

**DEPARTMENT OF PUBLIC SAFETY
DIVISION OF CRIMINAL JUSTICE
FY 2014-15 JOINT BUDGET COMMITTEE HEARING AGENDA**

**Monday, January 6, 2014
11:00 am – 12:00 am**

11:00-11:15 INTRODUCTIONS AND OPENING COMMENTS

11:15-11:20 DEPARTMENT OVERVIEW AND REQUEST

1. Why didn't the Department request elimination of the Subsistence Grace Period appropriation? Is there any indication that this has worked in another part of the country? Would the costs of restarting this program be large?

***RESPONSE:** The Department is aware that this program arose from a JBC staff and provider recommendation that was intended to be a one-year project for FY 2013-14. The Subsistence Grace Period project is unique to Colorado Community Corrections. The Department was unable to find another state or system that has utilized a Subsistence Grace Period (SGP). The efficacy of this program is not yet clear. In FY 2013-14, the Department was authorized \$20,000 in funding to evaluate the SGP program in future years with a report due to the General Assembly by November 1, 2015. The Department does not want the consideration of this program to be lost without further discussion.*

Providers and boards have reported no significant startup costs for the SGP project. The Department invested some existing resources to adapt the Community Corrections Information and Billing (CCIB) system to allow for SGP billing in the current fiscal year. In the current budget request, the Department has requested funds to support maintenance and upgrades to the CCIB system. If this request is approved, portions of this funding can be used to support permanent upgrades to the CCIB system to manage the billing, tracking, and statistical functions necessary to administer the SGP long-term.

11:20-11:40 ISSUE: ADEQUACY OF COMMUNITY CORRECTIONS RATES:

2. Are the smaller community corrections programs typically rural or are they scattered all over the place? Provide a detailed a list of where all the community corrections facilities are located and what their size is.

***RESPONSE:** Table A provides the requested information. For the purposes of this table, the following guidelines were used to categorize community corrections into size groups:*

Size Category	Average Daily Population (all population types)
Small	less than 60
Medium	61-125
Large	126-199
Very Large	200+

For Table A, the Average Daily Population figures represent all residential and non-residential offenders including specialized and non-specialized offenders

Table A – List of Programs by Jurisdiction and Size (Average Daily Population)

Judicial District	Primary County	Program Name	Avg Daily Population	Size Category
1 st	Jefferson	Intervention Community Corrections Services - West	51.4	Small
		Intervention Community Corrections Services -Jeffco	244.0	Very Large
2 nd	Denver	Independence House - Fillmore	40.1	Small
		Correctional Management Inc. - Columbine	50.3	Small
		The Haven	59.3	Small
		Correctional Management Inc. - Dahlia	72.8	Medium
		Independence House - Pecos	75.1	Medium
		Correctional Management Inc. - Ulster	79.5	Medium
		Tooley Hall	82.9	Medium
		Correctional Management Inc. - Fox	85.4	Medium
		William Street Center	89.2	Medium
		Peer 1	245.5	Very Large
4 th	El Paso	Community Alternatives of El Paso	172.6	Large
		Com Cor, Inc	328.3	Very Large
6 th	La Plata	Hilltop House	48.9	Small
7 th	Montrose	Intervention Community Corrections Services –Montrose	29	Small
8 th	Larimer	Larimer County Community Corrections	309.1	Very Large
9 th	Garfield	Garfield County Community Corrections	53.6	Small
10 th	Pueblo	Crossroads Therapeutic Community	67.9	Medium
		Minnequa Community Corrections	93.6	Medium
		Community Corrections Services Inc (CLOSED in 2013)	94.7	Medium
12 th	Alamosa	San Luis Valley Community Corrections	169.9	Large
13 th	Logan	Advantage Treatment Center	58.3	Small
14 th	Moffat	Correctional Alternative Placement Services	47.5	Small
17 th	Adams	Time to Change - Commerce City	134.6	Large
		Time to Change - Adams	140.9	Large
		Phoenix Center	168.4	Large
18 th	Arapahoe	Arapahoe Community Residential Center	121.7	Medium
		Correctional Management Inc. – Centennial	123.7	Medium
		Arapahoe Community Treatment Center	169.8	Large
19 th	Weld	Intervention Community Corrections Services -Weld	192.5	Large
20 th	Boulder	Correctional Management Inc. – Longmont	48.4	Small
		Correctional Management Inc. – Boulder	55.9	Small
21 st	Mesa	Mesa County Community Corrections	247.1	Very Large

3. At Rifle Correctional Center, do they have a single correctional officer on duty overnight? If so, is the requirement of two security staff at a community corrections facility overnight a double standard? What is the justification for two security staff?

