary services.

Reduce Technical Parole Violators

This initiative focuses on two main concepts. The first involves using short-term jail stays for parolees who have committed certain infractions. The short-term jail stays will be used in lieu of revocation back to prison. This initiative will also utilize a parolee positive reinforcement program. The target of this strategy is to reward a parolee's positive behavior. It is believed that giving parolees a chance to learn from a mistake without revoking parole and/or by rewarding good behavior, parolees will utilize these benefits to successfully complete their parole sentence.

It is anticipated that the above measures will further assist in the decline in recidivism the DOC has recently experienced. These



recidivism rates include returns to prison for new crimes and technical violations. The overall 3-year recidivism rate for offenders released in 2010 compared to those offenders who released in 2011 dropped from 48.8% to 46.1%, which is a 2.7% decline.

Expand Number of Intensive Residential Treatment Beds for Parolees

This initiative's purpose is to gain intensive residential treatment beds in order to have the necessary slots for offenders needing substance abuse treatment. Providing necessary treatment to a parolee will assist in successful reintegration. The DOC will also collaborate with other agencies to find alternative grant funding and other funding mechanisms.

Reduce Percentage of Parolee Intensive Supervision Program Failures

The Intensive Supervision Program is a parole program that encompasses higher contact levels between parolees and community parole officers. The DOC will focus on three strategies to accomplish this initiative. As with technical parole violators, this

initiative will incorporate a parolee positive reinforcement program, reinforcing a parolee's positive behavior. Also, under this initiative, a parolee will receive an early transition to general parole through rule compliance. Last, parolee risk will be connected to the appropriate supervision level ensuring that parolees receive the correct level of contacts.

The DOC is inspired to take on these four initiatives. Through the diligent work of our staff, who focus on assisting offenders to successfully re-enter into society, the safety and welfare of the public will be ensured. I am continually impressed by staff professionalism and work ethic and proud to serve as the executive director of this department.

Rick Raemisch, Executive Director
Colorado Department of Corrections



MISSION STATEMENT

To protect the citizens of Colorado by holding offenders accountable and engaging them in opportunities to make positive behavioral changes and become law-abiding, productive citizens.

VISION STATEMENT

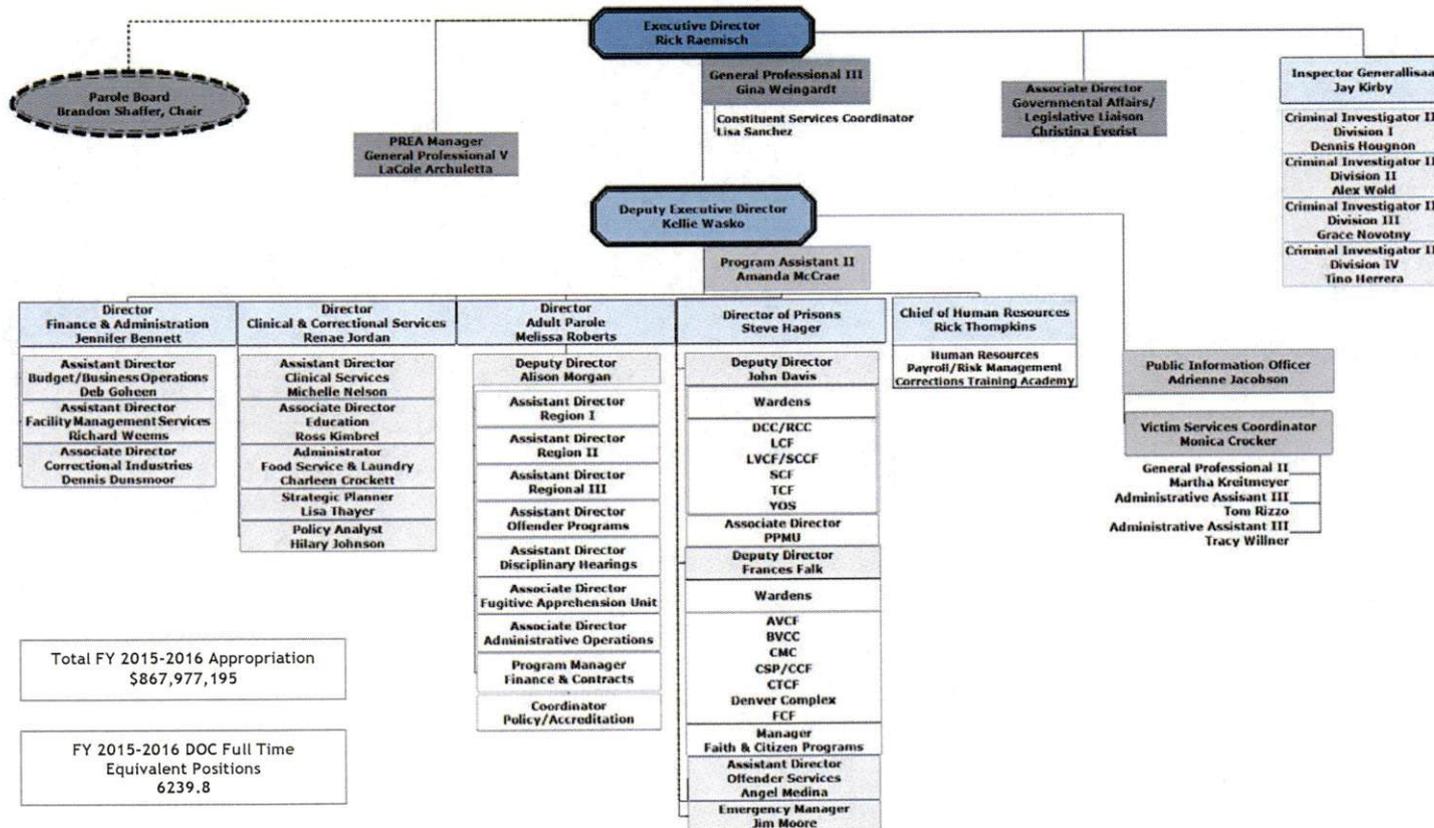
Building a safer Colorado for today and tomorrow

VALUE STATEMENTS

- *Our staff is our greatest resource.*
- *We support a professional, empowered workforce that embodies honesty, integrity, and ethical behavior.*
- *We honor and respect the rights of victims.*
- *We respect the individual differences of our staff and offender populations and seek to safeguard the safety, dignity, and well-being of all.*
- *We strive to deliver correctional services with optimal efficiency.*
- *We engage in effective correctional practices that produce measurable outcomes.*
- *We are committed to exceptional customer service.*
- *We are dedicated to providing opportunities for offender success.*
- *Our success is achieved through mission-focused collaboration.*



COLORADO Department of Corrections



Total FY 2015-2016 Appropriation
\$867,977,195

FY 2015-2016 DOC Full Time
Equivalent Positions
6239.8

It all starts here

Our plans for progress in the coming year

The Colorado Department of Corrections is responsible for the management of the state's adult prison system, community corrections, intensive supervision program-inmate (ISP-I), and parole. Prison Operations is accountable for offenders sentenced to prison. Located throughout Colorado are 19 facilities and the Youthful Offender System that are owned and operated by the state of Colorado, and four private facilities contracted with by the DOC to house offenders. Adult Parole is responsible for offenders who transition from a facility to parole, parole ISP, community residential programs, inmate ISP, community return to custody facilities, interstate compact offenders, community re-entry, and pre-release programs. The DOC also employs over 6,000 staff in many different fields of expertise, all working together towards DOC's mission.

DOC Major Program Area (MPA) Descriptions

The following describes the key program areas that operate within the DOC. These programs function to provide offenders with the assistance they require to successfully re-enter into the community. They also exist to provide staff with the resources necessary to manage offenders and address their criminogenic needs. Major program areas are interconnected to ensure the safety and security of offenders, staff, and the public.

Housing and Security

The housing and security program covers all critical aspects of prison operations. The program is responsible for the day

to day and long term living conditions for the offender population as well as for the safety and security of the public, staff, and offenders. Housing and security works to maintain a safe, humane, and appropriately secure living environment. Accountability is maintained in all critical areas through documentation and auditing of systems performance; response to emergencies; control of harmful materials; and management of access and egress to facility property. Management through positive communication is emphasized. Direct staff and offender interaction includes, but is not limited to: counseling for personal issues, family issues, work assignments, educational needs, and behavioral expectations; explanation of rules; problem solving; and grievance resolution. Common duties for housing and security staff include: meal service, offender recreation, cell and area searches, security inspections, facility communications, incident management systems and practices, training programs, administrative services, offender accountability, key control, tool control, contraband control, evidence management, offender movement, non-routine offender transport, and clerical duties. Many of these activities must be done every day of the week at any hour of the day or night.

Offender Programs

Offender programs consist of the education and volunteer programs. The education program assists offenders by providing academic, vocational, and cognitive classes, as well as the use of the library. The education program aids offenders going back into society by assisting them in getting jobs and being responsible. Most programs can be finished in 9 to 12 months. The



education program includes academics, Career and Technical Education (CTE), cognitive programs, and library programs. Education programs differ based on the correctional facility/center, needs of the offender, size of the facility, and custody level. All facilities have libraries.

The volunteer program is used in all DOC facilities (to include private facilities) to support the Department's mission and goals. Volunteer programs are secular and faith-based organizations and include but are not limited to, DOC employees, professionals, clergy, and lay persons. The programs provide religious support, substance abuse, and life skill's education. The Office of Faith and Citizen Programs provides the primary support for volunteer programs and facility guidance in support of offender religious practices to meet federal and state laws and regulations.

Youthful Offender System

The Youthful Offender System (YOS) was created in 1993 as a

result of legislation enacted in a special session of the Colorado legislature. In creating YOS, Colorado was a leader in addressing the problem of sentencing violent juvenile male and female offenders. The YOS facility was designed as a comprehensive model that delivers programs and services to prepare offenders for re-entry back into the community while protecting the public. YOS offers a "middle-tier" sentencing option that lies between the juvenile and adult prison systems for male and female offenders who are 14 to 19 years of age at the time of their offense and sentenced prior to their 21st birthday. YOS differs from the juvenile correctional system in at least one very notable way: although YOS offenders are chronologically juveniles, they are considered to be adults in the criminal justice system. Offenders sentenced to YOS are afforded a unique opportunity. The education, vocation, work, and cognitive programs they participate in provide them with the tools to make positive behavioral changes. YOS staff are trained and committed to the principles of adolescent

development. Through modeling, mentoring, and other planned interventions, YOS staff provide opportunities for offenders to acquire the necessary skills and pro-social abilities that will enable them to grow and develop into successful, law abiding, and productive citizens.

Medical and Dental Programs

The medical program provides a complete range of medical services provided to offenders within the DOC. Within facilities, primary medical and dental care is administered by state and contract employees, including physicians, dentists, physician assistants/nurse practitioners, nurses, and other medical staff. Infirmaries are located at the Denver Reception and Diagnostic Center (DRDC) and at the Colorado Territorial Correctional Facility (CTCF). Infirmaries provide post-hospital care, containment of contagious diseases, special testing, rehabilitation for accidents, strokes, or injuries, end-of-life care, and other treatment that does not need hospital admission. Other services provided through DOC facilities include pharmacy, laboratory, and X-ray. Health care services that are not available in DOC facilities are provided by contract with Correctional Health Partners, LLC. Emergency care is referred to local hospital districts.

The dental program offers basic on-site dental services to offenders, including intake exam, treatment of dental emergencies, extractions, surface restorations, dentures, and preventive measures, as needed.

Behavioral Health

The behavioral health program encompasses behavioral health, drug and alcohol, and sex offender treatment and monitoring. Behavioral health manages offenders with mental health disorders and developmental disabilities with treatment services such as individual and group therapy, psychiatric services, and crisis interventions. Upon arrival to the diagnostic intake unit, every offender is evaluated for potential services. Offenders are given a P-code according to their mental health treatment needs. Offenders currently experiencing acute symptoms are referred, as needed, to infirmaries or special needs units. These units



specialize in clarifying diagnoses, stabilizing symptoms, and medication management. Throughout the offender's incarceration, the mental health team monitors symptoms and behaviors and offers increased services, if needed. Offenders discharging to the community are linked to services through transition planning and follow-up with parole officers and parole mental health therapists.

The drug and alcohol program is designed to provide a continuum of care to offenders, including evaluation and treatment services. With treatment, offenders can begin and maintain their process of recovery from substance abuse and dependency. The general assembly has recognized substance abuse as a major problem, contributing to the commission of crimes and a significant factor in recidivism. Substance abuse assessment and treatment services in DOC are designed to comply with the directives of Colorado Revised Statute (CRS) 16-11.5-102 regarding substance abuse in the criminal justice system. All

facilities delivering treatment are licensed independently as treatment sites through the Office of Behavioral Health (OBH). All treatment services and curriculum are approved through OBH and delivered by certified addiction counselors or supervised counselors in training.

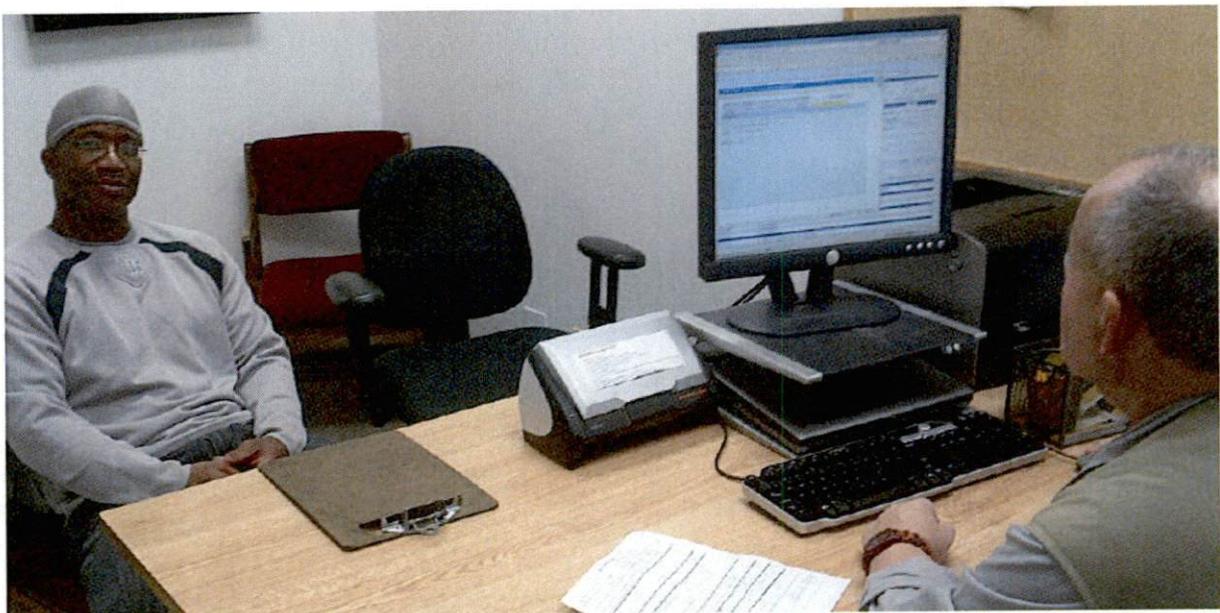
The Sex Offender Treatment and Monitoring Program (SOTMP) provides evaluation, treatment, and monitoring services to offenders who are motivated to stop sexual abuse behaviors. The treatment program uses cognitive behavioral treatment groups and individual therapy to address factors associated with sexual offending behaviors. Treatment participants are assessed to determine their level of risk for committing another sexual offense and participate in a level of treatment based on their individual needs.

Adult Parole

Adult Parole community parole officers (CPOs) supervise a number of offender populations to include parole, parole intensive supervision program (ISP), community residential programs, inmate ISP, community return to custody facilities, and interstate compact offenders. Additionally, the division includes the community re-entry and pre-release programs.

The parole program includes CPOs who provide supervision to parolees as regular or ISP parole clients, or those who are accepted for supervision from other states under the Interstate Compact. CPOs compose supervision plans and treatment referrals designed to address the criminogenic needs and risk factors of the client. CPOs assist parolees in their reintegration by motivating them through positive reinforcement of pro-social behavior and supervision compliance, providing referrals to community re-entry programs, treatment providers, housing and employment assistance, and any other identified support services. CPOs ensure parolees follow the parole conditions established by the Colorado Board of Parole. Violation behavior is addressed using the Colorado Violation Decision-Making Process (CVDMP) to establish intermediate sanctions in an effort to impact behavioral change within the community to the extent public safety allows. Supervision consists of face to face contacts, home visits, employment verification, drug testing, and may include placement on various forms of electronic monitoring.

