

**DEPARTMENT OF PUBLIC SAFETY
(Division of Criminal Justice)
FY 2012-13 JOINT BUDGET COMMITTEE HEARING AGENDA**

**Thursday, January 5, 2012
1:30 – 2:30 pm**

1:30-1:45 INTRODUCTIONS AND OPENING COMMENTS

1:45-2:00 OVERVIEW QUESTIONS

1. *Are the rate differentials paid for special community corrections services adequate to provide special-needs offenders the services they need?*

RESPONSE: In order to meet the costs of delivering specialized programming, most providers supplement the rate differential with other funding sources. The rate differentials greatly improve a program's ability to provide specialized clinical treatment and to provide enhanced supervision services for higher risk and higher needs offenders. Secondly, they also serve as incentives to programs and boards to accept and manage special needs and higher risk offenders. Without the differentials, many of these offenders would not be supervised in community corrections or would, at best, receive only basic services that are not appropriately matched to their criminogenic needs and levels of risk.

Currently, the providers maximize efficiencies to provide quality services to specialized offenders. However, providers of specialized programming still continue to struggle with the recruitment and retention of appropriately credentialed and high quality clinical and supervision staffing due to funding limitations.

In particular, the IRT differential (\$17.78 daily) allows programs to hire clinical staff to provide residential substance abuse treatment according to the *Substance Use Disorder Rules* of the Colorado Division of Behavioral Health. This allows programs to provide the required 40 hours of therapeutic and psycho-educational services to all offenders and to keep clinical staff-to-offender ratios at required levels for group therapy (1:12). However, offenders in 90-day IRT treatment do not work and, therefore, cannot pay subsistence for the duration of their stay in IRT. Thus, providers must absorb the cost of losing subsistence support for the program – which often leads to lower staff compensation among clinical and supervision staff. Especially for providers in rural areas, the decreased ability to recruit and retain qualified staff adversely impacts the advancement and stability of these programs.

The John Eachon Re-Entry Program (JERP) is one of our most specialized and unique programs in community corrections. Due to the uniquely specialized needs of high risk, seriously mentally ill and chemically dependent transitioning offenders, this program is highly staff intensive in order to keep caseloads at manageable levels and to access community mental health, psychiatric and clinical case management services. Currently, both the community corrections provider (ICCS-Jeffco) and the Jefferson Center for Mental Health (JCMH) augment the program with their own funding in order to sustain the program. The original JERP budget was built on a 15-bed model in order to achieve economies of scale and to maximize fiscal efficiencies. The program, however, is currently funded only at half that amount (7.5 beds) which results in both ICCS and JCMH expending more than

revenue can provide. The JERP program could easily achieve, retain, and exceed an average daily population of 15 beds.

The providers of the Residential Dual Diagnosis Treatment (RDDT) beds must also maximize efficiencies in order to meet the contractual requirements of the program and to retain high quality supervision and clinical staff. Offenders in these programs present with unique and costly psychiatric needs which include requirements for psychotropic medicine. The current RDDT providers have been augmenting their program with H.B. 10-1352 funds; specifically, by paying for psychiatric medications for RDDT clients. This has helped close some gaps for this population. Programs are continually challenged with recruitment and long-term retention of clinical staff for these programs due to funding limitations.

The Therapeutic Community (TC) differential (\$14.34), similar to the IRT program, is not sufficient to cover the full costs for the overall program. These clients are among the highest risk and with the most chronic histories of substance use disorders. Similar to IRT, these clients do not pay subsistence for the first six months of the program while they are not working. Therefore, the provider must absorb that cost and braid other funding streams in order to build a complete TC program.

2. *What percentages of DOC offenders have been placed in community corrections in recent years? Are we achieving the 11.5 percent target? What obstacles are there to achieving that target? Do reversions in the appropriations for community corrections mean that we did not achieve the target?*

RESPONSE: The FY 2010-11 reversion was not due to under-utilized Transition residential funds. Rather 58% of the reversion was a result of Diversion under-spending; 37% was due to under-spent H.B. 10-1360 funds; and less than 5% was due to under-utilized IRT funds. The expenditures of Transition funds for FY 2010-11 actually exceeded the appropriated amount for that same year. At that time, DCJ used its budget transfer authority to balance under-spent Diversion funds with over-spent Transition funds before the reversion was made.

It is the DCJ's understanding that the figure of 11.5% was set as a budgeting target for the DOC population under some form of community supervision. There are multiple types of community supervision, only one of which is the community corrections transition population. The chart below is a section of the DOC's population report snapshot done for June 30, 2011, showing the variety of categories comprising the correctional population that is under a form of community supervision with a column added showing the percentages the totals represent of the entire DOC population. The percentage of the "Total Community Corrections" compared to the total DOC population is 13.5% which exceeds the 11.5% target. It is also DCJ's understanding that the 11.5% is further refined for budgeting purposes to include 60% in community corrections transition beds and 40% in other categories. As of June 30, 2011, 7.4%, or 55% of the 13.5%, were in transition beds. If other placements, such as "community return to custody" beds are considered, this rate would be even higher. This is generally consistent with the DOC budget target.

A review of population snapshots, done in 2011 shows a slight upward trend in the numbers of offenders in community corrections transition beds. This is consistent with the DCJ statistics showing a shift in the community corrections balance resulting in slightly more than half of community corrections beds going to transition rather than diversion offenders.

The DOC reports the following census figures related to this goal:

June 30, 2011 – Community Corrections

Status	Number	Percent of Total	Proportion of Total In Community Corrections
Community Centers	1726	7.6%	73.8%
Parole Revocations	1	0.0%	
Revoked - Return to Custody	362	1.6%	
Regressions	160	0.7%	
TOTAL COMMUNITY CENTERS	2249	9.9%	
ISP Inmates	788	3.5%	26.2%
ISP Regressions	10	0.0%	
TOTAL ISP - INMATE	798	3.5%	
TOTAL COMMUNITY CORRECTIONS	3047	13.5%	100.0%
TOTAL INMATE JURISDICTIONAL POPULATION	22610	100.0%	

November 30, 2011 – Community Corrections

Status	Number	Percent of Total	Proportion of Total In Community Corrections
Community Centers	1773	7.8%	74.0%
Parole Revocations	0	0.0%	
Revoked - Return to Custody	345	1.5%	
Regressions	76	0.3%	
TOTAL COMMUNITY CENTERS	2194	9.7%	
ISP Inmates	764	3.4%	26.0%
ISP Regressions	6	0.0%	
TOTAL ISP - INMATE	770	3.4%	
TOTAL COMMUNITY CORRECTIONS	2964	13.1%	100.0%
TOTAL INMATE JURISDICTIONAL POPULATION	22064	97.6%	

Source: CDOC – Monthly Population and Capacity Reports (Office of Planning and Analysis)

3. *How do community corrections boards impact the state's ability to achieve the goal of placing 11.5 percent of inmates in community corrections programs?*

RESPONSE: The community corrections boards are facilitators of community placement for DOC offenders going into transition. The boards do not have any involvement with other forms of community supervision such as the parole revocation “community return to custody” population. The average daily population of Transition clients in basic residential community corrections has increased over the last few years. Thus, while Diversion referrals are trending downward, boards have placed increasingly more Transition offenders in residential beds since FY2008-09.