RESPONSE: *The Rifle Correctional Center (RCC) is operated by the Department of Corrections and not by the Department of Public Safety. DCJ spoke with DOC/RCC management and learned that the average daily population at the RCC is approximately 180 offenders. There are 57 funded staff positions at the RCC. Typically, the RCC is staffed with three correctional officers overnight on the average. On some nights up to four staff is scheduled for overnight duty. The RCC policy is that a minimum of three correctional officers are on duty overnight.*

The Colorado Community Corrections Standards, in the Division of Criminal Justice outline the following requirement for community corrections providers:

Residential programs shall provide an acceptable staffing pattern that ensures adequate offender supervision and provision of services. At a minimum, programs with a residential population of 50 or more shall be covered by at least two security staff members at all times.

In 2013, community corrections offenders, overall, are higher risk and higher need offenders compared to previous decades. It is incumbent on providers to provide a level of supervision and monitoring that corresponds to the risk and need levels of the offenders they serve.

Recently, the community corrections system has experienced some critical incidents that illustrate the need for staff safety and adequate security staffing overnight. In June 2013, a Diversion community corrections client entered into a 120-bed facility in Arapahoe County with a semi-automatic assault rifle and fired several rounds at the security staff station. The assault resulted in injuries to one staff member and one offender. The second security staff member on duty at the time was able to call 911 to report the crime in progress and to provide a witness report. His report eventually led to the apprehension of the offender. Had that facility been only staffed with a single staff member, the outcome of that incident could have been even worse than it was.

In July 2013, shortly after the assault incident in Arapahoe County, another community corrections provider in a different jurisdiction received threats from a previous offender. The offender threatened harm against staff and offenders of the facility and referenced the shooting June 2013 incident in Arapahoe County. This raised concerns about another nighttime assault of community corrections staff and offenders.

In December 2013, a staff member in another community corrections facility was assaulted via a taser by an intruder into a community corrections facility who was demanding money from staff. This assault also occurred just after midnight. Fortunately, the staff member who was assaulted by the intruder was not seriously injured.

These incidents point to a legitimate need for an overnight staffing level to keep staff, offenders, and the public safe. While these incidents are not commonplace, they demonstrate the very real external and internal threats that staff in correctional facilities face. A second staff member can call local law enforcement, serve as a witness, and can provide emergency first aid or help to another staff member or

offender. The DCJ believes it to be good practice to staff a correctional facility of higher risk offenders, as well as a community-based correctional program, with at least two security staff members at all times.

4. How do the salaries of security staff in community corrections compare to correctional officer salaries in state-run prisons?

RESPONSE: Figure B compares the starting annual salary for community corrections staff, DOC correctional officers, entry level state probation officers, and entry-level parole officers. Using data from the JBC staff analyst briefing, on average, community corrections security staff earn approximately \$25,000 annually while community corrections case management staff earn approximately \$29,000 annually. These salary figures are much lower than entry level probation and parole officers, who earn over \$44,000 annually and DOC correctional officers who earn over \$39,000 annually. The data illustrates that community corrections staff earn between 57% to 65% of what probation and parole officers earn.