Adult Parole offender programs include many different resources focused on the successful reintegration of offenders into the community. Re-entry begins in facilities through pre-release programs and release planning assistance with



facility-assigned community parole officers (FCPOs). The pre-release program serves to assist offenders with the development of practical skills through ten curriculum modules: Identification, Housing, Employment, Transportation, Money Management, Education, Health & Life Skills, Family & Relationships, Victim Awareness & Restorative Justice, and Living Under Supervision, as well as the development of an individualized transition plan prior to their return to the community. The FCPOs serve to assist offenders in release planning prior to their return to the community by providing orientation to parole supervision, preliminary verification of parole plans, and linking offenders to services and resources in the community. Once released, the community re-entry program serves offenders released to the community with stabilization assistance or resources for housing, transportation, clothing, personal hygiene, back-packs, work tools, and employment training, including enhanced job readiness and job placement. In addition to direct service delivery, specialists also use community and other agency partners to assist the offender in obtaining health care, benefits, education, substance abuse and mental support, employment counseling, transportation, long term housing, work tools, pro-social leisure and recreation activities, legal documents, family reunification programs, and parenting skills.

Adult Parole community corrections programs also align with successful reintegration. Offenders may be transitioned to the community, which allows them to serve their DOC sentence at a community corrections residential program. Upon successful completion of the residential program, the offender may progress to independent structured living under the Intensive Supervision Program. These offenders are supervised by CPOs and are subject to the DOC Code of Penal Discipline until they are paroled by the Colorado Board of Parole. The purpose of both of these programs is to provide offenders with a structured step down process to assist them with their re-entry into the community. These programs offer supportive services such as job placement and in-house treatment and aftercare. In collaboration with the community corrections centers, CPOs develop supervision and treatment plans, along with referrals. CPOs work with offenders

on pre-release planning (from residential to ISP to parole) and are also responsible for addressing violation behavior through the use of intermediate sanctions. Additionally, offenders who are revoked from parole to a community return to custody facility and are considered offenders upon revocation, are also supervised by CPOs in a residential program geared towards addressing the issues for which the offender was revoked.

Colorado Correctional Industries

Colorado Correctional Industries operates a number of business-like enterprises that create work opportunities for offenders in state correctional facilities. Established as a division within the DOC in 1977, CCI's purpose, as defined in statute (CRS 17-24-101, Correctional Industries Act), includes providing employment to as many offenders as possible and training them in job skills that increase their employment prospects upon release. Being cash funded, CCI's programs operate in a financially profitable





basis. Some of the larger programs include license plate factory, furniture factory, dairies, wild horse program, and metal shop.

Facility Management Services

The Office of Facility Management Services (FMS) provides timely and cost-effective solutions supporting the operations, maintenance, and construction of Colorado correctional facilities. FMS is comprised of three budgeted sub-programs: FMS, Utilities, and Maintenance.

Employee Development & Support Services

This program consists of human resources and training. The Office of Human Resources (OHR) provides management and oversight of all services that involve employees; establishes staffing patterns and creates positions; oversees personal services contracts; creates and updates manual/computer staff and position records for over 6,000 classified positions, including payroll data; provides orientation to new staff; oversees employee relations, conflict resolution, and employment litigation/hearings; implements ongoing quality control through employee performance evaluation; conducts position classification reviews; responds to staff and public questions regarding employment opportunities, hiring, and selection; ensures accurate and timely payment of salaries and benefits for DOC employees; provides accurate accounting of salary costs through the expense distribution; delivers information related to employee benefits, i.e., leave balances, short-term disability, family medical leave, workers compensation, health/dental insurance, and retirement.

The training program provides instruction and training to DOC employees, contract workers, and volunteers. Also, some training/instruction courses are provided to private prison staff, government, and law enforcement agencies. The training program focuses on assisting staff to manage offenders in a safe and secure environment. The program is operated through the

Training Academy, located in Canon City, and instruction and training is provided at each facility/agency of the DOC.

Financial Services

Business operations manages the buying and delivering of goods and services and the requesting, recording, and reporting of financial information. Services provided include: buying goods and services; reviewing department contracts; warehousing and distributing supplies; recording offender receipts and expenses; overseeing the state procurement card program; collecting offender restitution and child support; documenting revenues and collection of receivables and distribution; authorizing, documenting, tracking, approving, paying, and reporting expenses; documenting and tracking assets and liabilities; providing financial information to internal and external stakeholders; internal auditing to ensure internal controls are maintained and proper procedures are followed; preparing the annual budget request; and providing financial oversight to all facilities and sub-programs.

Inspector General

The Office of the Inspector General (OIG) provides investigative support to DOC facilities, employees, offenders, law enforcement, and the public. The investigators are certified peace officers who are sworn to protect and serve the people of the state of Colorado by promoting public safety and the safety of DOC staff and offenders, protecting property, and enforcing the laws in Colorado. The OIG is responsible for such duties as investigating crime; enforcing the law; conducting criminal and professional standards investigations within its jurisdiction; collecting and processing evidence; reviewing complaints; and monitoring and researching intelligence information to improve the safety and security of offenders, staff, and visitors. This office is the main contact for law enforcement issues in the DOC.

DOC Strategic Policy Initiatives

For the fiscal year 2015-2016 performance plan, the DOC has chosen four SPIs that best illustrate top priorities for the Department. The initiatives chosen for this year's performance plan focus on assisting offenders throughout their DOC sentence to give them the best advantage for successful reintegration. The DOC continually strives to utilize best practices that benefit the offender while protecting the public.

SPI: Implement Re-Entry Living Units/ Pods

Implement re-entry living units/pods in 12 level II, III, and IV state correctional facilities, along with private facilities, by September 1, 2015, to bridge the gap between transition from facilities to the community by providing releasing offenders with tools and resources necessary to facilitate a fluid transition to the community and to promote successful reintegration.

Strategy and Operations No. 1

A significant component in meeting this initiative will be dedicated to developing collaborative partnerships with governmental and private entities to identify resources through an in-reach model that will enable offenders to successfully release back into the community. Having DOC staff and community participants engaged in initiative focus groups with agencies having

access to resources such as housing, employment, and treatment services will benefit offenders by starting the re-entry process before offenders are released into the community. Also, building positive community relationships with governmental and private entities will increase the programs offered to offenders by broadening other agencies' knowledge of and exposure to offenders releasing into the community.

Metric	1-Year Goal: July 1, 2016	3-Year Goal: July 1, 2018
Number of collaborative relationships developed with governmental and community participants that facilitate resources for offenders through a process of in-reach	10	25
Number of in-reach functions	24	100
Number of offenders reached through in-reach services	100	125
Number of offenders released from prison and use (on some level) community partners	12	36



Strategy and Operations No. 2

Another key element to successful re-entry will be implementing programs in the re-entry living units/pods to enhance offender motivation, problem solving, and thinking processes. It is critical that offenders receive the necessary skills to manage their lives in a community setting. Therefore, the DOC must identify appropriate programs relevant to re-entry that will best support a releasing offender. These may include programs such as The 7 Habits on the Inside, Thinking for a Change, Anger Management, and programs focused on parenting. Also, the DOC must identify appropriate methods to influence staff and offender culture regarding re-entry living unit initiatives.

Metric	1-Year Goal: July 1, 2016	3-Year Goal: July 1, 2018
Number of program completions	150	180
Number of facilitated family contact events	30	45

Strategy and Operations No. 3

Developing employability screening to use in re-entry living units will ensure offenders are engaged in meaningful employment after release. Staff will use the screening tool to identify offender skill-sets and work experience to complete portfolios. The DOC will utilize job fairs, professional speakers, workforce centers, and many other resources to assist offenders in their readiness for employment. Also, the DOC will emphasize the utilization of apprenticeships and job-defined assignments to develop/

enhance offender skill-sets and the chance of receiving employment upon release into the community.

Metric	1-Year Goal: July 1, 2016	3-Year Goal: July 1, 2018
Number of complete portfolios	150	180

SPI: Reduce Technical Parole Violators

Reduce the percentage of technical parole violators (TPVs) from 32% to 25% by June 30, 2016, through a proactive approach using case management and intervention skills, which focus on successful outcomes for parolees.

Strategy and Operations No. 1

A significant method for reducing TPVs in the DOC will be to increase the use of intermediate sanctions for parolees. Intermediate sanctions are actions taken to address non-compliant behavior without a formal disciplinary hearing. Sure and Swift is one key intermediate sanction for offenders that utilizes short-term jail stays in lieu of revocation/regression back to prison. Sure and Swift jail stays are limited to a maximum of five days. Training will be provided to staff to recognize what types of violations fall under the guidelines of intermediate sanctions. Also, DOC policy will be updated to ensure the guidelines used are correct and current.

Metric	1-Year Goal: July 1, 2016	3-Year Goal: July 1, 2018
Number of jails participating	18	30
Number of jail bed days	11,660	31,680
Number of weekly arrests for revocations	<90	<45
Number of staff trained	275	30

Strategy and Operations No. 2

The DOC will implement a parolee positive reinforcement program in conjunction with the Colorado Violation Decision Making Process (CVDMP). CVDMP allows for a range of sanction options based on the severity of the violation and the risk to reoffend. Policy will be developed and implemented to provide guidelines for the positive reinforcement program. Also, the Colorado Web-Based Integrated Support Environment (CWISE) will be programmed to count each positive interaction and/or incentive awarded and to prompt CPOs to award incentives. Specific incentives will be identified for this program, along with training staff to administer the reinforcement program.

Metric	1-Year Goal: July 1, 2016	3-Year Goal: July 1, 2018
Number of prompts generated by electronic case management program (CWISE) that the CPO receives to give positive reinforcement at appropriate milestones	112,500	500,000
Number of CPO completions of incentives/positive reinforcements	67,480	375,000

Strategy and Operations No. 3

The DOC will implement an in-jail Vivitrol program for TPVs. Vivitrol is a prescription medication used to treat addiction to alcohol and/or narcotic drugs. For the initial start of this program, the DOC will focus on identifying and contracting with three jails. The parolees who are approved for this program will be tested to make sure Vivitrol is an appropriate medication for use in addiction recovery. Vendors will also have to be identified and approved to provide cognitive behavioral therapy (CBT) and medicated assisted therapy (MAT) for this qualified jail population and a schedule for delivery of services determined.

Metric	1-Year Goal: July 1, 2016	3-Year Goal: July 1, 2018
Number of population that meets MAT criteria	365	595
Number of eligible population receiving MAT/CBT	91	200

SPI: Expand Number of Intensive Residential Treatment Beds for Parolees

Expand the number of intensive residential treatment (IRT) beds for parolees from 125 beds to a total of 250 beds over the next two fiscal years by opening a minimum of 50 beds by June 30, 2016, and an additional maximum of 75 beds by June 30, 2017. This will provide intensive residential substance abuse treatment and aftercare in a community setting to avoid revocation and to support successful reintegration.

Strategy and Operations No. 1

The DOC will implement Senate Bill 15-124 fiscal note, which appropriated 48 IRT beds for parolees. In addition, the DOC will collaborate with the Division of Criminal Justice (DCJ) on a request for proposal for an additional 48 IRT beds for FY 17.

Metric	1-Year Goal: July 1, 2016	3-Year Goal: July 1, 2018
Number of new beds through DCJ	48	48
Waitlist for IRT beds once DCJ has award contracts	120 days	30 days
Length of time until relapse for parolee after program completion	90 days	180 days
Percent of offenders who successfully complete IRT program	75%	95%

Strategy and Operations No. 2

For FY17, the DOC will seek to gain an additional 36 IRT-type beds by exploring alternatives to IRT with different organizations. It is anticipated that networking with non-profits, community-based organizations, and the Office of Behavioral Health, the DOC will find assistance for grant funding and other funding mechanisms. The DOC will develop a focus group and quality monitoring process to deliver initiatives that will expand community treatment beds for parolees.

Metric	1-Year Goal: July 1, 2016	3-Year Goal: July 1, 2018
Number of new beds through alternative sources	5	36
Number of eligible population receiving MAT/CBT	90	180

SPI: Reduce the Percentage of Parolee Intensive Supervision Program (ISP) Failures

Reduce the percentage of parolee intensive supervision program failures from 22% to 19.5% by June 30, 2016, to improve public safety and re-entry outcomes through a proactive approach using case management and linking incentives with intermediate sanctions.

Strategy and Operations No. 1

The DOC will implement a parolee positive reinforcement program in conjunction with the Colorado Violation Decision Making Process (CVDMP). CVDMP allows for a range of sanction options based on the severity of the violation and the risk to reoffend. Policy will be developed and implemented to provide guidelines for the positive reinforcement program. Also, the Colorado Web-Based Integrated Support Environment (CWISE) will be programmed to count each positive interaction and/or incentive awarded and to prompt CPOs to award incentives.

Specific incentives will be identified for this program, along with training staff to administer the reinforcement program.

Metric	1-Year Goal: July 1, 2016	3-Year Goal: July 1, 2018
Number of prompts generated by electronic case management program (CWISE) that the CPO receives to give positive reinforcement at appropriate milestones	14,625	50,000
Number of CPO (with ISPP caseload) completions of incentives/positive reinforcements	3,605	37,500

Strategy and Operations No. 2

Risk will be linked to the appropriate supervision and contact level. This is referred to as "dosage." Dosage reflects the number of contacts between a CPO and offender based on offender risk. The higher the risk will result in a higher number of contacts between the CPO and offender. DOC policy will be updated to reflect this new process, and staff will be trained in regard to policy revisions.

Metric	1-Year Goal: July 1, 2016	3-Year Goal: July 1, 2018
Number of newly released parolees placed on ISP up to 180 days	780	85
Number of newly released parolees placed on ISP up to 120 days	223	375
Number of newly released parolees placed on ISP up to 90 days	110	390

Strategy and Operations No. 3

The DOC will implement a program that provides a pathway for parolees to earn early transition to general parole supervision through ISP program compliance. DOC policy will be updated to incorporate guidelines for this new program. Training will be provided to staff to ensure accuracy of this program. Also, CWISE will be updated to capture necessary data.

Metric	1-Year Goal: July 1, 2016	3-Year Goal: July 1, 2018
Number of parolees who progress to general parole supervision from ISP supervision at 50% of the parolee's time in the ISP Program	135	183
Number of parolees who progress to general parole supervision from ISP supervision at 75% of the parolee's time in the ISP Program	275	329
Number of parolees who progress to general parole supervision from ISP supervision at 100% of the parolee's time in the ISP Program	495	219

Summary of April 2015 Performance Evaluation

For FY14-15, the DOC selected five initiatives as top priorities for the DOC. They included administrative segregation reform, intensive supervision program contact standards for parolees, program consistency and case planning, use of electronic monitoring for parolees, and National Institute of Corrections System Mapping Analysis. The data for these initiatives will be available for the July OSPB evaluation report.

The DOC also focused on several operational measures that encompass the direction of the Department. March 31, 2015, data was reported for the measures used in the April evaluation, with a few measures reporting on a one-month delay. Of the 12 operational measures tracked:

Four measures have reached or exceeded their one-year goal:

- Percent of offenders on electronic monitoring in a six month period (July 1 – December 31) – goal was 90%, and this measure was 92%, as of March 31, 2015.
- Percent of parolee Level of Service Inventory-Revised (LSI-R) re-assessments completed every six months – goal was 92%, and this measure was 94%, as of March 31, 2015.

- Percentage of offenders receiving ATP support services – goal was 26%, and this measure was 27%, as of March 31, 2015.

- Percentage of offenders receiving housing support services – goal was 10%, and this measure was 11%, as of March 31, 2015.

Four measures are on track to reach their one-year goal by the end of the fiscal year:

- Offenders employed at Colorado Correctional Industries (CCI) – goal was 1,700, and this measure was 1,588, as of March 31, 2015.
- Percentage of offenders receiving ISP support services – goal was 35%, and this measure was 32%, as of March 31, 2015.
- Percentage of offenders receiving TASC support services – goal was 56%, and this measure was 52%, as of March 31, 2015.



- Number of offenders who have completed the pre-release class – goal was 1,090, and this measure was 715, as of February 28, 2015.

One measure is being reevaluated to reflect a more accurate rate due to an error in calculation:

- Rate of intermediate sanctions as compared to revocations back to prison – goal was 25,500:400, and this measure was 18,711:3,497, as of March 31, 2015. The goal for revocations back to prison rates is not feasible.