The referral process for DOC into community corrections is worth considering when setting goals for community corrections. By law, DOC must refer non-violent offenders 19 months prior to their Parole Eligibility Date (PED) and violent offenders at 9 months prior to PED. These “statutory” referrals are not, in and of themselves, actual recommendations by DOC that offenders be placed in the community. Rather, they are referrals made in order to comply with the law and are not based on an offender’s demonstrated readiness for community placement.

In cases when a DOC referral (whether violent or non-violent) is approaching their PED, community corrections boards will give serious consideration to community corrections placement. In these cases, the boards are aware that the offender could be granted parole and placed on lower levels of supervision accordingly. However, in cases when an offender has not demonstrated some readiness for community placement, boards may reject the placement in order to protect public safety. Those cases may be re-referred for community corrections at a later date and may ultimately be accepted.

It is also important to consider that DOC refers an offender to several community corrections boards in separate jurisdictions at one time in order to maximize efficiencies within the referral process. If an offender is not placed in community corrections, in most cases, he has been rejected by two, three, or four jurisdictions in independent decision processes.

Some Transition referrals are also offenders that have recently technically violated as a Diversion offender in community corrections. Often times, the time period between a Diversion technical violation and that same offender being referred as a Transition client is short; causing some boards to be exceptionally cautious about accepting the case. If the offender has demonstrated recent behavior that led to his violation of community corrections, and no recent behavior showing new readiness for community placement, boards will exercise caution and reject the case for the current time.

For the reasons stated above, caution should be exercised when evaluating global board acceptance rates as true indicators of their role or willingness to accept Transition referrals.

4. *Is the community corrections board structure still appropriate for the state?*

RESPONSE: Yes. Community corrections boards in Colorado are both facilitators and proponents of placing convicted state offenders into local communities. Although often seen as obstacles to getting offenders placed into programs, boards are largely advocates for community placement. For example, the boards in the 1st, 2nd, 17th, 19th, and 21st Judicial Districts have recently worked with local officials to expand community corrections beyond its original capacity. In each of these cases, either new facilities were cited or local restrictions on the number of placements were modified. These serve a critical function to the State of Colorado in achieving goals of increased community placement.

Historically, some jurisdictions have created local regulations that substantially limit placement of sex offenders in residential facilities or into shared living arrangements. Community corrections programs provide structured placement for sex offenders to promote stabilization and reintegration into the community. However, both programs and community stakeholders often struggle with accepting these offenders into their communities. Local community corrections boards have been instrumental in developing pathways for sex offenders to receive community corrections placement and treatment through their work with programs and local regulatory agencies. Thus, placing state offenders back into local communities requires partnership and collaboration among all levels of governance in order to avoid local regulatory restrictions.

In the recent past, boards have also served as advocates and initiators of advancing specialized community corrections programs. The 1st Judicial District has facilitated highly specialized programs for sex offenders (via the grant-funded SCAG program) and high-needs dually diagnosed offenders (via the JERP and grant-funded DOOR program). Without the involvement of this board, these two programs would not exist and these offenders would not be placed into the facility. The 18th Judicial District has co-developed and sought funding for a residential dual diagnosis program for female offenders at the ACRC facility. This program, modeled after the JERP program, serves high needs female offenders that may not have been otherwise served effectively in community corrections. The 2nd Judicial District board has advanced a homeless program for parolees in their community corrections facility while the boards in the 8th and 21st Judicial Districts have also collaborated with programs to develop specialized programs for females, sex offenders, drug offenders, and offender who are at risk of revocation.

In addition to the important screening function that remains a primary role, many boards also hire full time staff to complete their statutorily required responsibilities for program oversight and technical assistance with respect to the Colorado Community Corrections Standards (CCCS). Local involvement has led to increased support from several counties that contribute additional county funds toward staff and administration of community corrections board duties.

While the DCJ typically audits each program twice within every three (3) to five (5) years, boards also visit programs in the interim to facilitate compliance with the CCCS. This involvement and oversight by board staff has contributed greatly to increases in program compliance over the last several years.

Finally, board staff members are primary resources to respond to and investigate complaints from citizens, offenders, offender families, victims, and community leaders regarding community corrections or other regional criminal justice issues. In most cases, the DCJ refers complaints to board staff as the first level of oversight of programs. A very high majority of those complaints are resolved at the local level without further involvement from the state. This task alone saves the state very valuable staff and fiscal resources in handling complaints. Similarly, boards and their staff are critical

and principal resources to ensure that victims are afforded their statutory rights under the law (Victims Rights Act).

It is likely that, over time, a reduction in community involvement could lead to greater resistance to any expansion or advancement of facilities, programs, or populations. Additionally, a system without boards would place exponentially greater administrative and fiscal burden on state agencies.

5. *What obstacles are there to spending the entire community corrections appropriation? What can be done to address these problems?*

RESPONSE: Overall, the total reversion in FY2010-11 can be explained in three (3) general categories:

- Appropriations for Diversion Residential Beds
- Appropriations for Specialized Parole Treatment Beds (pursuant to House Bill 10-1360)
- Appropriations for Intensive Residential Treatment Beds

Diversion Residential Beds

A majority of the FY2010-11 reversion (approximately 58%) was due to underutilization of Diversion residential beds. This is similar to FY 2009-10, when the number of referrals and placements for Diversion offenders was lower than what was projected. The State of Colorado has witnessed a considerable reduction in felony filings in many judicial district courts. Further, the State Division of Probation Services and the district probation offices have continued a formal and concerted effort to reduce the numbers of felony probation clients who fail probation as a result of technical violations. Historically, these offenders had been a major source of referrals to community corrections because placement into a community corrections facility was the only alternative to prison for failing probationers. The impact of this initiative was apparent in FY2009-10 and continued through FY2010-11.

The average daily population of Diversion clients in basic residential community corrections has decreased over the last few years from over 1,300 in FY2008-09, to 1,248 in FY2010-11 and current fiscal year is slightly below 1,200 clients.

Specialized Parole Treatment Beds (pursuant to House Bill 10-1360)

FY2010-11 was the first full year in which 70 specialized beds were appropriated for parole placements for sex offenders; high-risk and substance dependent offenders; and for offenders who are dually diagnosed with serious mental illness and substance abuse. Approximately 37% (or \$700,000) of the FY2010-11 reversion was due to underutilization of these 70 beds.