Figure B – Comparison of Annual Salary

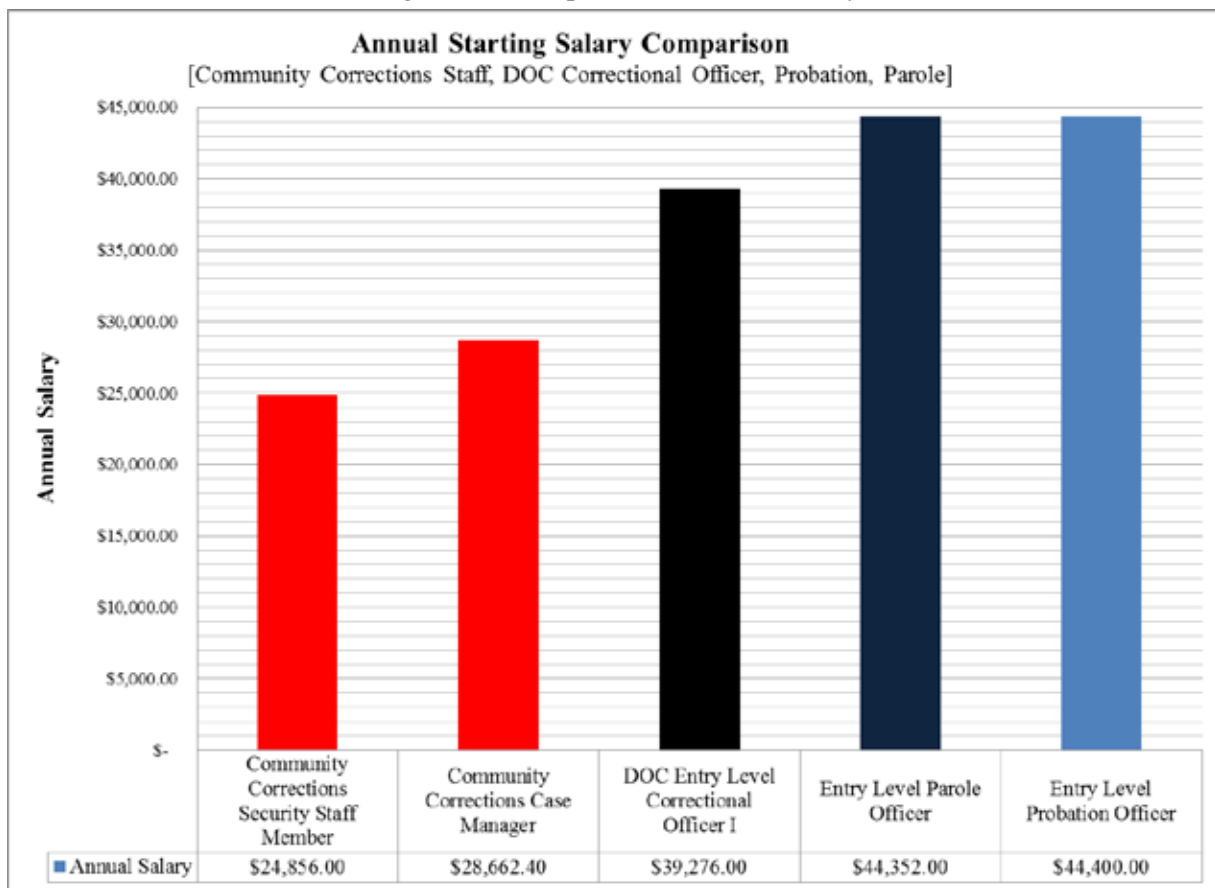