One measure is tracked annually and won't be updated until the July evaluation:

- Percentage of offenders receiving psychotropic medication support services – goal was 6%.

Two measures are not on track to meet their one-year goal:

- Number of successful treatment completions per sex offender treatment criteria – goal was 150, and this measure

was 68, as of February 28, 2015. Explanation: Offenders needing maintenance programming have been housed in sex offender treatment beds. However, 80 beds have been opened at Cheyenne Mountain Re-Entry Center (CMRC) for maintenance programming, allowing for the transition of offenders needing sex offender treatment into appropriate beds.

- Total number of community corrections referrals processed – goal was 26,991, and this measure was 17,825, as of March 31, 2015. Explanation: The reduction in community corrections referrals is two-fold. First, DOC is reviewing policies to ensure the appropriate offender is referred and accepted to community corrections to improve community corrections outcomes. Second, the community referral unit encountered technology issues with obtaining and uploading requested documents as an attachment in the referral application process. Therefore, DOC has experienced a small backlog.

A Message from Parole Board Chairperson

Brandon Shaffer

I am honored to serve as the chairperson of the Colorado Board of Parole, and I am inspired by the many dedicated professionals with the Parole Board who strive each and every day to protect the citizens of Colorado and promote the success of offenders' re-entry into the communities of our state.

The primary goal of the Parole Board is to uphold public safety and trust. We are committed to utilizing evidence-based practices to continuously improve our decision-making process. The Parole Board has accomplished many goals during the past year and is

committed to continuing to increase the success of parolees. To accomplish this, we plan to expand our use of evidence-based practices, continue our emphasis on relevant training for board members, and maintain our collaborative relationships with other agencies and stakeholders to support our mission.

The Colorado Board of Parole, as a team, is committed to providing the citizens of Colorado with a transparent, well-informed, fair, and thorough process. The Parole Board and staff consider it an honor to serve the citizens of Colorado, and we will continue to actively evaluate and improve our process.

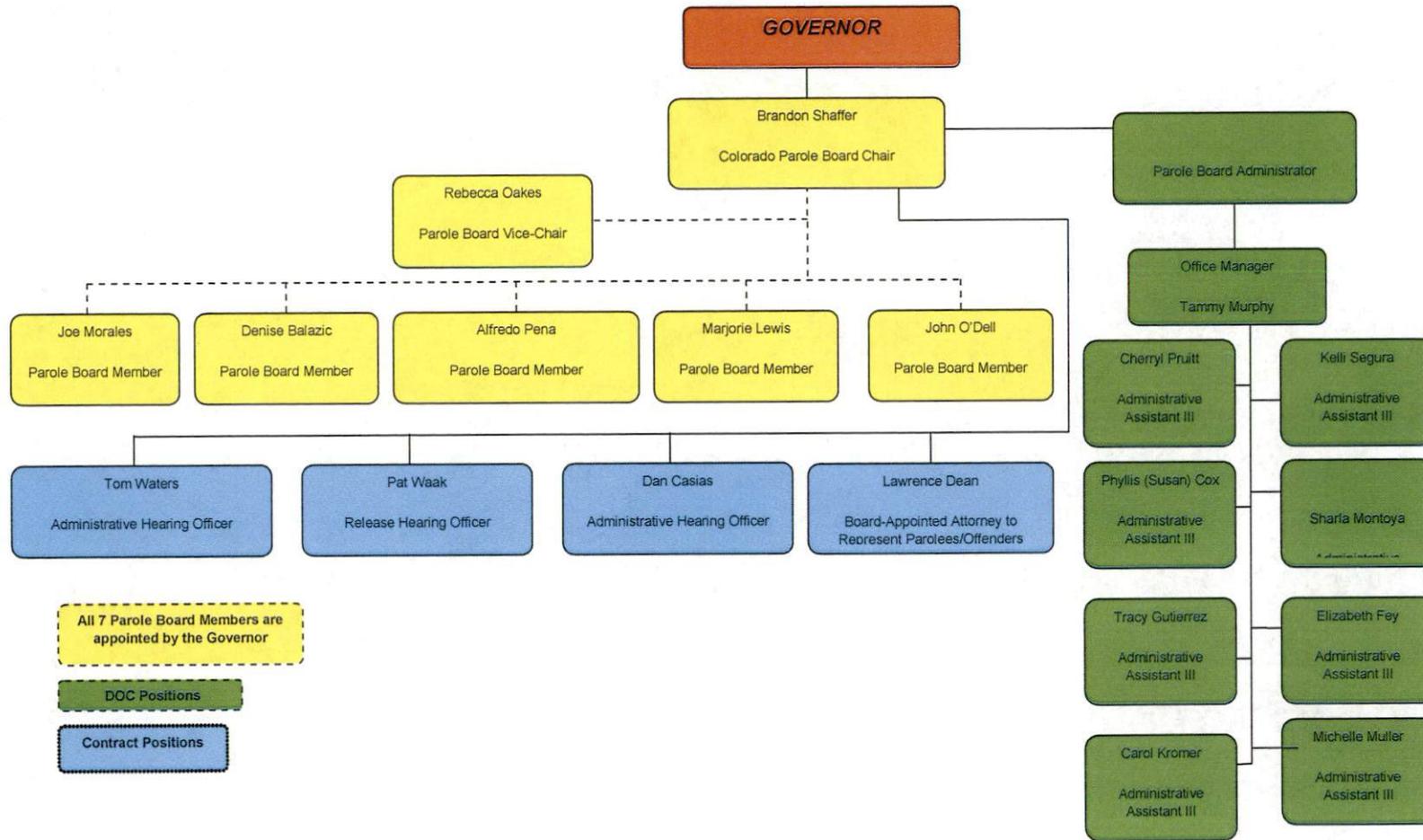


MISSION STATEMENT

To uphold public safety and trust, honor the needs and concerns of victims of crime, and increase the success of offenders on parole.

VISION STATEMENT

The vision of the Colorado Board of Parole is to work closely with our customer base, partners, and treatment providers in the pursuit of our overall mission. The board will encourage an open and transparent environment in an effort to foster a more thorough understanding of the purpose and process of the Colorado Board of Parole. We believe a close working relationship will provide an atmosphere of cooperation, resulting in greater public safety, increased sensitivity and concern for the needs of victims, an increase in the percentage of successful periods of parole for offenders, reduced recidivism, and enhanced collaboration toward a common goal throughout the state of Colorado.



Major Program Area Descriptions

Board Appointments

Members of the Colorado Board of Parole are appointed by the governor and confirmed by the Colorado senate. The seven members are composed of representatives from multidisciplinary areas of expertise. Two members must have experience in law enforcement, one must have experience in offender supervision, and four members are required to have experience in other relevant fields.

Each member must have a minimum of five years of experience in a relevant field and must have a working knowledge of the parole system, rehabilitation, correctional administration, and the functioning of the criminal justice system.

While the Parole Board operates independently from other state agencies, it maintains a collaborative and cooperative relationship with DOC and the Colorado Division of Criminal Justice. It also works closely with the DOC Victim's Service Unit, Voices of Victims, the Colorado Criminal Justice Reform Coalition, and the Colorado Citizens United for the Rehabilitation of Errants.

Board members participate in the Colorado Commission on Criminal and Juvenile Justice, and individual members attend meetings of various subcommittees.

Board members attend meetings of Voices and CURE on a regular basis.

Hearings

The Parole Board is charged with the responsibility of evaluating and assessing the potential for success of a discretionary release to parole for those individual offenders of DOC who are eligible for such consideration. The board is required to schedule and hold application hearings and set conditions of parole for all offenders prior to their being released on parole either discretionarily or mandatorily.

The Parole Board conducts rescission hearings for offenders whose parole has been granted and subsequently suspended for cause prior to release. The board also has the responsibility to conduct revocation hearings for parolees who are accused of committing parole violations. The board also reviews, approves, and signs warrants for the arrest of parolees alleged to be in violation of their parole agreement.

During fiscal year 2014 the Parole Board conducted approximately 26,000 hearings. Overall, the board conducts approximately 2,150 hearings per month.



Colorado Board of Parole Strategic Policy Initiatives

For the fiscal year 2015-2016 performance plan, the Parole Board has chosen two SPIs that exemplify the mission of the board. The initiatives chosen for this year's plan highlight the importance of supporting the success of an offender on parole and the integral role that the Parole Board represents, through properly conducted hearings, appropriate training, and the use of evidence-based practices in order to make informed decisions.

SPI: Enhanced Use of Technology

The Colorado Board of Parole will engage, utilize, and embrace technological advances designed to make the work for the board more effective, efficient, and productive. The Colorado Board of Parole has traditionally utilized a system of operation that was greatly dependent upon handwritten hard copies. The Parole Board was directed, with the assistance of the DOC, to transform as many operational activities as possible from this paper-based platform to a paperless, electronic procedure.

Strategy and Operations No. 1

As part of last year's initiative the Parole Board worked with the

Governor's Office of Information Technology (OIT) on the structuring and foundation of a new automated revocation hearing process. Once properly implemented, the automated process and data outputs for revocation hearings will allow for more efficient hearings and more effective information being captured. The Parole Board will continue to work with OIT to test and implement the new revocation hearing process. Once comprehensive testing has been completed, the board will work to ensure that policy complies with the new process and stakeholders are trained.

	Metric	1-Year Goal: July 1, 2016	3-Year Goal: July 1, 2018
	Number of revocation hearings conducted on the automated system successfully	20%	100%

Strategy and Operations No. 2

Another key component in meeting this initiative is to automate a bridge between the revocation hearing data and the



Colorado Web-Based Integrated Support Environment (CWISE). This automation will further allow for more efficient hearings for all involved. The Parole Board will work to prepare an OIT project request and submit for the DOC OIT committee review and prioritization. The board will then continue to work with OIT on the programming, testing, and implementation of the new process to ensure that there is compliance with policy, all affected stakeholders are properly trained, and continue to monitor the new process once it goes live for any essential modifications.

SPI: Staff Development & Efficiencies

To maintain proficiency and to remain current on changes in parole laws and developments, an aggressive and innovative training program was initiated July 1, 2011, in accordance with SB11-241. The Parole Board will strive to utilize this training program in the coming years. The board also recognizes the value of performance data to measure the success and/or failure of the overall decision making process and will focus on the effective use of measures to strengthen performance and offenders' success on parole.

Metric	1-Year Goal: July 1, 2016	3-Year Goal: July 1, 2018
Number of revocation hearings conducted successfully using the automated data from CWISE	20%	100%

Strategy and Operations No. 1

This initiative ensures that Parole Board members, administrative hearing officers, and release hearing officers meet or exceed the 20 hours of mandatory training required. Training enhances the board's internal mandate to be more responsive and transparent to our customers and partners. The board will work to implement



additional evidence-based training opportunities for Parole Board members and staff (e.g. motivational interviewing). The board will also monitor training requirements for existing and new board members and implement skill-based training, as appropriate. Through this initiative, the board will identify the training modules for Parole Board members and hearing officers, which will enhance the skills needed to better determine parole eligibility. The board will also work towards reducing disparity between members release decisions.

Metric	1-Year Goal: July 1, 2016	3-Year Goal: July 1, 2018
Number of documented training hours for board members and staff	20	20+
Percentage of agreement between board members on the agreement with the Parole Board Release Guideline Instrument (PBRGI)	12%	8%

Strategy and Operations No. 2

The Parole Board also recognizes the value of performance data to measure the success and/or failure of the overall decision

making process. One key component in meeting this initiative will be for the board to improve timely analysis of data to measure performance and address deficiencies. The board has an opportunity to formulate outcome measures to track board performance as well as offender/parolee success rates. The board will implement a strategy for the parole board data analyst to identify relevant metrics for routine monitoring of offender/parolee success rates, identify relevant metrics where data availability must be developed, if necessary, and, using relevant data, identify deficiencies in board decision-making, and develop board education modules to enhance board performance. The Parole Board will also strive to define strategies the board can address to enhance offender/parolee success that are both within the board's control and in collaboration with other stakeholders. Through effective use of measures, the Parole Board can adjust practices, establish competency development, and apply evidence-based practices to further its mission.

Metric	1-Year Goal: July 1, 2016	3-Year Goal: July 1, 2018
Technical parole revocation rate	40%	35%

Joint Judiciary Committee

December 16, 2015

Colorado Department of Corrections
Rick Raemisch, Executive Director



COLORADO
Department of Corrections

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VISION STATEMENT:

Building a Safer Colorado for Today and Tomorrow.

MISSION STATEMENT:

To protect the citizens of Colorado by holding offenders accountable and engaging them in opportunities to make positive behavioral changes and become law-abiding productive citizens



COLORADO
Department of Corrections

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Divisions and Major Functions of the Department

Prison Operations

- Manages, supervises and controls 20 state correctional facilities
- Monitors 4 privately operated prisons for contract compliance
- Incarcerates approximately 18,000 *prison* inmates

Adult Parole

- Responsible for the supervision of community-based inmates and parolees
- Supports parolees in their efforts to successfully reintegrate into the community
- Monitors nearly 8,000 domestic parolees

Finance & Administration

- Develops a systematic building infrastructure to provide for projected long-range needs of the facilities under the Department's control
- Operates Colorado Correctional Industries which consists of over 60 separate operating businesses
- Manages budget and business functions



COLORADO
Department of Corrections

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Divisions and Major Functions of the Department

Clinical & Correctional Services

- Manages educational, vocational and proven cognitive behavior programs within state prisons
- Provides treatment, services and the necessary tools designed to improve successful reintegration of offenders into society
- Provides comprehensive health care to offenders including hospice care, mental health, dialysis, dental, and general wellness

Office of the Inspector General

- Performs criminal and professional standards investigations within the DOC

Office of Human Resources

- Manages talent search process, employee benefits, compensation and training as well as hires employees
- Encourages staff wellness



COLORADO
Department of Corrections

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Colorado Correctional Industries (CCi): International Corrections Management Training Center (ICMTC)

- The International Corrections Management Training Center (ICMTC) is funded through a \$2.3M grant provided by the United States Department of State, Bureau of International Narcotics and Law Enforcement Affairs (INL).
- Since 2008, INL and CDOC have worked together to provide modern correctional training to 1249 officials, from 28 different countries such as Mexico, Central America, Central and North Africa, South America, South and Central Asia and the Caribbean Basin.
- The ICMTC is staffed by Colorado DOC employees and trainers, who provide the requisite expertise in all fields of modern correction system management and operations.