It is common, and expected, that start-up years for new supervision and treatment initiatives such as H.B. 10-1360 are characterized by underutilization. In most cases, the field-level implementation of these initiatives takes some time to work through logistics, contracts, and the collaborative efforts that are necessary to access the new resources. Further, parole placements in residential community corrections beds is a more complex issue than regular Transition placements, due to many competing factors. In order to mitigate these issues, the Office of Community Corrections (OCC) has spent considerable time educating the Parole Board, the DOC, and local Parole officers about the availability of these beds and how to make referrals. In addition, the OCC provides regular updates on specialized

parole treatment bed utilization, to ensure that all stakeholders are aware of use trends in their jurisdictions. We anticipate that these efforts will increase the utilization of these beds.

Intensive Residential Treatment Beds

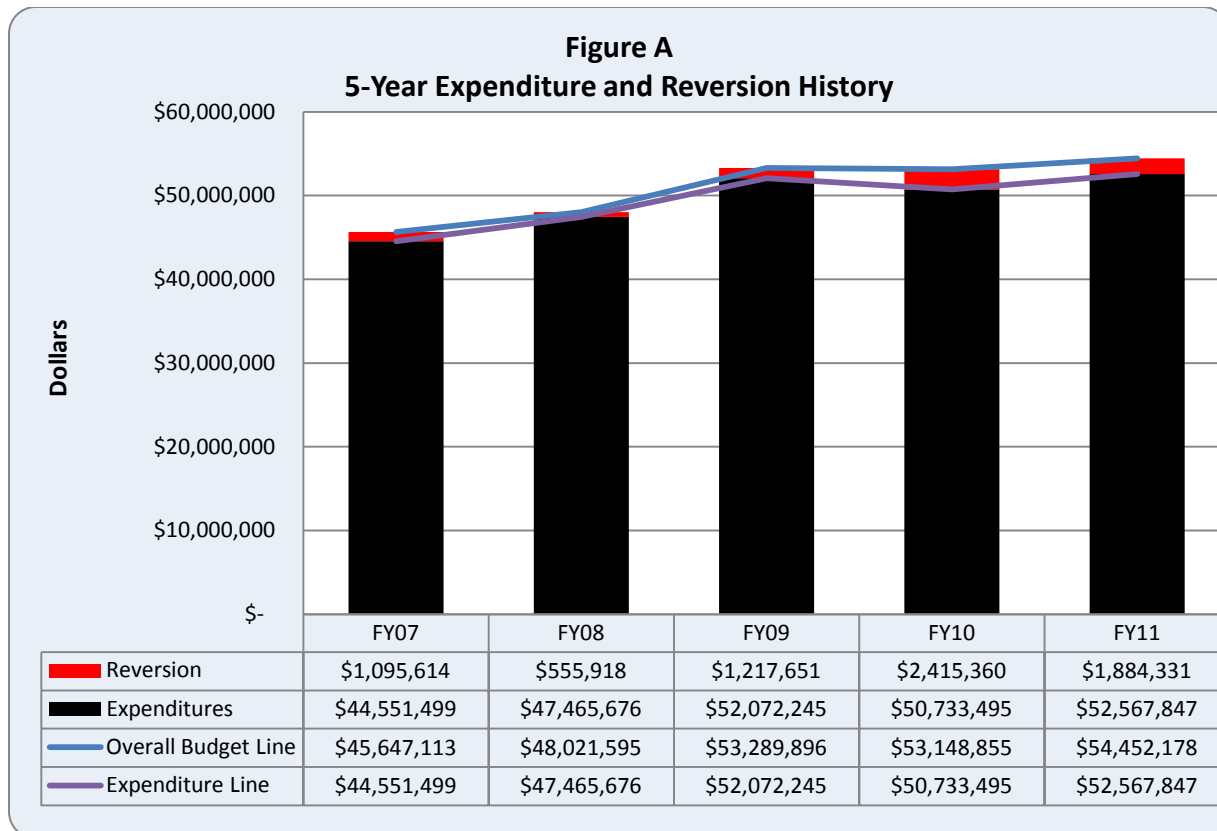
A small portion of the FY2009-10 reversion (less than 5%) was due to underutilization of the Intensive Residential Treatment (IRT) beds in community corrections. In FY2010-11, the IRT beds were allocated to only two providers in northern and southern Colorado. In contrast, for FY2011-12 through FY2016-17, all IRT beds have been more evenly distributed throughout the state, and across a greater number of providers, which is expected to increase access to these beds.

Current FY2011-12 spending trends indicate that utilization of the IRT beds in community corrections is at (and slightly above) projected and budgeted levels. Therefore, the DCJ does not expect a reversion of IRT appropriations in FY2011-12.

Five (5) Year Budget Context

It is important to consider a five year context regarding the growth of the community corrections appropriations. The following facts characterize the growth of the budget and expenditures over the last 5 years:

- The overall community corrections budget has grown by \$9 million which represents a 20% increase from FY07.
 - \$45.6 million in FY07
 - \$54.4 million in FY11
- During this same five-year time period, spending of community corrections appropriations has increased by \$8 million which represents an 18% net increase in spending from FY07.
 - \$44.5 million in FY07
 - \$52.5 million in FY11
- In this 5-year timeframe, new funding initiatives have become available for some of the years. Most recent examples have been the H.B.10-1360 beds, H. B.10- 1352 appropriations (FY2011-12), Early Non-Residential funds, and Therapeutic Community Outpatient funds. As mentioned previously, it is common and expected that start-up issues in first year initiatives lead to initial underutilization of the new resources. Figure A below shows a graphical context of the last five years of budget utilization.



Simply put, the growth rate of expenditures has increased at a rate slightly less than the growth rate of new appropriations. Net expenditures have increased substantially over the last 5 years.

6. *Some H.B. 10-1360 dollars were used to place parolees with substance abuse or mental health treatment needs into community corrections beds as an alternative to parole revocation (i.e. as an alternative to a return to prison). Are these dollars being fully spent? If not, how much is reverting? If there are reversions, what are the obstacles to completely using these funds?*

RESPONSE: Current spending levels for H.B. 10-1360 funds have increased since the end of FY2010-11. Currently, at 41.6% of the way through the fiscal year, overall spending of H.B. 10-1360 funds is at 28.6%. This represents a spending level of nearly 70%. The DCJ continues efforts to spend the full appropriation.

The spending trend (through current billings) has been as follows:

Spending Levels of H.B. 10-1360 Funds			
FY11 (Entire Year)	FY12 Through Sept 2011	FY12 Through October 2011	FY12 Through November 2011
53% spent 47% reverted	53%	57%	69%

The DCJ also compared Average Daily Population (ADP) data from FY2010-11 with the first six months of FY2011-12. The ADP data is as follows:

,1360 Service Type	FY11 ADP (Entire Year)	FY12 ADP (First 6 months)	FY12 Funded Beds
Parole IRT	17.5	33	30
Parole TC	9	5.6	9
Parole Dual Diagnosis	3.7	9.6	20
Parole Sex Offender	0.7	7.9	10

Utilizing specialized parole beds in community corrections has presented new and unique challenges for the DOC administration, field-level parole officers, providers, and boards. The onset of these beds presents new methods for referring clients for placement, for accepting parole-status offenders, and for engaging the State Board of Parole in the referral and support process.