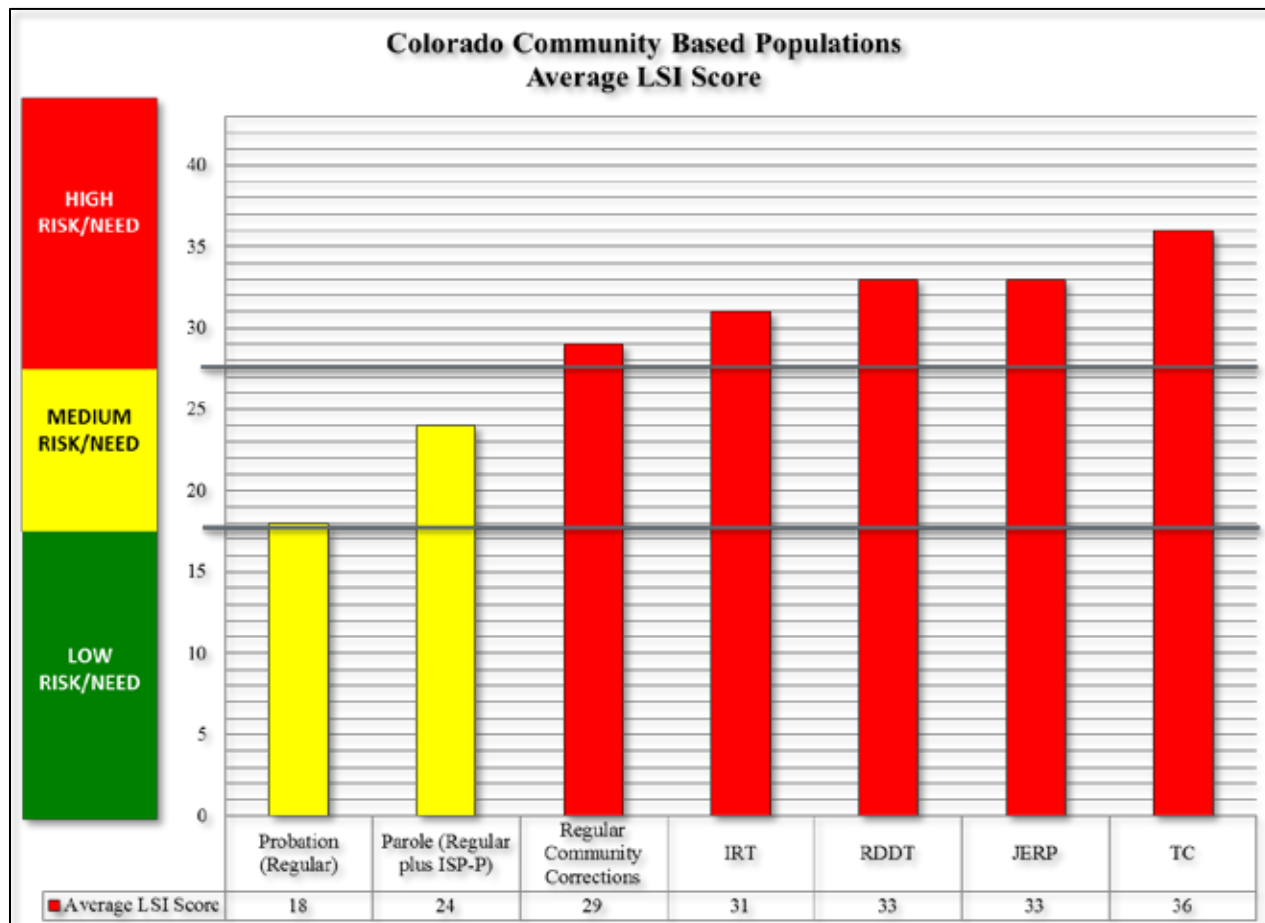