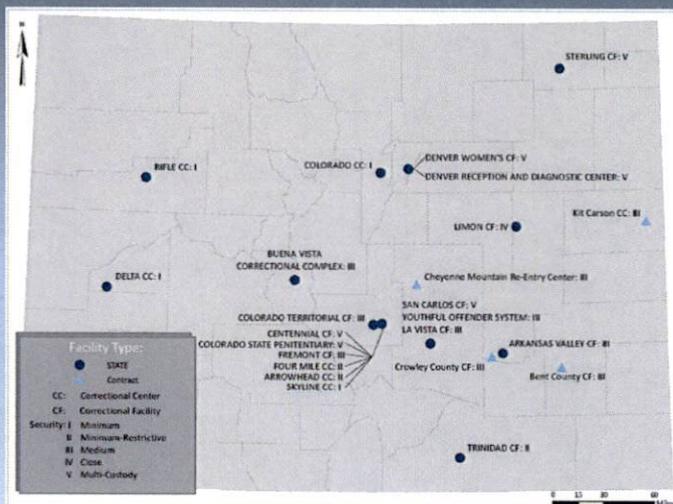


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Colorado Prison Facilities

State:
20
Private:
4
CDOC
Facility
Staff:
5,163*
Prison
Inmates:
18,063*



NOTE: Data as of 6/30/2015



COLORADO
Department of Corrections

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Colorado Parole Offices

Offices: 18
 CPO Staff:
 255
 In State
 Parolees &
 Absconders:
 8,390
 Community
 Corrections,
 Return to
 Custody, ISP
 Inmates &
 YOS
 Community
 (Phase III):
 2,284



NOTE: Data as of 6/30/2015



COLORADO
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Offender Data: As of June 30, 2015

	Male	Female	Total
➤ Prison Inmates	16,523	1,540	18,063
➤ Community Corrections Inmates	1,879	366	2,245
➤ Jail	71	16	87
➤ Community Corrections Walkaways	182	46	228
➤ Total	18,655	1,968	20,623
➤ In State Parolees	6,717	1,148	7,865
➤ In State Parolee Absconders	466	59	525
➤ Total	7,183	1,207	8,390

As of June 30, 2015; excludes: Youthful Offender System, out of state parolees and out of state parole absconders, Community Corrections Inmate excludes Phase 3-YOS



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US Census Data Compared to CDOC Population

	Caucasian	Hispanic/Latino	African American	Native American	Asian
➤ United States	62.1%	17.4%	13.2%	1.2%	5.4%
➤ Colorado	69%	21.2%	4.5%	1.6%	3.1%
	Caucasian	Hispanic/Latino	African American	Native American	Asian
➤ Prison Inmates	45.5%	32%	18.5%	3%	1%
➤ Community Corrections Inmates	52.1%	28.7%	16.3%	1.9%	1%
➤ In State Parolees	50.3%	28.6%	17.4%	2.6%	1%



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Department of Corrections

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Prison Inmate Needs - Moderate to Severe

	Male	Female	Total
Intellectual Disability	820 (5%)	67 (4%)	887 (5%)
Sex Offender	5,125 (31%)	111 (7%)	5,236 (29%)
Drug & Alcohol	11,753 (71%)	1,202 (78%)	12,955 (72%)
Mental Health	5,388 (33%)	1,158 (75%)	6,546 (36%)
Serious Mental Illness	1,209 (7%)	552 (36%)	1,761 (10%)

Co-occurring Needs

	Male	Female	Total
Drug & Alcohol/Mental Health	4,077 (25%)	952 (62%)	5,029 (28%)

*Serious Mental Illness is included in the Mental Health figures

Prison inmates as of June 30, 2015



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Department of Corrections

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Recidivism Rates: A Reduction in Both New Crimes and Technical Violation Revocations

Return Type	Calendar Year 2013 (Release Cohort 2010)	Calendar Year 2014 (Release Cohort 2011)
New Crime	15.3%	13.9%
Technical Violation	33.5%	32.2%
Total	48.8%	46.1%



COLORADO
Department of Corrections

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Summary of Department's Performance Plan for FY15-16

- **Implement Reentry Living Units/Pods in Certain Facilities:** Implement re-entry living units/pods in 12 level II, III, and IV state correctional facilities, along with private facilities, by September 1, 2015, to bridge the gap between transition from facilities to the community by providing releasing offenders with tools and resources necessary to facilitate a fluid transition to the community and to promote successful reintegration.
- **Reduce Technical Parole Violators:** Reduce the percentage of technical parole violators (TPVs) from 32% to 25% by June 30, 2016, through a proactive approach using case management and intervention skills, which focus on successful outcomes for parolees.
- **Expand Number of Intensive Residential Treatment (IRT) Beds for Parolees:** Expand the number of IRT beds for parolees from 125 beds to a total of 250 beds over the next two fiscal years by opening a minimum of 50 beds by June 30, 2016, and an additional maximum of 75 beds by June 30, 2017.
- **Reduce Percentage of Parolee Intensive Supervision Failures:** Reduce the percentage of parolee intensive supervision program failures from 22% to 19.5% by June 30, 2016, to improve public safety and re-entry outcomes through a proactive approach using case management and linking incentives with intermediate sanctions.



COLORADO
Department of Corrections

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Summary of Department's Legislative Agenda for 2016

- **Implementing a State Auditor recommendation related to Correctional Education Program**
 - Continuance of valuable programs operated by the Correctional Education Program which are designed to directly translate into jobs on the outside.
 - Places the division on equal footing with programs managed by Colorado Community Colleges.
 - Legislative Audit Committee approved a bill be drafted on December 8 in an 8-0 vote.
- **Allowing the DOC to distribute prepackaged drugs to persons in correctional facilities**
 - Pharmacy Sunset created a conflict in statute and the DOC has been excluded from the entities that can dispense prepackaged drugs. DOC has a one year waiver from DORA to come into compliance.
 - Legislation will codify current practice under the waiver and will help the DOC to avoid an approximately \$1 million cost increase.



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Department of Corrections

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Departmental Regulatory Agenda

Summary of Progress: 2015/2016 Regulatory Agenda

Implementation of several new policies and revised existing policies:

- 200-18, Grants Management - updated policies for the administration of grant programs required by HB 14-1355.
- 250-55RD, Fugitive Operations for Adult Parole and Community Correction - to provide guidance in alignment with statutory changes.
- 950-02, Health Records Confidentiality Access - to provide guidance on medical record release in alignment with statutory changes of CRS 25-1-801 et.seq.
- 950-07, Sentence Computation - to include current revised practice for reviewing mittimus received from the courts to clarify consecutive or concurrent sentencing to comply with HB13-1323.
- 1450-30, Use of Accumulated Sick Leave and Family/Medical Leave Act - modified to include changes from HB 13-122.
- 1450-40, Evaluation of Staffing Requirements - modified to incorporate standards set forth regarding 14 day work period required by SB13-210.

Agency Rule Reviews (Regulatory Plan Progress)

- Since the Department began conducting rule reviews pursuant to EO 2012-002:
 - Reviewed 1,195 rules
 - Modified 238 rules
 - Abolished 46 rules
- All rules are reviewed annually

Highlights: 2016 Regulatory Agenda

- Policy work for 2015-2016:
 - Completed revisions to policy in response to SB15-124 to reduce parole revocations for technical violators.
 - Completed revisions to policy in response to HB15-1327 to allow offenders to be transferred into the Youthful Offender System.
 - Review of existing policies to ensure they align with statutory revisions.



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Division of Prisons: Major Reforms to Restrictive Housing Maximum Security Population

- The use of long-term isolated confinement "Administrative Segregation" has been eliminated within the CDOC.
 - Offenders housed in long-term isolated confinement
 - September 2011: 1,505 (6.8%) offenders in "Administrative Segregation"
 - October 2015: 169 (0.9%) in Restrictive Housing - Maximum Security Status
 - June 2010: 46 female offenders in "Administrative Segregation"
 - October 2015: 0 female offenders in Restrictive Housing - Maximum Security Status
- Average length of stay has reduced dramatically:
 - FY 2014: 28 months (Administrative Segregation)
 - FY 2016: 7.3 months (Restrictive Housing - Maximum Security Status)
- The CDOC has released 0 offenders directly to the community from Restrictive Housing-Maximum Security Status since March 2014.
- Enhance Public Safety.



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Restrictive Housing Maximum Security Status as of October 31, 2015

How many inmates are on restrictive housing maximum security status?



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Division of Prisons: Enhancing Re-Entry Initiatives for Success Upon Release

➤ Offender ID Project

- Collaboration between DOC and the Department of Revenue (DOR).
- Online Renewal Process, and creation of mini Driver's License Offices within CTCF and DRDC.
- July of 2010, less than 10% of offenders were being released with a valid identification; in October of 2015, approximately 68% of offenders are being released with a valid State ID or Drivers License.

➤ Re-entry Pods

- Aim to provide offenders with the tools that they need to be successful upon release.
- Critical prerelease skills, re-entry in-reach services, family preservation activities .
- Case planned and monitored by collaborative multidisciplinary staff teams.



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Division of Adult Parole: Implementing HB 14-1355 and SB 15-124 to Reform Parole and Enhance Public Safety

➤ Facility-assigned Parole Officers

- Working Collaboratively with Re-entry Communities
- Parole Orientation prior to release
- Working with offenders to locate a stable residence
- Reviewing parole agreements and conditions

➤ Skill Building Competencies for Staff

- Motivational Interviewing and Communities of Practice implemented for all CPOs
- EPICs training in progress for CPOs

➤ Collaborating with Community-Based Organizations

- Seven programs
- Denver, Ft. Collins, Greeley, Boulder, Colorado Springs, and Pueblo (3 Denver metro area)
- Housing, employment training, life skills, communication, parenting, individual counseling and computer labs



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Division of Adult Parole: Reforms to Reduce Technical Parole Violations

- Implementation of SB 15-124- Expands a DOC Pilot Program to Allow for a Short Term Jail Sanction to Change Parolee Behavior.
 - Commonly referred to as "Sure and Swift"
 - Six Jails under contract = 52 total beds
- Imposition of Intermediate Sanctions Culminates in Reduced arrests for Technical Parole Violations



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Division of Clinical and Correctional Services: Addressing the Needs of Offenders

- SB 14-064 - Restricting the Use of Long-term Isolated Confinement for Inmates with Serious Mental Illness
 - The bill has been fully implemented and the Working Group is meeting twice a year as mandated by statute
 - There remains zero offenders with Serious Mental Illness in Restrictive Housing- Maximum Security Status
- Residential Treatment Programs (RTP's)
 - SB 15-234, the Long Bill, provided funding to appropriately staff RTP's at the Denver Women's Correctional Facility and San Carlos Correctional Facility
 - 10 hours of therapeutic and 10 hours of non-therapeutic out of cell time per week offered
- SB 15-195: Appropriation of Earned Time Savings to Inmate Programs
 - Provides up to \$6.5 million in funding for Educational Programs, Vocational Programs and Parole wrap-around services
 - Purchase Machining Mills and Lathes, OSHA Training, Welding Mobile Lab, Culinary Projects, Cosmetology, etc.



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Division of Finance and Administration: Building a Responsible Budget

➤ Budget Changes

- FY 2016-17 General Fund Request - \$775,055,108
- FY 2015-16 General Fund Appropriation - \$780,620,458
- Total General Fund Change - (\$5,565,350)

➤ Major Budget Drivers

- Centennial Correctional Facility-South Certificates of Participation Payment (moved to operating) - \$20,254,768
- External Capacity - (\$5,994,665)
- Provider Rate Decrease - (\$1,273,348)
- Food Inflation - \$328,981
- Utilities Inflation - \$333,230
- Medical Services Subprogram - \$378,881



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Office of Human Resources: Seeking to Modernize Systems and Enhance Employee Wellness

➤ Modernization of Electronic Timekeeping System

- CDOC is currently collaborating with the Department of Personnel and Administration and the Office of Information Technology.
- Automation of schedules for employees assigned to 24/7 post.
- Roll out of timekeeping system anticipated with full implementation.

➤ Succession Training

- CDOC provided comprehensive Succession/Leadership Training to approximately 70 management level employees within the Department.

➤ Staff Wellness

- Staff are the Department's greatest resource and DOC staff have difficult jobs.



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Department of Corrections

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Concepts for Future Consideration: Long Term Correctional Planning

- **CSPII/DRDC (Denver Reception and Diagnostic Center) Swap:**
 - OSPB has contracted with a third party to perform a feasibility study.
 - The concept involves re-opening CSPII as a dedicated diagnostic, reception, reentry and transportation hub for the Department. The Department would also repurpose DRDC into a mental health and medical treatment facility.
- **Mother Infant Program**
 - Concept involves providing a setting that will enable newborn infants and their incarcerated mothers to remain united and ensure that a safe, secure, and healthy attachment is formed between an inmate mother and child.



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Thank you!

Visit our new website at:

<https://www.colorado.gov/pacific/cdoc>

Colorado Department of Corrections
Rick Raemisch, Executive Director



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Joe M. Morales, Chairperson
 Rebecca Oakes, Vice-Chairperson
 Denise Balazic
 John O'Dell
 Alfredo Pena
 Alexandra J. Walker



Colorado Board of Parole
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MEMORANDUM

Date: December 16, 2015
 To: Members of the Joint Judiciary Committee
 From: Joe Morales, Colorado Board of Parole, Chairperson
 Subj.: Colorado Board of Parole Annual Report to the Joint Judiciary Committee, 2015

Statutory directives:

Section 17-2-201 (3.5), C.R.S. (2015): The chairperson [of the parole board] shall annually make a presentation to the judiciary committees of the house of representatives and the senate, or any successor committees, regarding the operations of the board and the information required by section 17-22.5-404.5 (4).

Section 17-22.4-404.5 (4), C.R.S. (2015): The chairperson of the parole board shall provide a report to the judiciary committees of the house of representatives and the senate, or any successor committees, by January 30, 2012, and by each January 30 thereafter regarding the impact of this section [i.e., presumptive parole for certain drug offenders] on the department of corrections' population and public safety.

I. Introduction:

This report is presented to the Joint Judiciary Committee of the Colorado General Assembly in order to comply with the above statutory directives. The report is divided into three parts: (1) operations, (2) projects/activities, and (3) performance measures. Additionally, appended to this report as Exhibit A is a separate analysis of presumptive parole

II. Operations:

Parole Board. The Colorado Board of Parole ("Parole Board" or "Board") consists of seven members who are appointed by the Governor and confirmed by the Senate. Board members serve three-year terms at the will of the Governor. Board members may be re-appointed for more than one term.

Chairperson/Vice-Chairperson. The Chairperson is the administrative head of the Parole Board. It is his or her responsibility to enforce the rules and regulations of the Board, and to assure that parole hearings are scheduled and conducted properly. The Vice-Chairperson assumes these responsibilities in the absence of the Chairperson. Joe Morales was designated Chairperson on September 10, 2015. Rebecca Oakes was designated Vice-Chairperson on the July 15, 2013.

Mission. The mission of the Parole Board is to increase public safety by critical evaluation, through the utilization of evidence-based practices of inmate potential for successful reintegration to society. The Board determines parole suitability through the process of setting conditions of parole and assists the parolee by helping to create an atmosphere for a successful reintegration and return to the community. (Colorado Board of Parole Strategic Plan, 2013-2015; created in accordance with the SMART Government Act, section 2-7-201, C.R.S. (2015))

Office. The Parole Board office is located at 1600 W. 24th Street, Building 54, Pueblo, Colorado. Remote offices are also provided for Board members at the Division of Adult Parole located at 940 Broadway Street, Denver, Colorado.

Staffing. The Parole Board is supported by ten (10) full-time employees (FTE). The Board support staff is structured as follows:

Parole Board Administrator (1 FTE)
 Office Manager, Pueblo (1 FTE)
 Revocation Unit, Pueblo (3 FTE)
 Application Unit, Pueblo (2 FTE)
 Administrative Support Staff, Denver (2 FTE)

During FY 2015, the Board also utilized several contract employees, including: (a) two (2) Administrative Hearing Officers to conduct revocation hearings pursuant to 17-2-202.5, C.R.S. (2015); (b) a defense attorney to represent parolees who are not competent to represent themselves during revocation hearings; (c) a Release Hearing Officer to conduct application interviews pursuant to section 17-2-202.5, C.R.S. (2015); and (d) two temp-workers in Pueblo to help scan files for the Board's automation project.

Budget. For FY 2014-2015, the following amounts were appropriated to support Parole Board operations.

Personal Services (7 Board members; 10 support staff)	\$1,376,891
Operating Expenses	\$106,390
Contract Services	\$272,437
Start-Up Costs	\$14,109
Total:	\$1,769,827

III. Projects/Activities:

The Parole Board has several projects and activities that are currently ongoing. The following is a list of activities commenced or completed in FY 2015.

Automation. In an effort to provide a more efficient process, the Parole Board, in conjunction with the Office of Information and Technology and the Division of Parole, has continued to develop and test the automated revocation hearing process.