In order to increase expenditures, DCJ has taken an assertive and consistent effort to collaborate with all stakeholders of the H.B.10-1360 beds including the State Board of Parole, the Division of Parole/Community Corrections/YOS (DOC), the Regional Parole Offices (DOC), the community corrections boards, and the specific community corrections providers with H.B. 10-1360 bed allocations. The DCJ and CDOC have jointly coordinated and sponsored several meetings in FY2011-12 with these groups to work through logistics in order to fully utilize the program. All stakeholders have been very willing, cooperative, and collaborative in this effort. Further, in FY2011-12, the DCJ has allocated H.B. 10-1360 beds to more providers and regions in an effort to make the beds more accessible to the DOC.

Currently, there are three providers eligible to receive H.B. 10-1360 funds for the treatment of sex offenders. In an effort to increase the number of providers, the DCJ will be issuing a Request For Proposal (RFP) in order to solicit proposals in February 2012. The DCJ believes this goal to be a factor in using the full appropriation for H.B. 10-1360 sex offender beds and to utilize the funds responsibly with respect to the Standards and Guidelines of the Sex Offender Management Board.

7. *Is DCJ the best place to locate community corrections? Is that the best place to locate the appropriations? Should it be in the Department of Corrections or in the Judicial Branch?*

RESPONSE: In 1986, at a time when community corrections was funded through the Judicial Branch, the funding was moved to CDPS/DCJ as a neutral and independent fiscal agent which could develop and enforce standards and make neutral funding decisions regarding Diversion and Transition placements. It was believed that an independent agency would better serve as a single regulatory body so that community corrections standards were consistent across programs, regardless of the referral source of the offender. Split funding could result in two sets of standards that programs would have to abide by; thereby creating higher levels of bureaucracy and administration for each program and board. Further, bifurcated funding between DOC and the Judicial Branch would require two independent sets of contracts with each community corrections board and program leading to increased bureaucracy and administration at both the state and local levels.

DCJ has used its budget transfer authority rather seamlessly to adjust to regular fluctuations between

Diversion and Transition spending. All community corrections facilities have mixed populations (Transition, Diversion, Condition of Parole/ISP, and Condition of Probation). At any point throughout the fiscal year, and especially at fiscal year closing, the DCJ adjusts allocations to respond to changing conditions regarding the placement of DOC clients and clients sentenced directly by the courts in the Judicial Branch.

Part of the auditing and monitoring responsibility is to discover problems that may exist in the referral, retention, and release processes that hinder the efficient use of community corrections facilities and funding. This review often involves a critical look at internal procedures in DOC, Judicial, and local boards and providers. The solutions generally require cooperation among multiple agencies. As an impartial body, DCJ has been able to conduct reviews and facilitate collaborations that are necessary to resolving the issues.

As long as there are multiple agencies feeding in to the community corrections system, and multiple providers of resources, there will be a significant benefit to having an independent body control funding, enforcement of standards, technical assistance, and auditing.

2:00-2:15 PERFORMANCE-BASED GOALS AND THE DIVISION OF CRIMINAL JUSTICE'S FY 2012-13 BUDGET REQUEST ISSUE

8. *Does the department measure the extent to which community corrections centers use evidence based programs? Do the programs or the department collect data on the effectiveness of those programs?*

RESPONSE: The primary focus for DCJ's statutorily required auditing program has been in both quantitative and qualitative reviews of compliance with the Colorado Community Corrections Standards (CCCS). The Division of Criminal Justice is required by statute (17-27-108, C.R.S.) to audit programs based on the CCCS, which have been promulgated by the Governor's Community Corrections Advisory Council. The statute also requires that DCJ staff audit programs with specific frequency. Meeting the statutory requirements for programmatic audits consumes a majority of the 2.5 FTE auditing resources.

Many of the CCCS are congruent with evidence-based practices for corrections. Further, DCJ requires programs to use evidence-based programming in specialized programs such as Intensive Residential Treatment (IRT) programs and Residential Dual Diagnosis Treatment (RDDT) programs. The contracts and related Scopes of Work require additional evidence-based programming, beyond the CCCS, for these specialized programs. DCJ has audited some specialized IRT programs to ensure that they are meeting contractual requirements; specifically the Scope of Work for the program. Those audits and the 2005 evaluations of the IRT programs led to the development of the 90-day rather than the 45-day IRT model in order to be more consistent with literature regarding high risk substance-abusing offenders and other EBP resources such as the National Institute of Drug Abuse. However, these audits should not be construed as formalized quality assurance (QA) reviews of specific EBP interventions. Quality assurance reviews for EBP interventions are very rigorous and resource-intensive. For the DCJ to conduct formal QA reviews of EBP, it would require high levels of specialized training and additional staffing for the Office of Community Corrections.

The exception to this is that several community corrections programs have been participating in the EPIC project (Evidence-Based Practices Implementation for Capacity) a federally funded project to implement a specific EBP intervention in Colorado corrections. The EPIC project is specifically funded to implement EBP (principally Motivational Interviewing), to conduct rigorous quality

assurance reviews, and to evaluate short-term and long-term outcomes of EBP implementation. This training, QA, and evaluation is a function of the Department through grant-funded staff who are specially recruited, trained, skilled, and equipped to do the QA reviews and research.

A new data collection system became available in FY2008-09 that allows DCJ to collect real-time data in a multitude of categories. This data collection by itself cannot validate a particular treatment modality for effectiveness. DCJ does research and report the overall recidivism rates among the 32 residential programs but these do not necessarily reflect on individual evidence based practices followed inside the facilities.

9. *Given that per diem rates have been flat, are community corrections facilities seeing a higher rate of staff turnover as a result? Is it fair to evaluate the facilities on something that they do not control? How could this impact the things that facilities are rated on by the Risk Factor Analysis score (RFA)?*

RESPONSE: A major cost for operating a 24-hour residential facility is staffing for supervision, case management, and administrative positions. For many programs, staffing costs represent 50% to 70% of annual budgets. Thus, there is indeed a direct relationship between funding levels and the ability to appropriately staff a residential facility.

Due to current funding levels, compensation for line staff in community corrections facilities is much lower than in similar positions in probation and the Department of Corrections. As a result, community corrections programs often lose high-performing staff to probation, DOC, local law enforcement, and other human service positions that offer higher compensation in terms of salary, benefits, and professional status. The average length of employment for security positions is slightly over three years; while the average tenure for case management positions is less than five years. There is also noteworthy variation among programs regarding their staff retention statistics.