Figure C compares the average Risk/Need Score (Level of Supervision Inventory/LSI) among community-based offenders. These data illustrate that community corrections offenders, on the average, are at a higher risk of recidivism and with higher criminogenic needs compared to probation and parole offenders. Generally, on the average, offenders placed in community corrections are categorized into higher risk/need levels than probation and parole which fall more often into the medium risk categories. It is also

noteworthy that the primary growth area for community corrections lies in its specialized population (Intensive Residential Treatment (IRT), Residential Dual Diagnosis Treatment (RDDT), John Eachon Reentry Project (JERP), and Therapeutic Communities (TC)) which is higher risk/need than regular community corrections offenders.

Figure C – Average Risk and Need Scores
(Community Corrections Compared to Probation and Parole)



Figures B and C present a challenging contrast for community corrections providers. Specifically, community corrections staff earn significantly less than comparable positions in probation, parole, and DOC institutions. However, they are tasked with managing a population that is markedly higher-risk, and has higher needs than probationers and parolees.

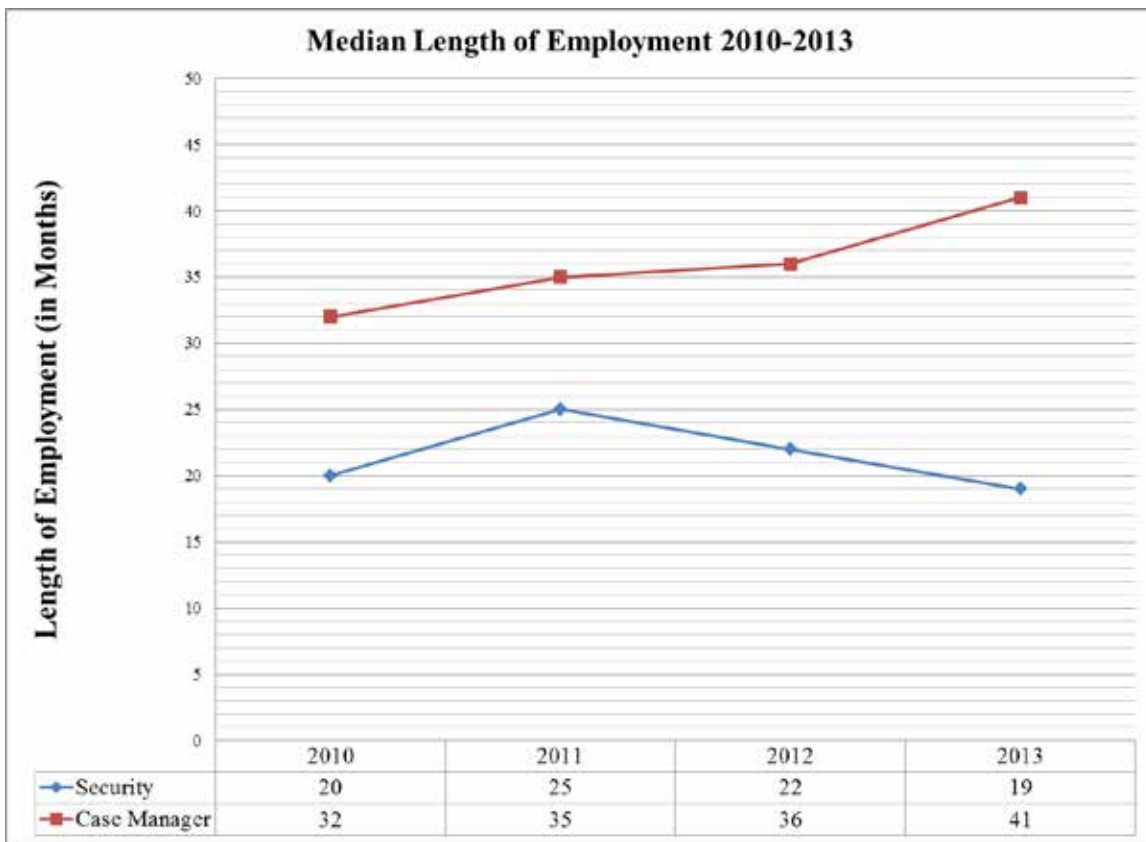
5. What are the staff turnover rates in community corrections facilities? Is turnover a problem? How would the department suggest fixing it?

RESPONSE: Staff turnover in community corrections has been a long-standing problem that provides considerable challenges for providers, boards, and the State. Because of low salaries, community corrections positions are considered entry-level positions into corrections, law enforcement, and behavioral health fields for job-seekers. The jobs tend to attract less experienced staff who desire to move up to higher paying positions. Given the demanding and complex duties of effectively managing high-risk and high-

need offenders, it is very difficult for providers to build a complete skill base for their staff given short length of employment and high turnover among core staff positions.

DCJ collects annual data regarding the length of employment for security and case management positions in community corrections. Figure D illustrates the average Length of Employment (LOE) for each position, in months, for the last four years. These data illustrate that security staff remain employed in community corrections for a year and half before finding other employment. The average LOE for security positions is down from the peak year of 2011, when it was just over two years. Case managers, on the average, currently remain employed in community corrections for three and a half years.

Figure D – Median Length of Employment (in Months) for Security and Case Management Positions in Community Corrections.



Staff turnover in corrections is a complex phenomenon and can be attributable to several interrelated factors.

- 1) Compensation is an obvious and primary factor – especially in high volume, high stress, and higher risk work such as community-based corrections.
- 2) Status or Perceived Status is another factor for people with career interests in criminal justice. Often people leave community corrections for higher status positions such as parole, law enforcement, or higher status clinical work.

- 3) Advancement opportunities are another factor. Staff sometimes leave a position in order to work in a system or organization with more opportunities for career advancement.
- 4) Workplace culture, job satisfaction, and commitment to the organizational mission is another factor that may lead to employee retention or turnover. Staff may stay in a position or might leave based on their buy-in to the larger organizational mission.
- 5) Leadership and management are other factors that can mitigate turnover. Organizations with strong leadership and management might have lower turnover than those without.
- 6) Individual attributes may also play into an employee's reason to leave or stay at a job. A person's belief systems, sense of loyalty, attitudes, and expectations can sometimes override organizational or economic factors that lead to turnover.