Training. Pursuant to section 17-2-201 (1) (e), C.R.S. (2015), each member of the Parole Board is required to undergo at least 20 hours of professional development training each year. This is an obligation the Board takes very seriously and the Board has logged well over the statutorily required limit in the past year. Training activities and topics have included:

- Code of Penal Discipline
- Criteria for PPD Tract
- Rescission Training
- SOTMP Refresher
- Gang Violence Interruption
- Community Corrections' Matrix Progression
- Gang Diversion
- Mental Health Report
- Motivational Interviewing
- Vicarious Trauma
- Association of Parole Authorities International Convention (Available Trainings):
 - The Creation and Validation of the ORAS
 - Understanding the Risk and Needs principles and Why Good Assessment is Necessary
 - The Role of Offender Risk Assessment: A Policy Makers Guide
 - Parole Determination for Individuals Who Entered the Adult Criminal Justice System as Youth: Latest Research, Developments, and Special Considerations
 - The Struggles When Addressing Domestic Violence
 - Smarter Choices...Safer Communities
 - Recovery from Schizophrenia: With Views of Psychiatrists, Psychologists, and Others Diagnosed With This Disorder
 - Research on Risk Dosage and Recidivism
 - Revocation of Parole & Other Forms of Supervised Release: Legal Parameters and Administrative Challenges
 - Mentorship – A Component to Successful Transition Back to the Community
 - Risk Assessment and Managing Low Risk Offenders
 - Quality Assurance Framework in Decision Making
 - The Only Way to Go: Interstate Compact for Adult Offender Supervision

Collaborations. In addition to the training listed above, the Parole Board made a concerted effort to improve communications between Department of Corrections (DOC) Case

Managers, Community Parole Officers, and Board members and staff. It also participated in a variety of LEAN initiatives, work groups, and study committees. The following is a list of site visits the Board made to various facilities and programs, as well as, initiatives it participated in over the course of the last year:

Site Visits	Collaborations
Rifle Correctional Complex	Commission on Criminal and Juvenile Justice ("CCJJ")
Delta Correctional Complex	
Grand Junction Parole Office	CCJJ – Mandatory Parole Subcommittee
Alamosa Parole Office	CCJJ - Community Corrections Task Force Subcommittee
Durango Parole Office	
Bent County Correctional Facility	CCJJ - Re-Entry Task Force Subcommittee
Fremont Correctional Facility	Restorative Justice Council
Peer One Tour	Pre-Release LEAN Project
Phoenix Center Tour	SOTMP Criteria Checklist
Denver Regional Diagnostic Center	Robina Institute Collaboration
Denver Women’s Correctional Facility	Presumptive Parole Policy
Boulder Justice Center	
La Vista Correctional Facility	

Data. Consistent with data collection requirements of section 17-2-201 (3) (f), C.R.S. (2015), the Board continues to place considerable emphasis on efforts to increase its access to and use of data regarding parole decisions. The Board works closely with the Department of Corrections’ Office of Planning and Analysis (OPA) to identify data that will inform and enhance the Board’s decision-making. The Board collaborates on such topics as the relationship between parole decisions and recidivism types (discretionary vs. mandatory release and the rates of return due to a new crime conviction or parole violations) and the effect of fatigue on decisions (based on patterns of decisions made over the course of the workday). The Board is also working with OPA to increase the frequency of data reports on various decision processes and exploring real-time tracking and reporting of such data.

Rules and Regulations. As we reported last year, the Parole Board had experimented with “file reviews” in lieu of certain hearings; however, on October 21, 2014, the Legal Services Committee ruled that the Board’s rule allowing for file reviews exceeded the Board’s statutory authority. As a result, the Board pursued a legislative resolution to allow for this type of review in the future. Consequently, House Bill 15-1122 was signed into law, effective March 20, 2015.

House Bill 15-1122 focuses on six areas: (1) parole eligibility; (2) parole file reviews; (3) parole application hearing dates; (4) self-revolutions; (5) "hybrid" revocation complaints; and (6) parole deferral periods for serious crimes.

1. **Parole Eligibility.** HB 15-1122 specifies that if an offender (a) is convicted of a Class I Code of Penal Discipline (COPD) violation, or (b) refuses, in writing, to participate in programs recommended and made available to the offender by the Colorado Department of Corrections (CDoC), then the offender's net regularly scheduled parole hearing will be cancelled. The offender will be scheduled for a new parole hearing when the condition that resulted in the cancellation of the parole hearing ceases to exist for twelve (12) continuous months.

2. **File Reviews.** HB 15-1122 allows the Parole Board to conduct an administrative review (i.e., "file review") in lieu of a parole application hearing for an offender who has a Mandatory Release Date (MRD) or Sentence Discharge Date (SDD) within six (6)-months of his or her next regularly scheduled parole hearing. File reviews are exempted from the requirement that a Board member conduct the initial parole hearing. The Parole Board retains the discretion to conduct regular parole hearings for offenders eligible for file reviews on a case-by-case basis.

3. **Application Hearing Dates.** Currently, when an offender is sentenced for two different crimes in two different jurisdictions, he or she may receive two different parole hearing dates based on the different offenses. HB 15-1122 clarifies that the later of the two parole hearing dates controls the date upon which the Parole Board is required to grant the offender his or her first hearing.

4. **Self-Revocations.** Under HB 15-1122, if the Parole Board grants an offender's request to revoke his or her own parole (i.e., "self-revocation"), then the Board is required to treat such request as a technical parole violation for deciding how long and to what facility to revoke. However, if the parolee's request to self-revoke is the result of a new conviction, the Board may still treat it as a "new law violation" and revoke the parolee's parole for the remainder of his or her sentence.

5. **"Hybrid" Revocation Complaints.** HB 15-1122 contains a provision that simplifies the statute by removing the distinction between a Complaint alleging a new law violation, and a Complaint with a new law violation and technical violation (i.e., "Hybrid Complaint"). With the adoption of HB 15-1122, in all cases where there is an alleged new crime, the Board will wait to see what happens with the case in court prior to proceeding with the revocation hearing.

6. **Parole Deferral Periods for Serious Crimes.** HB 15-1122 standardizes the rules concerning deferral periods that can be set by the Parole Board following a parole application hearing. There is no longer a distinction in deferral periods based on the date upon which an offender's crime was committed. Thus, offenders will continue to receive annual parole hearings unless: (a) an offender is convicted of a class 3 sexual offense, a habitual criminal offense (as is defined in C.R.S. 18-1.3-801 (2.5)), or any offense sentenced under C.R.S. 18-1.3-904, in which case the Board may decide to defer the next hearing for a period up to 3 years; or

(b) an offender is convicted of a class I or 2 crime of violence (as is defined in C.R.S. 18-1.3-406), in which case the Board may decide to defer the next hearing for a period up to 5 years.

New Board Member Training. In 2014, the Board implemented an enhanced, formalized training program for new Parole Board Members and continues to develop this structured training guide. A comprehensive training and reference manual has been created to accompany the newly developed training program. As members serve three (3)-year terms and the terms of different members are staggered, the Board experiences a relatively high rate of turnover. Historically, training of Board members has been an "on-the-job-training" process. However, the laws, rules, and regulations governing our process are very complex. And, the magnitude of the decisions we make is very great. Therefore, by utilizing both the structured training program and the reference manual, the new Board member will be brought up to speed more quickly.

IV. Performance Measures

1. What types of hearings are conducted by the Parole Board?

Answer: The Parole Board conducts a wide variety of hearings: (1) parole application interviews, (2) full board reviews, (3) parole rescission hearings, (4) parole revocation hearings, (5) early release reviews, (6) special needs parole hearings, (7) interstate parole probable cause hearings, (8) sexually violent predator designation reviews, and (9) reduction of sex offender supervision level requests.

Statistics: During FY 2015, the Parole Board conducted:

- 16,697 Application interviews
- 1,875 Full Board reviews
- 670 Rescission hearings
- 7,428 Revocation hearings
- 556 Early Release reviews
- 40 Special Needs Parole hearings
- 30 Interstate Parole Probable Cause hearings
- 61 Sexually Violent Predator Designation hearings
- 38 Sex Offender Supervision Level Reduction requests

Total: 27,395 hearings

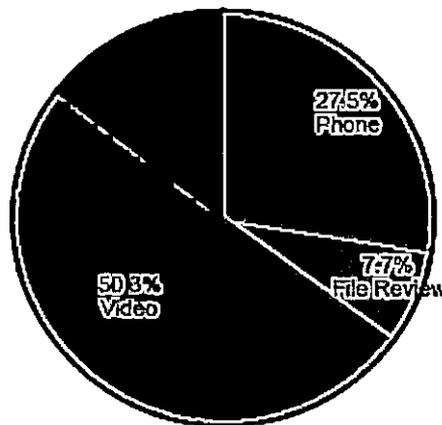
The Parole Board also:

- Issued 2,025 arrest warrants
- Granted 716 waivers
- Conducted 1,811 File Reviews in lieu of hearings.

2. How are hearings conducted?

Answer: The Board conducts the majority of its hearings by video conferencing. It also conducts hearings by telephone and face-to-face. Most of the video conferencing occurs with the larger correctional institutions (i.e., Colorado State Penitentiary, Sterling Correctional Facility, Limon Correctional Facility, etc.). Telephone hearings are generally used to reach smaller facilities in rural parts of the state. Face-to-face hearings generally occur in and around the metro area at parole offices and local jails.

Statistics: Percentage of hearings conducted by hearing method in FY 2015: video 50.3%, phone 27.5%, face 14.6%, and 7.6% by file review.



*FY 2015 finalized hearings by hearing method.

3. Is there a different procedure for violent offenders versus non-violent offenders?

Answer: Yes. Individual Board members do not have the authority to parole offenders convicted of a violent crime. Instead, if a Board member believes an offender is a good candidate for parole, the member refers the offender to the entire Parole Board for consideration. The Board sits as a "Full Board" at least once a week and votes on parole applications for violent offenders. An offender needs at least four (4) affirmative votes to be released on discretionary parole. In contrast, individual members retain the authority to make final discretionary release decisions for non-violent offenders.

Statistics: In FY 2015, the Board conducted 1,875 Full Board hearings. Forty-eight percent (48%) of those seen were released, and fifty-two percent (52%) were denied parole. The recidivism rate after the first year on parole for offenders considered and released by the Full Board is just over twelve percent (12.4%).

Full Board Release Decisions



4. What is the Parole Board Release Guideline Instrument ("PBRGI")?

Answer: As per 17-22.5-404(6)(a) and 17-22.5-107(1) C.R.S. (2015), the PBRGI was developed by the Division of Criminal Justice and the Board of Parole and offers an advisory release decision recommendation for parole applicants who are not sex offenders. "The goal of the parole release guideline is to provide a consistent framework for the Board to evaluate and weigh specific release decision factors and, based on a structured decision matrix, to offer an advisory release decision recommendation for parole applicants." (*Analysis of Colorado State Board of Parole Decisions: FY 2014 Report* published by DCJ, April 2015.) The Board considers all the factors specified in section 17-22.5-404, C.R.S. (2015) in making parole decisions; however, it pays particular attention to the PBRGI, which incorporates the Colorado Actuarial Risk Assessment Scale.

Statistics: The Parole Board followed the PBRGI recommendation 66% of the time. When the PBRGI recommended RELEASE, the Board agreed 43% of the time; when the PBRGI recommended DEFER, the Board agreed 92% of the time.*

Parole Board Decision		PBRGI Decision Recommendation		Total
		Defer	Release	
Defer	Count	2,673	1,714	4,387
	Percent	28.4%	18.2%	46.5%
Defer ("Release") to Mandatory Release Date	Count	1,335	1,173	2,508
	Percent	14.2%	12.4%	26.6%
Release Discretionary	Count	328	2,202	2,530
	Percent	3.5%	23.4%	26.8%
Total	Count	4,336	5,089	9,425
	Percent	46.0%	54.0%	100.0%

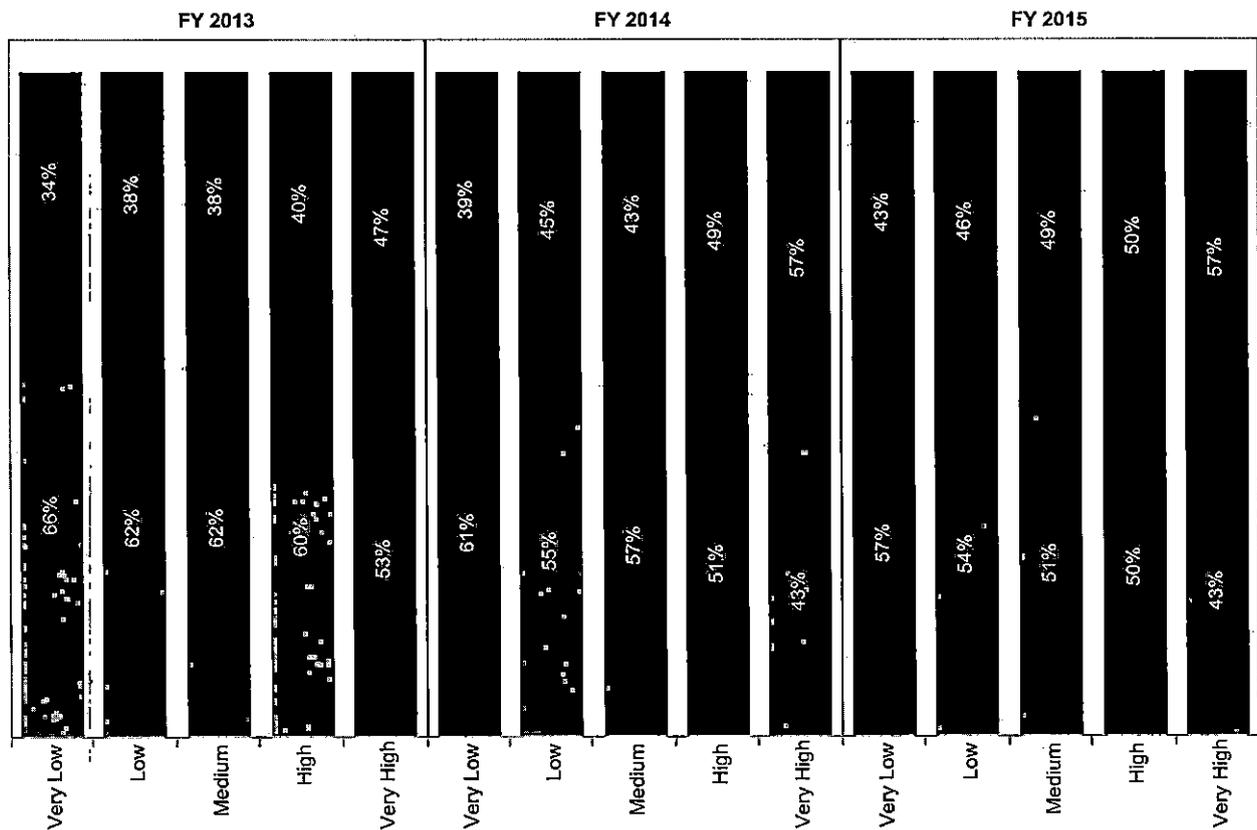
*Sample from FY 15 hearing data with non-sex-offenders whose hearing was finalized. Deferrals due to non-appearance/absence and MRPs are excluded. Overall counts and percentages of Parole Board release and defer decisions by PBRGI release and defer recommendations.

5. What is the difference in release-rates between discretionary and mandatory paroles?

Answer: The Parole Board releases significantly fewer offenders on discretionary parole than on mandatory parole.

Statistics: In FY 2015, the Parole Board voted to release 2,831 (47%) of offenders on discretionary parole and 3,146 (53%) on mandatory parole. The average risk assessment for offenders who were granted discretionary parole in FY 2015 was 34 (Medium Risk). The following graph breaks down mandatory/discretionary release percentages by risk assessment scores (see following page).

Release Type by CARAS risk score



*CARAS risk used is score taken most recently at the time of release to parole. MRPs are excluded.

Mandatory Release
 Discretionary Release

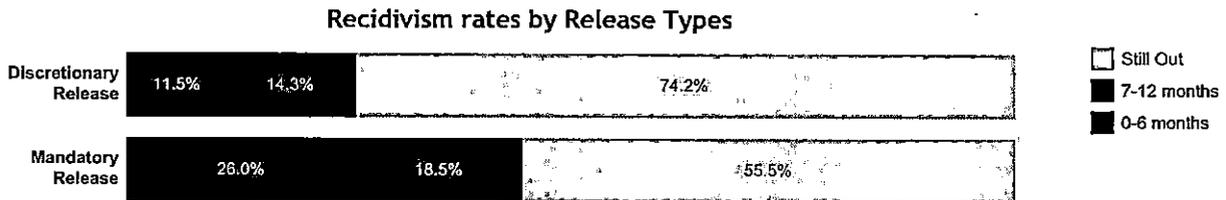
6. How often do you revoke an offender’s parole?

Answer: The Parole Revocation process is governed by section 17-2-103, C.R.S. (2015). Each hearing is an independent event. The Parole Board member conducting the hearing is an objective hearing officer and accepts testimony and evidence from the Parole Officer and Offender. After reviewing all pertinent information, the Board member determines if parole should be revoked. For “new law violations,” the Board member has the discretion to revoke an offender back to DOC for the remainder of his or her sentence. For most “technical violations,” the Board member has the discretion to continue an individual on parole with prescribed treatment, or revoke back to DOC or a Community Return to Custody Facility (CRCF) for up to 180 days.

Statistics: During FY 2015 the total number of revocation hearings continued on parole was 477 (11.3%), and the total number revoked back to a DOC facility was 3,727 (88.7%). During the same period of time, 20% of parole returns were for a new felony conviction and 80% were for a technical violation.

7. What are the 6-month and 12-month recidivism rates for the Parole Board?

Answer: The 6-month recidivism rate for all offenders released on parole, both mandatory and discretionary, is 19%; the 12-month recidivism rate is 34%. The 6-month average recidivism rate for discretionary releases is approximately 11.5%; the average recidivism rate after 12 months is approximately 25.8%. Comparatively, the 6-month recidivism rate of mandatory releases is approximately 26% and the 12-month rate is approximately 44.5%.