Current economic conditions have resulted in some programs not filling specialized service positions in order to maintain minimum staffing levels for core supervision and case management functions of community corrections. In some cases, programs have eliminated or have not filled vacant service positions such as clinical staff, educators/trainers, vocational educators, and job developers. This, of course, adversely impacts in-house services provided by programs and increases reliance on offender-paid services in the community.

Pursuant to 17-27-108 (1)(B), C.R.S., the Division of Criminal Justice completes a regular measurement of program risk factors. This project was undertaken in response to H.B. 02-1077, which stated, in part:

“The Division of Criminal Justice shall implement a schedule for auditing community corrections programs that is based on risk factors such that community corrections programs with low risk factors shall be audited less frequently than community corrections programs with higher risk factors... The Division of Criminal Justice shall create classifications of community corrections programs that are based on risk factors as those factors are established by standards of the Division of Criminal Justice.”

Furthermore, in 2001, the Office of the State Auditor recommended that DCJ should improve the performance of local community corrections programs by “incorporating measurable performance expectations and a systematic process for monitoring and enforcing compliance with those

expectations.”

Staff turnover is one indicator of stability for a program both in compliance with the Colorado Community Corrections Standards (CCCS) and in quality offender treatment. Retaining high quality staff is critical to long-term compliance with the CCCS and to advancing correctional practice. For those reasons, the DCJ measures staff retention as a risk factor in the RFA since it is directly related to compliance and to program advancement.

DCJ acknowledges that some elements of the RFA, such as staff retention and offender escape rates, are not exclusively in immediate control of each program or provider. The statutory intent of the Risk Factor Analysis is to examine factors that could adversely affect elements of public safety and offender management. C.R.S. 17-27-108(2)(b) requires that lower risk facilities be audited for compliance with the standards less frequently than facilities with a higher risk resulting from a lower rate of compliance with the standards. The scoring method is used to differentiate those risk levels. The analysis is not designed to acknowledge, nor does its scoring system reward, the superior work done by many programs in specialized areas of treatment or offender reintegration.

Since staff turnover is only one of 25 criteria in the Risk Factor Analysis, a facility scoring well in all other areas will still be at a lower risk and therefore be placed on a reduced audit schedule. Only when deficits appear in multiple areas will a facility be at higher risk and therefore on a more frequent audit schedule.

Accordingly, the DCJ exercises care when using the RFA as a single measure of system improvement. The DCJ strongly recommends that the RFA scores principally be used as an important tool for internal programmatic analysis and improvement in the measured areas related to public safety and offender management. DCJ strongly urges local community corrections boards and other observers to recognize that the RFA is not intended to thoroughly assess the value of each program to the community, which might be expressed through the richness or breadth of programming that is not measured in the analysis.

10. *Does the Department track improvement in scores by specific community facilities?*

RESPONSE: Yes. Pages 19-21 of the Year 7 Report for the Community Corrections Risk Factor Analysis (RFA) includes the improvement scores for each individual program. This has been the case since the 2nd year publication of the RFA report in 2004. Also, each program and board is provided an individual report that shows their program scores each year.

As reported in Year 7, a decrease in score from Year 6 to Year 7 indicates an overall improvement in performance between the two years. A total of 15 programs decreased their score from Year 6. In some cases (5 programs overall), the improvements resulted in being placed into a higher performance level category.

A decrease in score from Year 5 to Year 7 indicates an overall improvement in performance over the three-year period. A total of 20 programs decreased their score between Year 5 and Year 7. In some cases (12 programs overall), the improvements resulted in being placed into a higher performance level category.

11. *Is there a goal that is specifically associated with the percent of community corrections programs that are rated lower risk, as shown on the chart at the top of page 14 of the briefing document? Safety is important, why not make it a goal to get that measure to 100 percent? This would focus attention on the risky outliers. These outliers are less apparent when you report an average.*

RESPONSE: The DCJ encourages boards and providers to work toward having 100% of programs rated into Levels 3 and 4 categories. Currently, due to improved performance on a recent audit, one additional program qualifies for rating at the Level 3 category – further increasing the number and proportion of programs in the higher performing category.

The DCJ annually reports and publishes the number and proportion of programs that are rated into higher performance categories. That information is regularly presented to the Governor’s Community Corrections Advisory Council, boards, providers, and referral agencies at various professional meetings of community corrections stakeholders.

DCJ acknowledges that outlying scores in Levels 1 and 2 can inflate the statewide average score. For that reason, the DCJ annually publishes the lowest and highest scores and the related gap between those figures. A median, rather than mean, score statistic can also help accomplish this objective.

Overall, analysis and interpretation of the RFA data should be done in multiple ways in order to capture the overall picture of statewide trends. Rarely does a single measure, in and of itself, provide enough information about a complex system such as community corrections.

12. *Referring to the chart on page 14, is this average a weighted average based on the number of beds, or does it count each program equally?*

RESPONSE: This chart and the RFA itself measures factors that are reasonably equal among providers in terms of the Colorado Community Corrections Standards (CCCS). As such, the averages are calculated the same across programs, regardless of their capacity.

13. *Why do the historical data start at FY 2009-10 rather than earlier? Please provide FY 2007-08 data for the graph on page 14.*

RESPONSE: DCJ does not determine the format for the performance measurement chart. Rather, the format is provided to the DCJ each year by the Governor’s Office of State Planning and Budget and contains a historical context going back two years from the current fiscal year.

After several years of using the original model of the Community Corrections Risk Factor Analysis (RFA), the Office of Community Corrections (OCC) realized a need and responsibility to modify the model in FY2008-09. These modifications were necessary in order to adapt to the many new Standards that had been developed by the Governor’s Community Corrections Advisory Council and to re-norm the instrument based on contemporary data. During this time, the OCC initiated a project to formally rate the Colorado Community Corrections Standards (CCCS) regarding their expected impacts on public safety, offender management, and offender treatment. A panel of community corrections Subject Matter Experts (SME) was assembled to formally rate the CCCS on these three domains. The new and rated standards were then incorporated into the revised model of the RFA. As such, the RFA was not published in 2008 while these changes and SME evaluation were occurring.

Because the changes had a significant effect on scoring, a comparison between pre- and post-FY2008-09 data is not useful.

2:15-2:30 OFFENDER TRANSITION FROM THE DEPARTMENT OF CORRECTIONS THROUGH COMMUNITY CORRECTIONS ISSUE

14. *Please add percentages to the chart on page 21 of the briefing document, showing the percentage who walk away, fail, progress to parole, etc. Could a strategic plan be built around the percentages in this chart, where the objective is to reduce or increase various percentages?*

RESPONSE: DCJ does not have access to sufficient information to complete all percentages in the chart on page 21 of the briefing document. Because the chart does not include all available alternatives or possible placements for offenders, its usefulness as a strategic planning tool is limited.