Increases to provider rates may not necessarily impact all the known factors of staff turnover, but may result in increases to staff compensation and more acceptable workload distribution among staff. As presented previously in Question 4, salaries for community corrections staff are much lower than congruent positions in other parts of the Colorado correctional system. It is plausible that increases to staff pay can mitigate the high turnover and may increase general professional competency in community corrections.

6. What does the department think about the JBC staff suggestion of a two-tiered per diem rate based on size?

RESPONSE: *The Department acknowledges the revenue limitations of smaller programs, especially as they relate to the ability of larger programs to benefit from economies of scale. The Department believes the goal to mitigate this problem with a two-tiered per diem is intriguing, yet highly complicated.*

The Department understands the JBC staff recommendation to mean that within a single community corrections facility, whether large or small, the first 50 beds are funded at a higher per diem rate, while the subsequent beds are funded at a lower rate. The Department's response is based on this understanding.

Billing and data collection for community corrections residential and non-residential services are processed through the Community Corrections Information and Billing (CCIB) system. The CCIB system was constructed to process billing and payments in accordance with the types of services identified in the Long Bill. Accordingly, daily per diem rates, billings and payments are linked to the specific services received by an individual community corrections client (e.g. regular Residential, Non-residential, Residential Dual Diagnosis (RDDT), Intensive Residential Treatment (IRT), Therapeutic Community (TC) and JERP). The DCJ refers to these as Service Types. Each Service Type is assigned a specific per diem rate and, if applicable, an additional differential rate for specialized services and programming.

The CCIB system is a large, complex, and sophisticated information system. CCIB is a relational database consisting of over 100 separate but inter-related data tables. The system contains 252 data fields for the basic residential service alone, with thousands of additional fields in the system to track other service types, billing data, background checks, and user information. Currently, data exists for a total of 26,615 offenders and 47,675 offender placements in community corrections since the system's inception in 2009.

A two-tiered per diem structure, as understood by the Department, would necessitate adding several billing and payment layers to the existing architecture of the CCIB system. These additional layers would add complexities to the billing and data collection system that would necessitate a complete redesign, or

perhaps a new system altogether. The technical changes to the CCIB system needed in order to fund the first 50 beds at one rate, while funding subsequent placements at a lower rate could be costly. CCIB changes of this magnitude would likely exceed \$100,000 and could cost up to \$200,000. They may also result in additional budgetary, programmatic, or administrative consequences the Department cannot currently anticipate.

With a moderate investment in technical programming costs, it may be possible to modify the structure of the CCIB system to allow for different rates to be paid to different facilities based on their size. Under this model, smaller facilities could receive a higher per diem rate than larger facilities. However, this modification would not allow for varying rates within a single facility based on bed counts or average daily population. Care should be exercised with this model, however. This may incentivize medium sized programs to become smaller programs. Smaller programs may not necessarily result in improved program quality and can adversely impact overall statewide placements of offenders.

Without further understanding of how a tiered per diem system would work, from a practical perspective, the Department is concerned that the benefits of such an extensive change would outweigh the significant costs and disruption of a new system. In order to address the revenue limitations of community corrections programs, it may be more practical to establish a per diem increase that is sensitive to program costs or inflationary increases while developing a long-term plan to implement Performance Based Contracting.

7. What would be a fair provider rate?

RESPONSE: The Department believes that the rate proposed by the Office of State Planning and Budgeting is sufficient to support current operations. The executive branch is open to working with JBC staff to improve community corrections.

8. Do community corrections facilities pay shift differentials? Does lack of a shift differential make sense?

RESPONSE: Most community corrections pay the same hourly rate or salary for employees regardless of shift hours. Some providers do offer small shift differentials for evening and overnight shifts. Some have used shift differentials in previous years but no longer do so. Currently, one provider pays a 5% differential for work between 6:00 p.m. and 6:00 a.m. Another provider pays an 8% shift differential for overnight shifts. Shift differentials may be helpful for staff retention. However, they are not universally practiced at the current time.