*2013 release cohort data not including MRPs.

EXHIBIT A

(Presumptive Parole Report)



COLORADO

State Board of Parole

Joe Morales
Parole Board Chair

Presumptive Parole: FY 2015 Report

**A REPORT SUBMITTED TO THE HOUSE AND SENATE JUDICIARY COMMITTEES
DUE JANUARY 30, 2016, PURSUANT TO C.R.S. 17-22.5-404.5(4)(a)**

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Background

The Colorado Board of Parole consists of seven members appointed by the Governor and confirmed by the Senate. Pursuant to Section 17-2-201, C.R.S. (2014), the Board of Parole has the authority to parole any person who is sentenced or committed to a correctional facility when such person has served his or her minimum sentence and there is a strong and reasonable probability the person will not commit another crime. Various statutes create a "presumption of parole" in certain situations, as described in more detail in this report. Below, we analyze statistics during FY2015 of presumptive parole offenders who were "deferred" (not granted parole), "granted" (released on discretionary parole), "ordered" (released on mandatory parole), and/or "rescinded" (had their grant of parole suspended by the Board).

Subject to the final discretion of the Parole Board, there is a statutory presumption in favor of granting parole to particular offenders, including certain drug offenders, Immigration and Customs Enforcement (ICE) detainees, and offenders eligible for special needs parole. The Parole Board still must ensure that all appropriate guidelines for granting parole are followed as required by Colorado Revised Statute (C.R.S.) 17-22.5-404.

This report is required pursuant to C.R.S. 17-22.5-404.5 (4) (a):

THE CHAIRPERSON OF THE PAROLE BOARD SHALL PROVIDE A REPORT TO THE JUDICIARY COMMITTEES OF THE HOUSE OF REPRESENTATIVES AND THE SENATE, OR ANY SUCCESSOR COMMITTEES, BY JANUARY 30, 2012, AND BY EACH JANUARY 30 THEREAFTER REGARDING THE IMPACT OF THIS SECTION ON THE DEPARTMENT OF CORRECTIONS' POPULATION AND PUBLIC SAFETY.

This publication will also report on presumptive parole for ICE detainees and special needs parolees, although not required by statute.

Drug Offenders

House Bill 10-1352 lowered penalties for unlawful possession and use of controlled substances, making it very unlikely those offenders would serve a prison term for unlawful use or low-quantity possession. However, it was soon realized that offenders with the same crimes, already incarcerated at the time that the law changed, would likely serve longer sentences than those sentenced after them. House Bill 11-1064 created a presumption of parole for those offenders incarcerated for unlawful use or possession offenses committed prior to August 11, 2010, when HB 10-1352 was enacted. To be eligible for presumption, offenders must not have incurred a class I Code of Penal Discipline (COPD) violation within the 12 months prior to review or a class II COPD within the 3 months prior to review, must be program compliant, and must not have an active felony or immigration detainer.

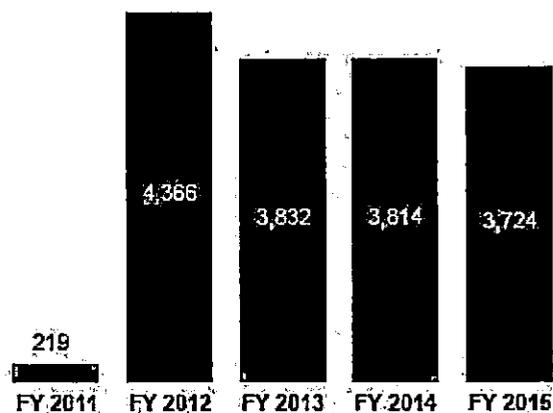
Data Source

A computerized report generates a list of inmates who were eligible for parole at the time of their release hearing, which is then augmented with Parole Board hearing and release data also captured in the Department of Corrections' Information System. HB 11-1064 was effective beginning on May 27, 2011.

Parole Hearings and Releases

Since the time that this Bill was enacted through the end of fiscal year (FY) 2015, approximately 16,000 application reviews have been conducted by the Parole Board with eligible drug offenders. Offenders can have multiple hearings within a span of weeks or months; the following data shows all unique hearings (not releases of offenders).

Hearings Conducted with Eligible Drug Offenders



The following graph shows the grant rate at 57% for eligible drug offenders, based on Parole Board decisions. By comparison, 31% of all release hearings conducted by the Board in FY 2015 resulted in a parole grant. The hearings data clearly shows that the Parole Board is giving presumptive favor to eligible drug offenders.

Examination of actual releases to parole provides further evidence that the Parole Board favors eligible offenders for release. Although related, release data differs from Board decisions because an offender might receive multiple hearings prior to a single release. The bottom graph shows the percent of parole releases that were discretionary. Across time, both before and after the law was passed, drug offenders with unlawful use or possession were more likely to be granted parole.

Parole Board Decisions for Drug Offenders

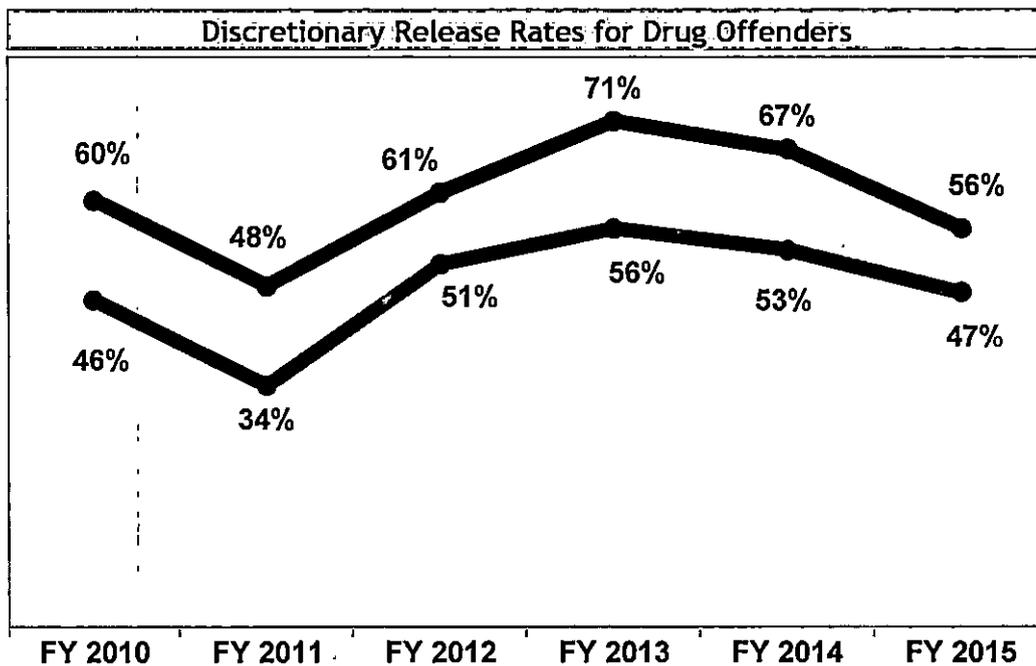
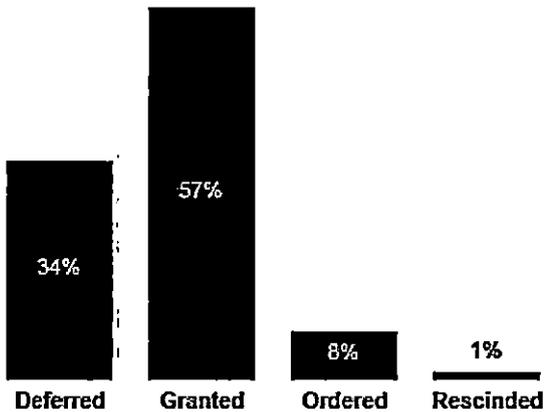
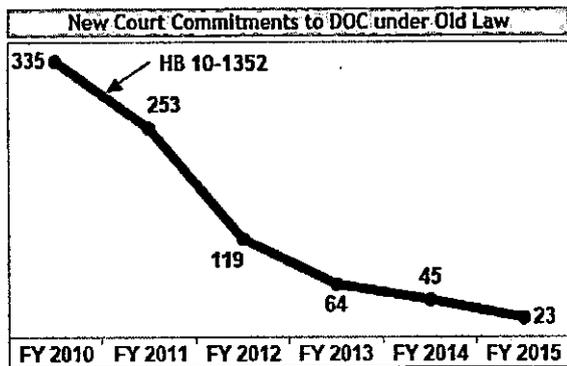


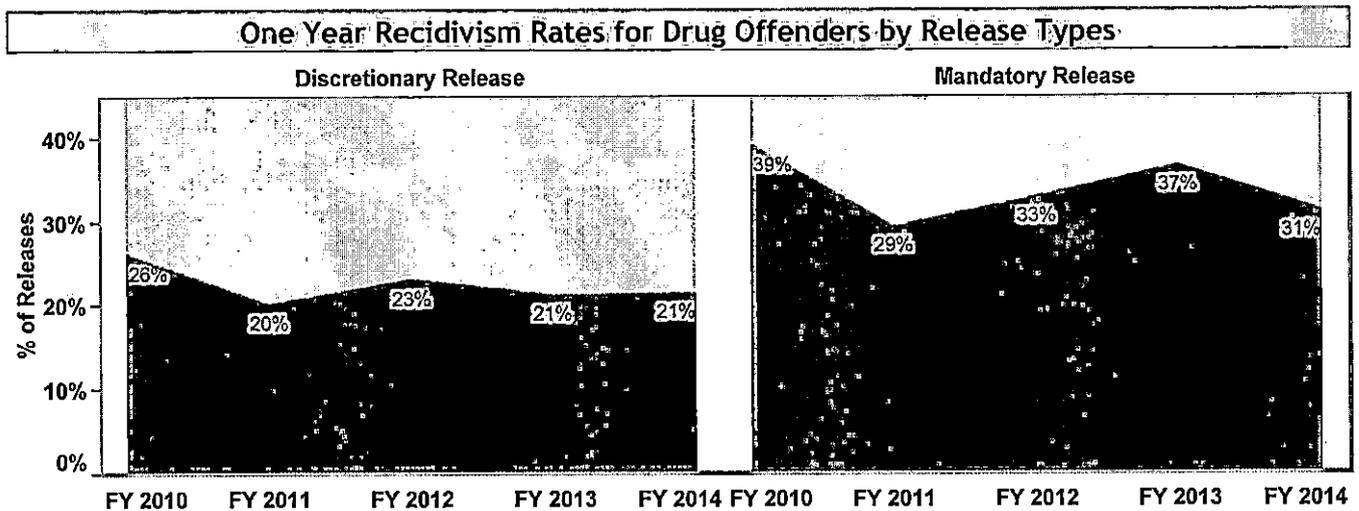
Figure Note. Discretionary rate is calculated as a percent of all discretionary and mandatory releases to parole. Reparoles and sentence discharges are excluded because governed by other laws.

Impact on Prison Population and Public Safety

Since HB 11-1064 was enacted, the population of eligible drug offenders declined from 1,051 (4.6% of adult inmate population) on June 30, 2011, to 183 (0.9% of adult inmate population) on June 30, 2015. Of the 183 remaining in the inmate population, 54% have released to parole and been revoked due to either a technical violation or a new crime. This is in part due to the granting of discretionary parole, but also due to the diminishing number of offenders sentenced under statutes in effect prior to HB 10-1352. The following graph displays new court admissions to the Department of Corrections (DOC) for unlawful use or possession under the old law.



Recidivism rates were explored for eligible drug offenders for one year following their release to parole. The graph below shows releases both before and after HB 11-1064 went into effect by type of parole release. In general, releases in FYs 2010 and 2011 were prior to the Bill's effective date (a small number in 2011 were after). The results indicate that there was not a meaningful increase in recidivism rates for offenders receiving presumption of parole and that the recidivism rates of discretionary releases continue to be much lower than similar drug offenders who released on their mandatory parole date. Because the overall rate of discretionary parole releases also increased after FY 2011, it is not possible to attribute the increased release to the passage of HB 11-1064.



ICE Detainees

Presumption of parole for a nonviolent inmate with an ICE detainer is based upon an inmate having reached his/her parole eligibility date and having received a score of medium or below for risk to re-offend per the Colorado Actuarial Risk Assessment Scale. Senate Bill 11-241 added a new section, C.R.S. 17-22.5-404.7, creating this presumption of parole release.

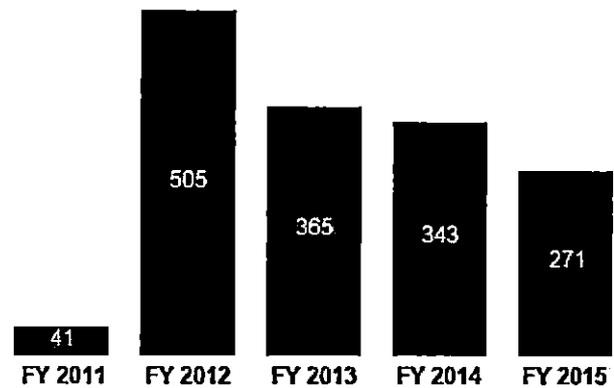
Data Source

A computerized report generates a list of inmates who were eligible for ICE detainee presumption of parole at the time of their Parole Board hearing, which is then augmented with Parole Board hearing data also captured in Department of Corrections' Information System. SB 11-241 was effective beginning on May 23, 2011.

Parole Hearings and Releases

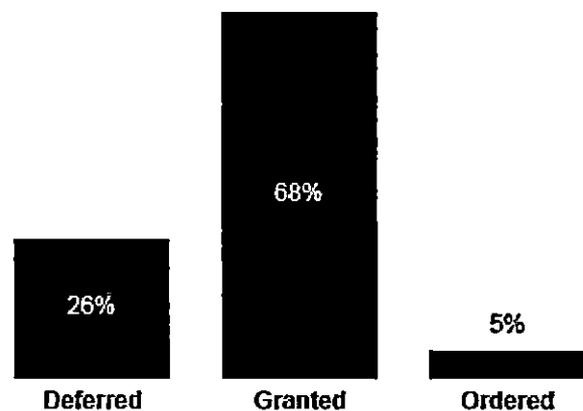
During FYs 2011 through 2015, a total of 1,525 hearings were held with ICE detainees who met the eligibility requirements of this statute. These figures represent the number of hearings held, not the number of offenders or releases, as an offender may have multiple hearings across or within years. However, it should be noted that ICE detainees were much less likely to have multiple hearings than the drug offenders.

Hearings Conducted with Eligible ICE Detainees



The following graph shows the grant rates by the Parole Board. Across years, parole was granted for 68% of hearings, which is also higher when compared to the typical grant rate of approximately 31%.

Parole Board Decisions for ICE Detainees



The graph below examines actual parole releases of ICE detainees in comparison to all inmate releases to parole. Again, actual releases differ from Parole Board hearing decisions because offenders can have one or more hearings prior to a single release. The data indicates that ICE detainees release

through discretionary parole at a slightly greater frequency than most offenders, both before and after SB 11-241 took effect. Because the overall rate of discretionary parole releases also increased after FY 2011, it is not possible to attribute the increased release of ICE detainees to the passage of SB 11-241.