The DCJ retains an information system for community corrections called the Community Corrections Information and Billing (CCIB) system. The CCIB system only tracks data from the point at which a DOC offender enters a residential facility through the date in which they terminate residential supervision. The CCIB system does not track pre-placement information such as referral data; nor does it track post-release information such as success rates on ISP, Parole, or other parole-related decisions.

The DCJ can, however, provide the following data with respect to the chart on page 21 of the briefing document. This chart reflects only Transition statistics.

Status	FY11 Failure Rate	FY11 Successful Release		FY11 Other Termination
		Residential Community Corrections	Parole/ISP	Neutral Transfers
Intensive Residential Treatment (IRT)	15%	54%	31%	<1%
		ISP	Parole	Neutral Transfers
Residential Community Corrections (Transition)	35.5%	26.7%	27.9%	<10%

[Background for the next two questions: When discussing the chart on page 21 of the briefing document, the JBC analyst indicated that the walk away percentage from community corrections equals 15 percent and that the regression to prison rate is 38 percent.]

15. *If an offender is late, is he classified as a walk away? To what extent is there discretion when deciding whether something is prosecuted as an escape? What portion of the 15 percent who walk away can be attributed to technical issues like this? Are walk aways included in the failure rate?*

RESPONSE: The success rates for community corrections (including both Diversion and Transition) in FY2009-10 and FY2010-11 are as follows:

Termination Reason	FY10	FY11
Successful Completion	53.5%	52.3%
Technical Violation	25.8%	26.1%
Escape	11.4%	12.0%
Neutral/Other (Transfers)	9.3%	9.6%

Thus, the actual escape/walk away rate for community corrections is 12% rather than 15% for FY2010-11. The JBC staff reported failure rate of 38% appears to include technical violations (26%) plus escape/walk-aways (12%).

The DCJ requires programs, via the Colorado Community Corrections Standards (CCCS), to have written policies and procedures that specify the conditions under which an offender is placed on escape status. The CCCS require programs to conform to the requirements of state statute and also place a standardized time frame for all programs upon which to file escape. Under the CCCS, if an offender's whereabouts are unaccountable for two hours or more, the program is required to initiate formal escape proceedings.

In the event an offender returns to the facility after two hours of being unaccounted for, the program has discretion to cancel the temporary warrant and to subject the client to internal disciplinary action in lieu of escape. In many cases, if an offender is beyond the two-hour timeframe but returns to the facility in a reasonable time period, the program elects to exercise their discretion to cancel the warrant accordingly. However, in cases when the offender never returns to the facility; or is unaccountable for much longer than 2 hours, the program takes the necessary public safety precaution and requests a permanent escape warrant from the originating referral agency. The DCJ does not collect data regarding the percentage of cases where programs exercise their discretion when an offender returns to a facility after two hours. The 12% figure accounts for all cases where programs ultimately elected to terminate a client for escape.

District Attorneys are known to exercise their prosecutorial discretion when deciding whether or not to file formal escape charges for walk-aways from residential facilities. In some jurisdictions, the DA's office takes more assertive filing stances than in other jurisdictions. The DCJ does not collect this data, however and cannot report any statistics.

16. *What are the reasons that people fail in community corrections and regress to prison? To what extent are H.B. 10-1352 substance abuse treatment dollars being utilized? How are these dollars impacting offender failure rates in community corrections programs? Is some of the failure rate due to people not complying or not being able to afford treatment? What portion of failures is due to shortcomings or inadequacies in our wrap-around services, addiction services, and screening? If we did a better job helping people to succeed would we see a decrease in the failure rate? Could H.B. 10-1352 dollars be reallocated to reduce failure rates by investing more in wrap around services and treatment?*

RESPONSE:

Discharges due to technical violations fall into two categories. One category consists of rules that reflect the offender's behavior and actions which include unaccountable whereabouts while signed out

of the facility or failure to follow the supervision or treatment plans. The second category involves substance use (alcohol or other drugs) while residing in the facility. The table below reports the category of technical violations for FY2009-10 and FY2010-11.

Technical Violation Reason	FY10		FY11	
	Number	Percent	Number	Percent
Substance Use Related	519	35%	478	32%
Other Program/Behavioral Violations	970	65%	1004	68%
TOTAL Technical Violation Discharges	1489	100%	1482	100%

The chart below summarizes the rate of new crimes committed by community corrections clients while under residential supervision.

Status	FY10	FY11
Diversion	1.5%	1.3%
Transition	1.2%	1.4%
Overall	1.3%	1.3%

A recent analysis of FY2010-11 community corrections data showed a meaningful relationship between the number of services received and the rate of successful completion for community correction clients. Therefore, DCJ believes that a service-based approach to managing technical violations is a prudent strategy.

It is important to exercise care in considering technical violations as evidence of program failure in community corrections. An important core function of residential community corrections programming is to monitor offender behavior via 24-hour supervision. As programs have increased compliance with community corrections standards and as new technological advancements have been incorporated into community corrections supervision strategies, it is likely that programs will detect anti-social or illegal behavior more effectively than in the past. Programs must respond to this behavior, including making the difficult decision to terminate clients from community placement in order to protect public safety. With increasing demand to accept higher risk offenders, there is a greater challenge to the programs. Programs are exercising a high level of patience and are working with clients in order to find alternate decisions to technical violations. However, there has occurred an increase in the rate of technical violations over time.

The risk levels of populations being accepted into community corrections has increased over the last 10 years. The DCJ maintains two separate indicators of offender risk levels and both demonstrate increases in risk over time. There exists a meaningful relationship between the levels of offender risk and the rates of technical violations in community corrections. Again, rather than simply accepting lower risk offenders into community corrections, the field is working on a more strategic, scientific, and service-oriented method to increase success rates.