9. Does the DCJ have opinions concerning the ideal size for a community corrections facility? Are there disadvantages to large facilities? Is there a different nature to the larger facilities?

RESPONSE: Community corrections providers range in Average Daily Population (ADP) from 40 offenders daily to as many as 330 offenders daily. Smaller programs can be in both rural (Craig/Durango) and urban (Denver/Lakewood) settings. Similarly, larger programs can also be in urban (Colorado Springs/Lakewood) as well as rural (Fort Collins/Grand Junction) settings.

The DCJ has observed that there is little direct relationship between the size of a program and its performance or compliance with the Colorado Community Corrections Standards. More often, the level of

oversight from the local community corrections board has a more direct impact on program performance. Several of the boards in larger judicial districts employ staff that complete site visits and performance audits of their providers. These boards are engaged and proactive with the performance level of the providers in their jurisdiction. This local oversight function of boards is necessary to enforce and reinforce the audits and oversight of the DCJ.

More so than size, program quality and efficacy is contingent on the strategic implementation of Evidence Based Practices (EBPs) related to effective correctional supervision and treatment. Successful implementation of EBPs requires efforts far beyond the traditional classroom training method to include formal coaching, fidelity measurement and feedback, organizational supports, data-driven decision making, and transformational leadership. It is not enough to use a particular curriculum, or to simply employ individuals trained in best practice. Rather, programs must commit to implement EBPs as designed, provide regular and ongoing feedback to staff, and conduct ongoing fidelity measurement to assess adherence to the model.

The National Implementation Research Network often points to a 2002 study (Washington State's Implementation of Functional Family Therapy for Juvenile Offenders: Preliminary Findings (No. 02-08-1201). Olympia, WA: Washington State Institute for Public Policy) that compared several sites implementing the same EBP. The study showed that the sites that measured fidelity and maintained adherence to the model had significantly lower recidivism outcomes than the sites that implemented the EBP without fidelity measurement and adherence. Fidelity and adherence to the model requires commitment from staff and stakeholders at all levels. A comprehensive approach to EBP takes years to implement, however the literature is clear that doing a few things with fidelity is better than doing many things without fidelity.

Several community corrections boards have also initiated a local policy to require providers to align their programs with evidence based principles and practices. Specifically, the boards in Denver, Arapahoe, Adams, and Pueblo counties have recently placed language into their subcontracts with providers that require that providers take assertive steps to utilize and implement evidence based programs and practices.

Overall, the Department believes that program efficacy and quality are not directly related to program size. Rather, program quality is more related to a provider's commitment and adherence to evidence based principles; a provider's leadership and managerial practices; the level of state and local oversight; and a provider's general financial means.

10. When the administration proposes a community provider rate increase does it silence the Department from advocating for a higher rate for its providers? Is this still true when rules are put in place that result in higher costs?

RESPONSE: *The Governor's Office of State Planning and Budgeting works with various departments to establish community provider rates within the parameters of achieving a balanced budget. Advocates for different provider rates are free to propose alternative rates, and the Administration and the Department are open to continuous improvements in community corrections services and corresponding rate schedules. The Department remains available to provide information relative to this and all other issues in the interest of improving community corrections.*

11. What offender medical costs do community corrections facilities pay? Are offenders eligible for Medicaid?

RESPONSE: *Offenders placed in community corrections are ineligible for Medicaid. The Colorado Department of Health Care Policy and Finance (HCPF) and the Centers for Medicare/Medicaid Services (CMS) at the Federal level designate community corrections offenders as inmates under the medical responsibility of the State and, therefore, ineligible for Medicaid benefits.*