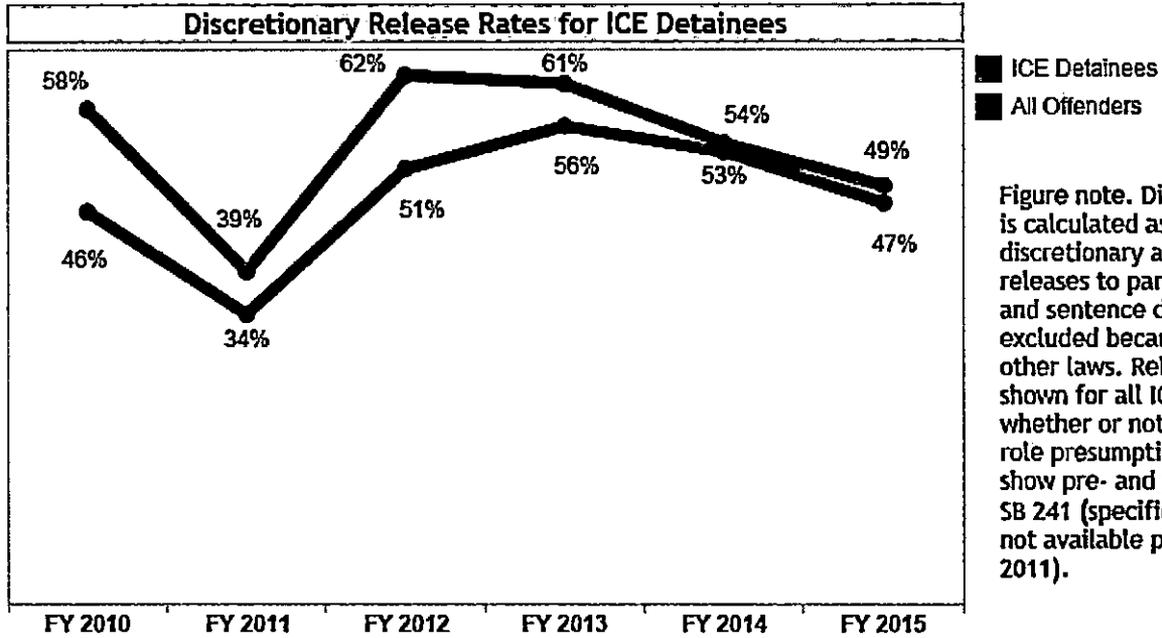


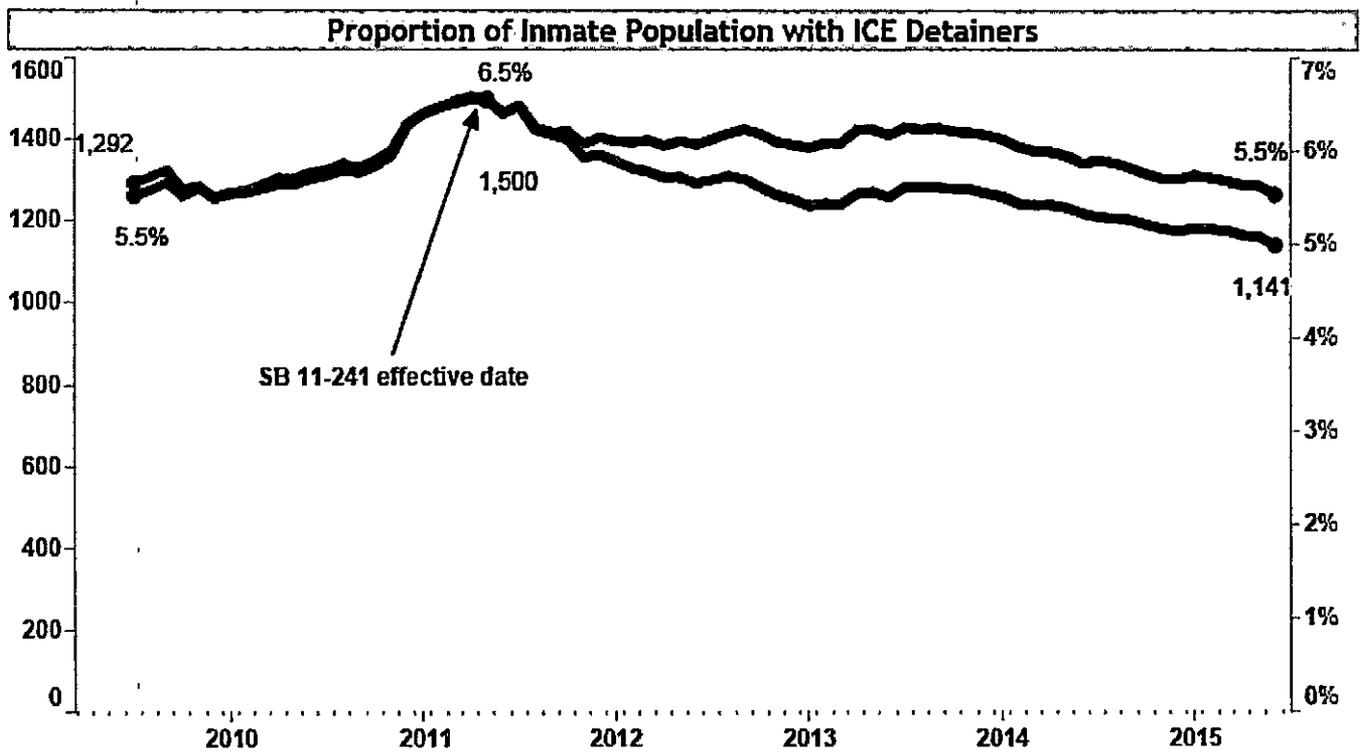
Figure note. Discretionary rate is calculated as percent of all discretionary and mandatory releases to parole. Reparoles and sentence discharges are excluded because governed by other laws. Release data is shown for all ICE detainees, whether or not eligible for parole presumption, in order to show pre- and post- effects of SB 241 (specific eligibility data not available prior to May 23, 2011).

Impact on Prison Population and Public Safety

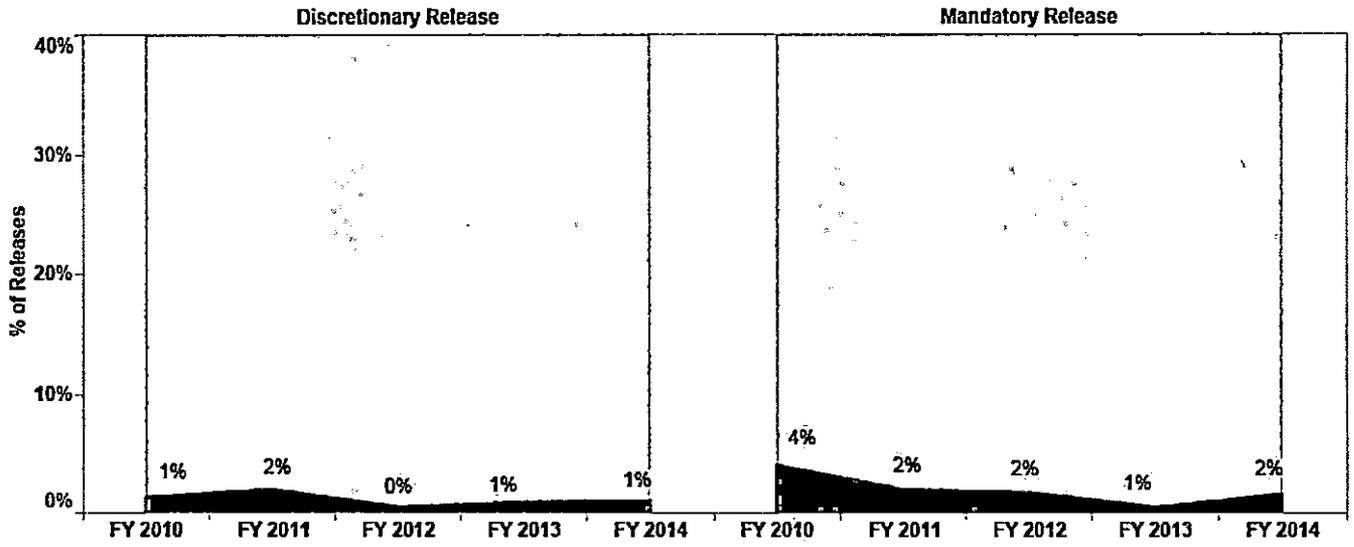
There was an increase in the number of ICE detainees among the inmate population leading up to this legislation. Since SB 11-241 was enacted, the ICE population has decreased by 359 inmates. However, because the overall inmate population has also decreased, the

decline is only slightly greater than for all of the inmate population.

Recidivism rates, as shown in the bottom graph, are near zero for all ICE detainees, regardless of whether they received parole presumption or whether they released under discretionary or mandatory parole.



One-Year Recidivism for ICE Detainees by Release Type



Special Needs Parole

Special needs parole refers to the release of a special needs inmate from prison to parole. A special needs offender means an inmate who:

- is 60 years of age or older; is diagnosed to have a chronic infirmity, illness, condition, disease or mental illness; AND is determined by the Parole Board to be incapacitated to the extent that he or she is not likely to pose a risk to public safety; OR
- suffers from a chronic, permanent, terminal, or irreversible physical or mental illness, condition, disease or mental illness that requires costly care or treatment AND is determined by the Parole Board to be incapacitated to the extent that he or she is not likely to pose a risk to public safety.

Releases are based on a special needs inmate's conditions and medical evaluations. Senate Bill 11-241 modified C.R.S. 17-22.5-403.5 to expand the eligibility requirements and assign DOC the responsibility of identifying inmates who meet the eligibility criteria. DOC clinical staff, case managers, and/or the inmate may initiate the referral process. This process requires a clinical assessment, case management prerelease plan, and notification to victims and the district attorney. All documentation is forwarded to a committee delegated by the Director of Prisons. The committee determines who meets the eligibility requirements and then makes a referral to the Parole Board. The Parole Board then has the task to determine, based on the special needs of the offender's condition and a medical evaluation, whether he or she constitutes a threat to public safety and is not likely to commit an offense.

Data Source

The Parole Board records the dates of applications, recommendation by the DOC department committee and medical criteria, the Board's release decisions, and subsequent releases to parole. SB 11-241 was effective beginning May 23, 2011.

Release Hearings

From the time SB 11-241 went into effect through the end of FY 2015, 183 inmates have applied for Special Needs Parole. The Parole Board receives the applicant's information, including the DOC committee's referral, in order to determine the inmate's risk to public safety.

In FY 2015, 40 applications for special needs parole were received. One applicant died before a decision could be reached. Six (15%) of the 39 remaining applicants were given a recommendation decision to the Parole Board by the DOC committee. The majority of applicants were deferred to when eligible (34), three (3) offenders were granted parole, and two (2) were ordered. It should be noted that finding suitable care facilities for convicted felons under active supervision is quite difficult and a large contributor to the high deferral rate.

Impact on Prison Population and Public Safety

Twenty-six special needs offenders have been granted parole since the time SB 11-241 went into effect through FY 2015. Of those 26 offenders, 25 actually released to parole and 1

died prior to release. Due to the small number of offenders released and the short time period at risk post-release, it is difficult to quantify the effect on public safety or the prison population. However, only 5 of the 24 offenders who released had their parole revoked for violations of the conditions of their parole. All 5 offenders

were subsequently reparaoled within approximately 5 months. None were returned to prison for new crimes. Eleven special needs offenders are still under parole supervision, six died while on parole, and eight successfully completed their parole sentence.

Conclusions

Two legislative bills, HB 11-1064 and SB 11-241, were passed during the 2011 legislative session to mandate that the Parole Board show presumptive favor in granting parole to particular offenders, including certain drug offenders, nonviolent Immigration and Customs Enforcement (ICE) detainees, and special needs inmates. Although the bills added or changed offender eligibility criteria, no changes were made with regard to the release criteria. Therefore, the same release guidelines applied to these offenders as were used by the Board of Parole in granting parole to any offender.

The data indicates the Parole Board is strongly granting presumptive favor to both drug offenders and ICE detainees. However, because the legislation targets offenders who are lower risk, these offenders were already favored for early release (i.e., discretionary parole) before the legislation was created. The conclusions to be drawn are that the Parole Board is complying with the spirit and the intent of the legislation, but there is no compelling evidence that these specific legislative mandates were the cause of a change in practices.

The central purpose of HB 11-1064 was to provide advantages to offenders convicted of unlawful use or possession who were

sentenced to longer prison terms under the old law than those sentenced pursuant to HB 10-1352. The data presented herein shows the number of offenders admitted under the old law is declining, and they are receiving presumptive favor of parole. As of June 30, 2015, the population of targeted drug inmates ($n = 294$) was 28% of its size on June 30, 2011. Additionally, 159 of the 294 drug offenders had already paroled at some point during their incarceration and were reincarcerated due to a parole revocation.

The Parole Board must achieve an adequate balance between release rates and public safety. That is to say that, optimally, the Board would release the maximum number of offenders without increasing the public safety risk. The recidivism data shows that drug offenders released onto discretionary parole were likely to fail at approximately the same rate before and after parole presumption was in effect, which was at a substantially lower rate than similar offenders who released on their mandatory parole date. For ICE detainees, recidivism rates approach zero, which is very minimal public safety risk at most. Thus, it can be concluded that the increased rate of releases has not so far shown an increased threat to public safety.

Special needs parole is harder to assess because of the smaller number of offenders and lack of cost data. Reliable data regarding special needs offenders does not exist prior to the effective date of SB 11-241, so it is difficult to gauge whether the statute changes increased the number of special needs parolees. As well, it is difficult to know the extent to which special needs parole may be needed but impractical due to the challenges of finding appropriate end-of-life care for felons. The small number who have released makes it difficult to adequately quantify recidivism rates, but none released have committed new crimes.

April 24, 2015

We know that persons with Major Mental Illness have difficulty following the rules of society and are disproportionately incarcerated. I wondered if the same dynamic was occurring in prison. I thought the diagnoses of Psychosis and Bipolar would be most likely to cause rule violations, so I decided to count them. Note that there are 48 treatment beds at Denver Women's Correctional Facility for an estimated 300 women with Major Mental Illness.

Isolation Census March 25, 2015

Unit 4

Inmates are locked individually in isolation cells 23 hours each day and allowed to socialize 1 hour. They leave the Unit escorted by officers and are in chains.

24 Inmates

9 Bipolar

11 Psychosis (Schizophrenia, Schizoaffective and Bipolar with psychotic features)

0 Number not on psychiatric medication

83 % with Psychosis or Bipolar

Unit 5 A Pod

About half of the inmates are locked down with a roommate 23 hours a day and socialize with the Pod members for 1 hour. The others are locked down with a roommate for 21 hours a day and socialize with Pod members for 3 hours. All are escorted off the Unit by an officer.

45 Inmates

12 Bipolar

9 Psychosis (Schizophrenia, Schizoaffective and Bipolar with psychotic features)

3 Number not on psychiatric medication

46% with Psychosis or Bipolar

Unit 5 B Pod

Inmates are new arrivals to the prison being evaluated

Unit 5 C Pod

Inmates are locked down with a roommate 21 hours a day and socialize with the Pod members for 3 hours. They are escorted off the Unit by an officer.

45 inmates

12 Bipolar

14 Psychosis (Schizophrenia, Schizoaffective and Bipolar with psychotic features)

3 Number not on psychiatric medication

57% with Psychosis or Bipolar

Unit 5 D Pod

Inmates are locked down with a roommate 21 hours a day and socialize with the Pod members for 3 hours.

47 Inmates

16 Bipolar

12 Psychosis (Schizophrenia, Schizoaffective and Bipolar with psychotic features)

3 Number not on psychiatric medication

59% with Psychosis or Bipolar

There is no routine provision of treatment except psychiatric medication in any of these units.

There is no scientific literature which shows that prolonged isolation improves the symptoms, functioning or behavior of persons with major mental illness. There is considerable scientific literature showing that isolation worsens the symptoms of persons with Major Mental Illness.

Charles F Clark, MD, MPH

May 12, 2015

An observation comparing mental illness in the most advantaged living unit at Denver Women's Correctional Facility with the punitive isolation units.

Prisoners in Unit 1 have their own cell key, have access to the best jobs and can participate in multiple programs, activities, therapy groups and educational opportunities.

Census April 28, 2015

215 - number of prisoners

46 or 21% - with Bipolar or Psychosis (Schizophrenia, Schizo-affective Disorder or Bipolar with psychotic features)

102 or 46% - not on any psychiatric medication

Prisoners in Unit 4 are locked down individually 23 hours a day and in Unit 5, Pods A, C and D they are locked down in pairs for 23 to 18 hours a day. The only regular treatment is psychiatric medication. Some prisoners have been on Unit 5 for more than a year and may leave the prison directly from Unit 5.

Census March 25, 2015

161 - number of prisoners

95 or 59% - with Bipolar or Psychosis (Schizophrenia, Schizo-affective Disorder or Bipolar with psychotic features)

9 or 6% - not on any psychiatric medication

Charles F Clark, MD

September 30, 2015

A comparison of the functioning of psychotic prisoners in varying levels of confinement.

These observations have taken place over a three year period when the author was working as a full time psychiatrist at the Denver Women's Correctional Facility. 950 women are confined there. About 700 have some psychiatric illness, 300 to 400 have a major mental illness and 150 are chronically psychotic with Schizophrenia, Schizoaffective Disorder or Bipolar Disorder with psychotic features.