Figure A
Average Risk Scores in Community Corrections
(LSI - Level of Supervision Inventory)
2000 to 2011

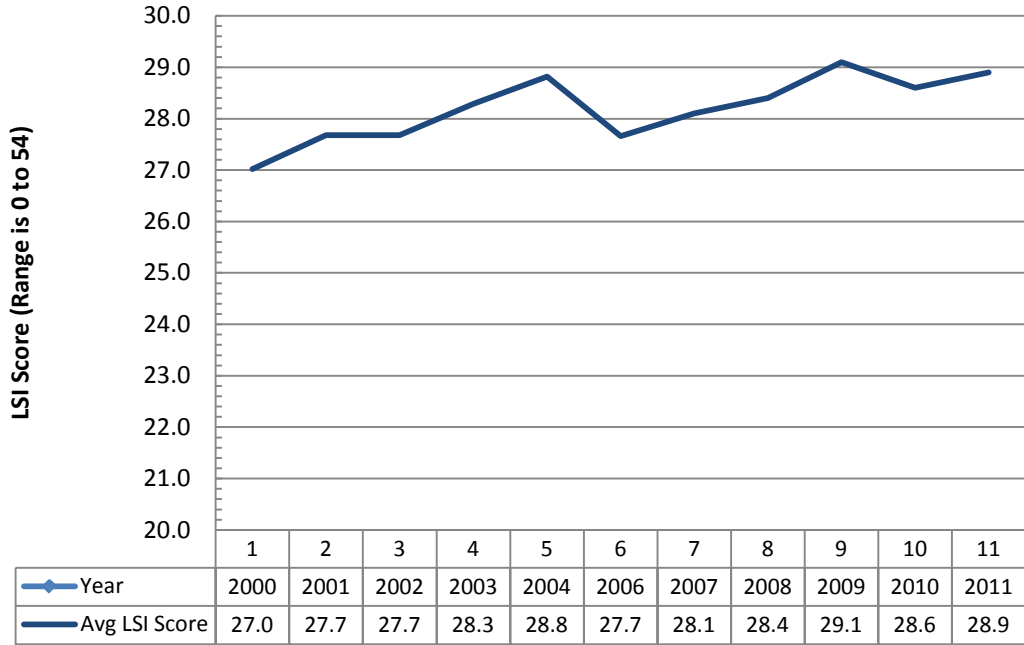
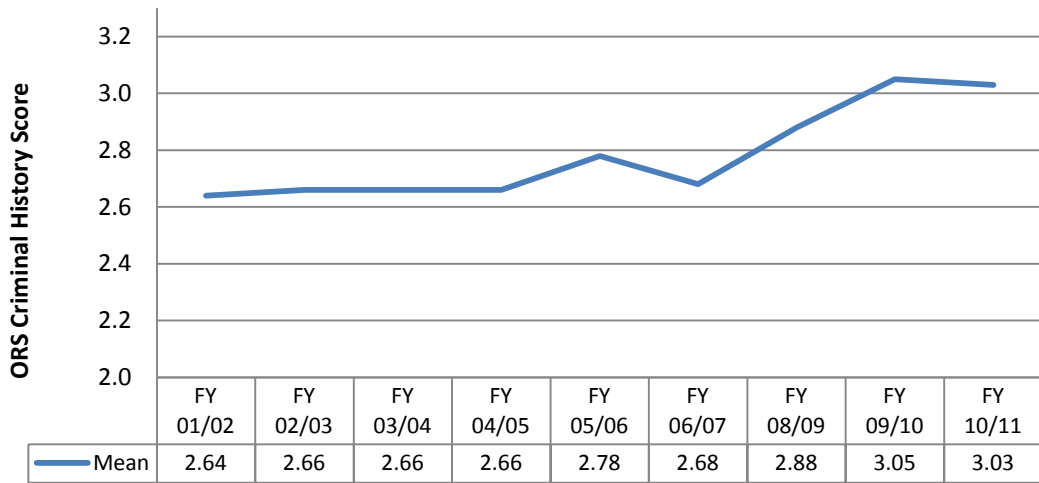


Figure B
Average Criminal History Score in Community Corrections
FY02 through FY11



The DCJ, in collaboration with community corrections programs and boards have recently initiated a project to better manage technical violations and to increase success rates in community corrections. All aspects of community corrections acknowledge that this is an area with opportunity for long-term improvement. The field is developing a formal evidence-based approach to managing offender behavior with respect to mitigating technical violations and increasing success rates. The DCJ expects this to be a long-term (2 to 3 year) project to be fully developed and implemented. This approach will include a success-focused rather than failure-focused strategy toward increasing success rates. DCJ agrees that helping offenders to succeed (rather than simply responding to failure) will have measureable impacts over the long-term.

Midway through FY2010-11, the DCJ began collaborating with boards and programs in order to develop an effective strategy to spend the \$1,250,000 appropriations deriving from H.B.10-1352. After analyzing treatment need and treatment gap data, it was decided that the most effective method to treat an under-served population in community corrections was to fund vouchers for outpatient dual diagnosis and substance abuse treatment, including medication, for offenders. An accordant proposal to the H.B.10-1352 Advisory Board was approved and procedures for boards and programs were developed in June 2011.

H.B.10-1352 funds are allocated to all 15 judicial districts in which residential facilities exist. Community corrections boards administer these funds to reimburse costs for offender treatment. For the first three months of the year, spending of H.B. 10-1352 funds was slower than expected as programs and boards adjusted to the administrative tasks of funding outpatient treatment, a new paradigm in community corrections. This slower spending is expected during any start-up year that involves new funding streams. The next three months of the fiscal year has shown marked increases in both encumbrances and actual spending by boards. Programs, boards and individual treatment providers continue to work through administrative, contractual, and logistical arrangements in order to streamline treatment funding.

Most community corrections boards have projected a robust spending of H.B.10-1352 funds from FY2011-12 appropriations. The DCJ is reserving the option to transfer H.B.10-1352 funds among community corrections boards in order to adjust for over-spending or under-spending in each judicial district midway through the year. DCJ is optimistic that a strong majority of the appropriation for H.B.10-1352 funds will be utilized by the end of the fiscal year. DCJ is even more optimistic that the full appropriation of H.B.10-1352 funds will be spent in FY2012-13 once the initial start-up year has been completed, procedures have been streamlined, and efficiencies are made.

Given the fact that FY2011-12 is the first year of implementation of H.B.10-1352 funds, it is premature to measure quantitative outcomes related to the treatment funding. However, initial polls of programs and boards report the following:

1. H.B.10-1352 funding is resulting in considerably more offenders getting into outpatient treatment
2. H.B.10-1352 funding is also resulting in offenders beginning treatment immediately rather than having to wait to obtain employment in order to pay for treatment.

These two outcomes, alone, would be significant impacts of H.B.10-1352 funding. The boards and programs are also anecdotally reporting secondary benefits of the H.B.10-1352 which include better

treatment matching for offenders and, in some jurisdictions, new or stronger relationships with community mental health centers.

DCJ trusts that the H.B.10-1352 funds will result in better retention of offenders in community placement, higher rates of success, and ultimately reductions in post-release criminal behavior. The DCJ will continue to monitor interim reports of outcomes of H.B.10-1352 funding as the fiscal year continues. In future years, the DCJ will be able to measure post-release outcomes such as recidivism as a result of H.B.10-1352 funds.

DCJ believes it is premature to determine the extent to which H.B. 10-1352 funds should be repurposed or expanded to areas outside dual diagnosis and substance abuse clinical services. While being able to fund wrap-around and ancillary services with these funds is a laudable goal, DCJ believes this decision should be made with at least a full fiscal year of H.B. 10-1352 implementation experience behind us.

DCJ understands that a bill proposing to consolidate H.B.10-1352, Drug Offender Surcharge, and S.B. 03-318 funds will be introduced in the next legislative session. This bill will include wrap-around and ancillary services as allowable expenditures of the consolidated funding source. Thus, DCJ welcomes the opportunity to re-visit this issue for FY2013-14 and beyond.

17. *Please address the relative efficacy of providing sex offender treatment in prison as opposed to in the community. Is there adequate availability of treatment in community? Is treatment in the community more effective than treatment in prison? How do the costs of providing sex offender treatment in prison compare with the costs of treatment in the community?*

RESPONSE: There are many advantages to providing sex offender treatment in prison. First, treatment can be (and is) more intense than can be provided in the community. In the community, offenders are expected to pay for their treatment, which costs several hundred dollars per month. Offenders in prison do not pay for treatment, and so the frequency (per week) and intensity can be much greater than is available in the community. Phase 1 of DOC sex offender treatment is 6 months, 4 days per week, 2 hours each day. Community based treatment is typically once per week, for 1 to 1.5 hours. The prison environment allows offenders to focus on the treatment program and the homework required as clients are not “distracted” by obligations and events in the community. During DCJ’s 2004 evaluation of the treatment program, interviews with parole officers found that offenders participating in sex offender treatment in prison were prepared for treatment on the outside—the restrictions, the homework, and the high expectations associated with community safety. Phase 2, the modified therapeutic community, provides a 24/7 environment where inmates live and work together, again, allowing an intensity of treatment not available in the community. Our evaluation found that individuals who participated in Phase 2 treatment had half the re-arrest rate of those who participated in Phase 1 alone, and those who participated in Phase 1 had half the re-arrest rate of those who did not participate in treatment. This differential in re-arrest rates lasted for eight years, the duration of the study. Further, those who participated in treatment were twice as likely to successfully complete parole and not return to prison with a new crime or technical violation. The public safety benefit of prison treatment cannot be overstated. A single rape is estimated to cost the victim over \$110,000 in lost of income, costs of medical care and reduced quality of life. Colorado has the most intense prison sex offender treatment program in the nation, according to a survey undertaken by DOC approximately five years ago.

The question of adequate availability of treatment is difficult to answer. DCJ tracks the number and locations of approved sex offender treatment providers. There are 387 providers across 37 of the 64 counties in the state. As would be expected, the counties with higher populations have more demand for providers and more supply. There have been few complaints regarding the availability of services in the majority of counties. State Judicial, through its probation department and offender services fund, supported an initiative to increase the availability of approved providers in rural areas. DCJ assisted this initiative that paid for training and supervision for counselors in rural areas to attain the necessary expertise to provide sex offender treatment. This has resulted in additional provider resources.

For information regarding the cost of sex offender treatment in the community, see excerpt below from the *Lifetime Supervision of Sex Offenders Annual Report, 2011*. DCJ does not have access to the costs of treatment within the DOC.

COST OF SERVICES

- Average costs of services in Table 9 (below) were determined by surveying SOMB listed providers throughout the state.
- Many providers offer services on a sliding scale, dependent on the offender's income.
- Some providers charge an additional fee for conducting an evaluation in jail.
- In community based programs, most sex offenders are expected to bear the costs of treatment and behavioral monitoring themselves. The Standards require weekly group treatment and polygraph examinations every six months at a minimum. Most programs require some additional services during the course of treatment.
- The average number of treatment sessions a typical adult offender receives, reported by therapists throughout the state, was 5 sessions per month (ranged from 4 – 10 sessions per month). This typically included four group treatment sessions and one individual treatment session per month. Some treatment providers vary the amount of treatment sessions by the level of containment needed/risk factor of the offender.
- The SOMB recommended that \$302,029 from the Sex Offender Surcharge Fund be allocated to the Judicial Department in Fiscal Year 2010-2011. These funds are used for sex offense-specific evaluations and assessments for pre-sentence investigation reports for indigent sex offenders and for assistance with polygraph examination costs post-conviction. These funds are made available to all indigent sex offenders through local probation departments. The SOMB recommended that \$302,029 from the Sex Offender Surcharge Fund be allocated to the Judicial Department for Fiscal Year 2011-2012 for the same purposes.

TABLE 9
Average Cost of Services (Figures were obtained in October 2011)

	Average Cost of....			
	Mental Health Sex Offense Specific Group Treatment Session	Mental Health Sex Offense Specific Individual or Other Adjunct (i.e., family or couples counseling) Treatment Session	Sex Offense Specific Evaluation, including a PPG or Abel Screening	Polygraph Examination
1 st Judicial District	45	75	950	250
2 nd Judicial District	50	64	900	250
3 rd Judicial District	X	X	X	250
4 th Judicial District	54	65	958	250
5 th Judicial District	45	70	850	250
6 th Judicial District	X	X	X	250
7 th Judicial District	45	73	900	250
8 th Judicial District	55	55	925	250
9 th Judicial District	45	73	950	250
10 th Judicial District	40	100	950	250
11 th Judicial District	X	X	X	250
12 th Judicial District	X	X	X	250
13 th Judicial District	X	X	950	250
14 th Judicial District	X	X	X	250
15 th Judicial District	X	X	X	250
16 th Judicial District	60	60	X	250
17 th Judicial District	45	68	925	250
18 th Judicial District	45	68	950	250
19 th Judicial District	X	X	950	250
20 th Judicial District	50	75	925	250
21 st Judicial District	42	70	900	250
22 nd Judicial District	X	X	X	250
Average	48	70	927	250
Range	42-60	55-100	850-958	250

NOTE: 'X' denotes services that were not provided by the local providers contacted, no response from the service provider contacted, or there were no providers in that judicial district. Services to those areas may be available through other providers, traveling providers or by providers in adjoining areas.

*Average cost of a Penile Plethysmograph (PPG) or Abel Screening alone, across the state, is \$250.

18. *How do you develop your parole projections? Are the parole and prison projections interrelated or are the forecasts constructed independently of one another? Based on the current forecast, how will the number of offenders on parole change relative to the number of offenders in prison over the next few years?*

RESPONSE: Parole and prison projections are very interrelated. The size and composition of the prison population is used to determine releases to parole, which along with length of stay on parole, determines the size of the parole population. Conversely, the size of the parole population determines the number of future revocations, which feed into prison admissions, which affects the estimated size of the prison population in the future. The population both in prison and parole is also affected by changes in legislation and correctional practices that are considered as part of the projections.

Based on current prison release patterns, the relative stability of the parole population observed to date in FY 2011-12, current reductions in parole returns, expected continuing reductions in revocations (due to the implementation of revocation guidelines and other legislation), a small increase is expected in the parole population by the end of FY12. All of these exert upward pressure on the parole forecast. However, the 'feeder system' for the parole population (the prison population) is expected to decline so ultimately the parole population must decline as well, leading to a small decline by the end of FY2012-13 which accelerates through FY2013-14.