This is a comparison of the effect of the level of social interaction with the functioning of the prisoners. The most common disruptive symptoms of the chronically psychotic inmates are voices saying, 1. that they are worthless 2. that they should injure/kill themselves or others or they will not be permitted to sleep 3. that people are talking about them, laughing at them, or plotting against them 4. that guards and/or inmates are about to attack them and they should strike first.

In the Residential Treatment Program on Unit 6 which comprises 48 single cells divided into 4 pods, newly admitted prisoners are placed on Level 1 activity for two weeks. This is essentially the notorious Administrative Segregation treatment. On this level they are locked individually in their cell 23 hours a day. During the 24th hour they are allowed out of their cell into the common pod area when no other person is in the area. That is, they spend 24 hours a day without social contact except when food or medicines are passed through a slot in the door or when they are bound with chains, hand and foot, and chained to a steel table at which time they may be interviewed by a therapist or attend a group with several other prisoners so chained. To be released from Level 1, they must attend 12 groups, keep their cell and themselves clean and tidy, obey all the numerous rules, obey all orders, not create any disturbance and not harm themselves.

For prisoners who believe they are about to be attacked, or sometimes do what the voices tell them to do, they cannot meet the criteria for advancing beyond Level 1. As of September 30, 2015, there is one inmate with paranoid schizophrenia who has been on Level 1 for two years. She has gone from talking through her cell door when greeted, to screaming at voices during the night, banging on the cell door and shouting obscenities whenever her door is approached, to not bathing or washing her hair and refusing to ever leave her cell. During this time she refused all medication and efforts to have her placed on involuntary anti-psychotic medication by this psychiatrist were unsuccessful for 18 months. Another inmate has been on Level 1 for one year. She takes all anti-psychotic medication offered. Despite this, the voices control her behavior causing her to disobey rules by taking off her cloths when in the pod common area alone, ignoring orders to return to her cell, not bathing, making multiple suicide attempts by hanging, and having a messy, dirty cell. She refuses to attend most groups. She has sent notes to this psychiatrist asking for more medicine to stop the voices. At times she has been on double the usual maximum doses of Haldol Decanoate, a long acting very potent anti-psychotic. In one more month she will be discharged to the streets of Denver directly from this solitary confinement. Another patient was obviously psychotic in the prison General Population, but eating, bathing, keeping her cell clean and being generally cooperative. After being moved to the Residential Treatment Program and placed on Level 1, she became extremely argumentative, began to stuff her paper napkins in the vent holes, sometimes did not eat and instead put feces in her cup and passed it back with her tray, urinated on the floor, flooded her cell, continued to refuse medication and eventually began smearing feces on the walls of her cell and the common shower. She had never previously engaged in these bizarre behaviors.

In Punitive Unit 5, psychotic inmates are locked in their cells from 18 to 23 hours a day with a

roommate. They are allowed to socialize for one to several hours a day with pod mates. Most, but not all, voluntarily take anti-psychotic medication. They are not chained hand and foot when out of their cells, and little to no therapy is offered. The unit is known as "troublesome" and for the inmates' abuse of Neurontin and Wellbutrin. While many are hearing voices, think everyone is laughing at them and plotting against them, they behave relatively normally. No one smears feces, urinates on the floor, or has a stinking cell. Social pressure maintains relatively normal behavior even in persons who are obviously very psychotic.

In Unit 1, the best place to live in the prison, inmates have their own key to their room, can take classes in various subjects and attend a variety of groups and activities. 29% have a chronic psychotic illness. They behave as relatively normal individuals, though if questioned, describe persistent derogatory and hateful voices and pervasive paranoia. Most, but not all, of this 29% take anti-psychotic medication.

The author has cared for these inmates as they moved between the units. The difference in their behaviors is striking, depending upon the unit where they are housed and the level of social activity. Clearly, solitary confinement is devastating to the basic functioning of these psychotic inmates. The occurrence of the extremes of bizarre behavior occur exclusively in prolonged solitary confinement. Months and even years of prolonged confinement, but with a roommate, does not result in the extreme bizarre behavior of feces smearing and similar activities. Even two continuous years of confinement in Punitive Unit 5 with a roommate does not appear to significantly degrade social functioning, although complaints about voices and paranoia are prominent.

Several insights can be drawn for these observations. Solitary confinement is severely detrimental to the behavior and functioning of persons with psychosis. Anti-psychotic medication is not potent enough to protect psychotic persons from the devastating effects of solitary confinement. Social interaction is protective against the effects of prolonged punishment. Social interaction and interesting activities are protective against persistent psychotic symptoms and result in improved behavior and cooperation.

The use of solitary confinement to initiate residence on the Residential Treatment Program, Unit 6, should be stopped. Solitary confinement of any psychotic individual by placement in Administrative Segregation, or its equivalence, should be stopped. Prolonged solitary confinement of any mentally ill person should never ever occur.

Charles F Clark, MD, MPH

August 28, 2015

INFORMATION FOR LEGISLATORS

The counter productive care of mentally ill females in the Denver Women's Correctional Facility.

Denver Women's Correctional Facility has 950 female inmates
700 to 750 are on psychiatric medication
300 have a major, life altering mental illness
150 are chronically psychotic
There are 48 single cells in the Residential Treatment Program, Unit 6

The administrators and officers of the prison have no training in caring for the mentally ill.

In 1961, the Colorado State Hospital had 6,500 beds. Now, it has 450.

Persons with severe mental illness have difficulty following the rules of society which is why the Colorado jails and prisons provide the majority of care for these patients as opposed to hospitals. The rules in prison are even more difficult to follow than those in society, so the mentally ill are punished more frequently and for longer than the other inmates. The routine punishment is isolation. Multiple studies have shown that isolation worsens mental illness. "I don't need as much Haldol (an anti-psychotic medication) doc since I got out of the hole as the voices aren't as loud."

May 12, 2015: An observation comparing mental illness in the most advantaged living unit at Denver Women's Correctional Facility with the punitive isolation units.

Prisoners in Unit 1 have their own cell key, have access to the best jobs and can participate in multiple programs, activities, therapy groups and educational opportunities.

Census on April 28, 2015: number of prisoners 215
46 or 21% have Bipolar II Disorder or Psychosis (Schizophrenia, Schizo-affective Disorder or Bipolar with psychotic features)
102 or 46% are not on any psychiatric medication

Prisoners in Unit 4 are locked down individually 23 hours a day and in Unit 5, Pods A, C and D, they are locked down in pairs for 23 to 18 hours a day. The only regular treatment is psychiatric medication. Some prisoners have been on Unit 5 for more than a

year and may leave the prison directly from Unit 5.
Census March 25, 2015: number of prisoners 161
95 or 59% have Bipolar II Disorder or Psychosis (Schizophrenia, Schizo-affective Disorder or Bipolar with psychotic features)
9 or 6% are not on any psychiatric medication

by Charles F Clark, MD

Even on the treatment unit, the Residential Treatment Program or Unit 6, some patients are held in 23 hour isolation for weeks or months and two have been held for over one year. On the treatment unit this is called Level 1 instead of Segregation. When on Level 1, inmates are chained hand and foot if they are to be with another person, including the doctor.

With rare exception, these severely mentally ill inmates will be discharged to the community. Sadly, most will be less functional than when they were admitted to prison. Specifically, they will be de-socialized by their experiences of punishment isolation rather than treatment.

Solution: Take the money now spent in containing these women in a maximum security facility, who are not dangerous if properly treated, and put them in a low security prison hospital where the officers have mental health training. On discharge, these mentally ill persons will, at least, not be less functional.

Example: A 21 year old female delivered a baby, had a Schizophrenic break, developed the delusion that her mother-in-law who was trying to help her, was going to steal her baby. So, she killed her mother-in-law. Now serving 42 years. Treated with long acting Haldol Decanoate (monthly injection of an anti-psychotic medication), she is puzzled as to why she thought that about her mother-in-law. She remains mentally ill, will always be mentally ill and will always need treatment. But, when properly treated, she is not dangerous to anyone.

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August 30, 2015

INFORMATION FOR LEGISLATORS 2

Recommendation: Change the name of the Colorado Department of Corrections to the Colorado Department of Corrections and Mental Health.

This will correctly reflect the dual functions of the Department and inform the Colorado taxpayers as to why the Department is so expensive to operate. Additionally, it would formally allow the Department to address its two missions, corrections and long term mental health care.

Example: A 27 year old female arrested hundreds of times for public intoxication (alcohol) and a few times for trespassing. Now pregnant, the compassionate judge sentenced her to prison. There, she will receive a good diet, appropriate vitamins, regular medical care and not drink alcohol. The fetus will not be born with mental retardation due to Fetal Alcohol Syndrome. The Colorado taxpayer should be grateful as they will not have to support and deal with another mentally retarded citizen. But, is a maximum security prison the most appropriate place to accomplish this compassionate goal? After delivery, the mother will go out on parole, drink alcohol, have her parole revoked and return to prison. Or, she will go to Community Corrections, drink, leave the facility, and have a three year sentence added for escape, etc, etc. She will become a long term resident of the prison where her health will be much improved.

Most of the inmates with major mental illness in the Denver Women's Correctional Facility were hospitalized psychiatrically one to ten times and attended Community Mental Health Centers for treatment prior to being incarcerated. Despite that treatment, they were unable to follow the rules of society and so are incarcerated for some crime which directly results from their mental illness. A surprising number are here for assault on a police officer who was called to the scene because of their bizarre behavior. The Department will now house them for years. When released on parole, to community corrections or on completion of their sentence, most will soon re-offend for the same reason of mental illness. Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Drug Addiction and Alcohol Dependence are chronic illnesses.

Example: Thirty something year old female developed Schizoaffective Disorder as a child with voices telling her to kill or injure herself and attack others. She grew up in multiple institutions and hospitals as she was extremely difficult to care for and treat. After reaching 18, she attacked a hospital staff member and was sent to prison on a

several year sentence. That sentence was lengthened twice for spitting and throwing urine. She has been medically treated multiple times for suicide attempts, inserting chicken bones and other objects under her skin and swallowing objects in response to voices telling her to do that. Released once on parole, she immediately stopped her voluntary medications and was admitted to a Denver hospital in a few days for a serious suicide attempt. Then, she was returned to prison. Where is there a place for her in Colorado other than prison?

A modest, but significant number of these mentally ill inmates are incarcerated for murder or assault, and if released, are highly likely to commit similar crimes.

Example: A forty year old female was incarcerated for torturing her child at the direction of demons. Untreated, she spent 2 years in the hole, Administrative Segregation with 24 hour isolation. During that time she made several serious suicide attempts and plotted to kill a staff member in response to voices screaming to kill herself or others or they would not let her sleep. Treated with massive amounts of anti-psychotic medication over several years which she takes voluntarily, she is able to live safely in the protected and supportive environment of the Residential Treatment Program. She was moved to General Population where there is little support, so soon failed, and after a brief stay in the hole, was returned to the Residential Treatment Program. It is difficult to imagine a safe living situation for her outside of a locked institution until after she has become old and feeble.

Example: A middle aged female with Paranoid Schizophrenia incarcerated for years for multiple assaults. She speaks with made up words and always believes that she is being poisoned, raped, her blood drained and multiple other delusions despite high dose anti-psychotic medication. She takes the medicine voluntarily under threat that it will be involuntary, as has been the case in the past, if she doesn't take it. Released on parole to a nursing home, she pushed a wheel chair bound patient down a flight of stairs and was returned to prison. Where might she safely live except the Residential Treatment Program in prison?

The Department is the provider of mental health housing and treatment of last resort. It is the only long term inpatient care facility in the state for those with severe mental illness. There exists a mythology that modern psychiatric medication will allow the seriously mentally ill to live in the community if resources for treatment are available to them. Not true! Most psychiatrically ill prisoners have previously accessed those resources; hospitals, community mental health centers and clinics with psychiatric care. Many are already on Social Security Disability, Medicare or Medicaid. And yet, they have been unable to stay out of serious trouble. Is it finally time for us to recognize that there are some people who need the long term care which is presently available only in

prison? Why not simply redirect the money we Colorado taxpayers are already spending on them to a program designed for them in the Department of Corrections and Mental Health.

The Colorado State Legislature created this problem and only the legislature can effectively address it.

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July 17, 2014

Prison letter

I am a psychiatrist working at the Colorado Women's Prison in Denver. I provide psychiatric care for 650 of the 950 prisoners. 150 of them have a psychotic illness, Schizophrenia or Schizoaffective Disorder. Another 150 have a Major Mental Illness such as Bipolar or Depressive Disorder. This prison functions as the largest psychiatric hospital in Colorado. The patient/inmates are confined in steel and concrete cages at about twice the cost of attending college.

I am an old man, and so I have lived long enough to see the transfer of the severely mentally ill from inadequate state hospitals in the nineteen sixties to our jails and prisons now. As a medical student at Johns Hopkins in the sixties, I observed at a Maryland State Hospital a large room holding about 50 half dressed moaning women moving slowly in a counterclockwise circle. In the small doctors office containing their medical charts was an admonition on the wall that "every patient has to have a progress note every year." Conditions for the mentally ill in our country have improved little over the intervening 50 years.

President Kennedy embraced and supported the Community Mental Health Movement. The idea was to treat the severely mentally ill in the community where they lived with the new anti-psychotic and anti-depressant drugs. Then they would not need chronic hospitalization.

Federal rules for Medicaid and Medicare decreed that those programs could not be used to pay for the care of mentally disabled persons if they were in a state facility. This created an incentive for states governments to discharge them from the state hospitals so that they would be eligible for these programs and no longer be a financial burden to the states.

Unfortunately, the Community Mental Health Centers were never adequately funded for the task of caring for the severely mentally ill. So, the severely mentally ill committed crimes in the community and were then locked up, where they remain today. Now, they are inadequately cared for in jails and prisons with about the same resources that were used to inadequately care for them in the state hospitals.

In 1961 the Colorado State Hospital in Pueblo had 6,100 patients. Now it has 451 patients. Now the jails and prisons in Colorado house 5,000 to 6,000 mentally ill patient/inmates. There are three mentally ill persons in jail and prison beds for each mentally ill person in a hospital bed. Jails and prisons dwarf the hospitals in the care of the mentally ill.

The obvious solution to this problem would appear to be to adequately fund the Community Mental Health Centers so that the severely mentally ill would be properly treated. They would then not commit crimes and not need to be locked up in our jails and prisons. Sadly, that appearance is not correct. Most of the severely mentally ill in our jails and prisons have been treated at Community Mental Health Centers and many have been in short stay hospitals several times.

The severely mentally ill make up some 2% to 3% of the population and commit 10% to 15% of the crimes. This occurs despite the availability of treatment in clinics and hospitals. One can rightly argue that treatment is not as easily available as it should be or could be, but that does not appear to be adequate to prevent behavior that puts them in jails and prisons.

The modern psychiatric drugs are only partially effective. A person with Schizophrenia who hears voices saying to hurt himself or others because people are demons and are plotting against him, generally obtains only partial relief from the medication. On medication, the voices may not seem so real that he feels obligated to follow their admonitions, but the voices rarely clear. When not on medication, he feels the voices are real and struggles not to follow their admonitions.

The voices frequently tell the patient not to take the medication, not to keep the medical appointment and not to tell the doctor about the voices. In addition, the medications make the patient feel tired, lethargic, restless and may cause temporary or permanent tremors. Little wonder that it is difficult to keep a patient on any anti-psychotic medication continuously for even a year.

In a society which idealizes individual freedom and responsibility, it is difficult to justify forcing a person into treatment and perhaps long term confinement and/or supervision in the absence of a crime. But once a crime has been committed and it is apparent that the crime is linked to the person's mental illness, should we send them to indefinite confinement and/or treatment and supervision instead of to jail and prison?

Incarceration in a jail or prison prevents the mentally ill person from committing another crime while confined. It has no beneficial effect on the mental illness and offers no assurance that the person will obtain treatment in the future. They do not learn any useful lesson from the experience of incarceration. Most chronic illnesses become more severe and incapacitating as a person ages. That is true also of mental illness. The delusions and hallucinations of persons with severe mental illnesses become more fixed over time even when the illness is treated.

There is always the danger that any system of indefinite involuntary treatment and supervision will be abused by the government and used against normally functioning citizens who hold views that are unpopular or labeled seditious. We have only to look at our government's abuse of anti-war protesters and civil rights advocates to be concerned about giving the government the license to restrict anyone's freedoms.

What we are doing now with the mentally ill is neither humane nor effective. It increases our social burden of crime and insecurity. It is not surprising that a disproportionate number of our mass shootings are carried out by persons who are obviously mentally ill.