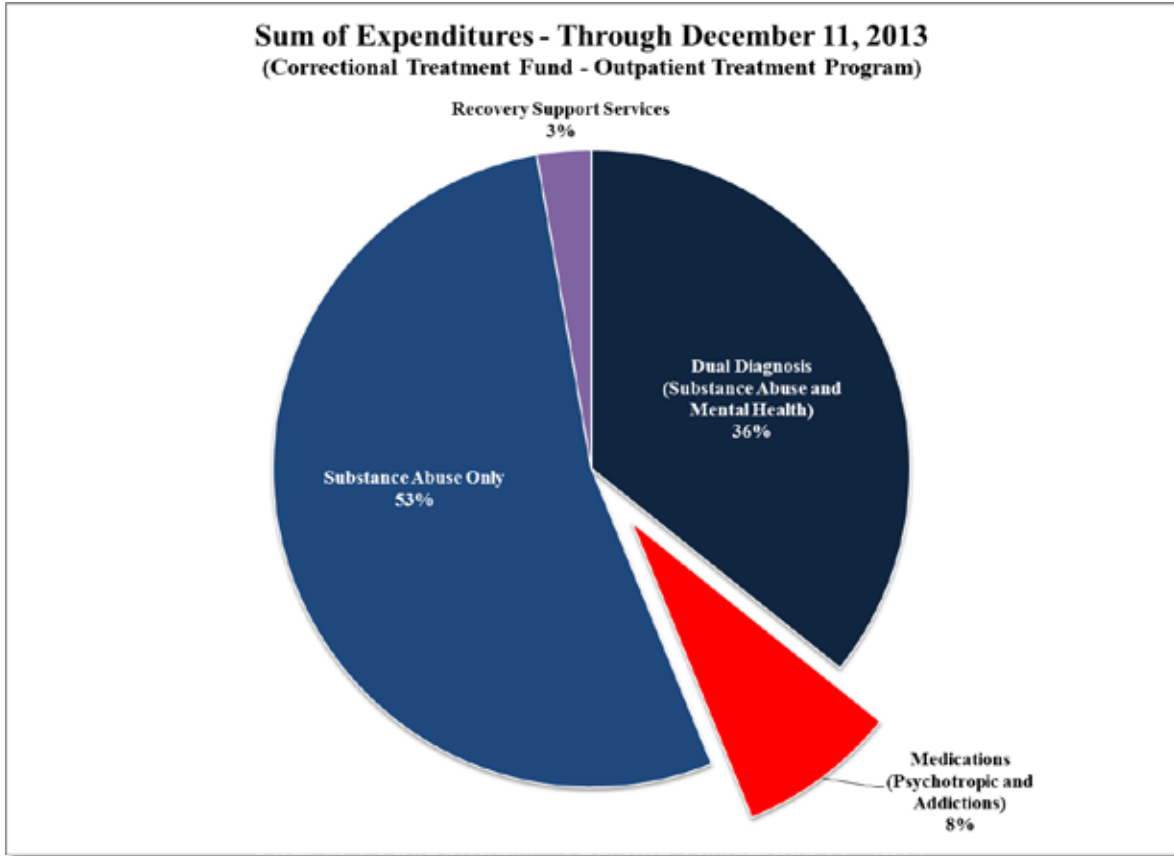
Medical costs for offenders placed in community corrections are the responsibility of the offender. Community corrections providers do not provide or pay for medical care, including general health medications.

Until 2012, community corrections offenders were required to pay for their own psychotropic medications. Exceptions were made in cases of transition offenders who were eligible for medication assistance funding through the Department of Corrections. In 2012, the DCJ developed policy to allow community corrections providers to pay for psychotropic medications through the Correctional Treatment Funds (CTF). The DCJ developed the Outpatient Treatment Program (OTP), which allows for the following expenditures under the CTF funds.

- *Weekly Outpatient Substance Abuse Therapy*
- *Enhanced Outpatient Substance Abuse Therapy*
- *Intensive Outpatient Substance Abuse Therapy*
- *Mental Health Evaluations*
- *Psychiatric Care Appointments*
- ***Psychotropic Medications***
- *Addictions Medications (excludes Antabuse or other monitoring medications)*
- *Individual Psychotherapy*
- *Group Dual Diagnosis Therapy*
- *Recovery Support Services (up to 10% of fund)*

Figure E illustrates the current expenditures of the CTF funds in the statewide OTP program in community corrections. The data illustrates that as of December 11, 2013, eight percent (8%) of the OTP funds have been used for psychotropic and addictions medications for offenders.

Figure E – Sum of Outpatient Treatment Program (OTP) Expenditures
(July 1 through December 11, 2013)



12. What are the projected costs to community corrections facilities of the following?
- a. Federal Prison Rape Elimination Act (PREA) rules.

RESPONSE: *The Prison Rape Elimination Act (PREA) imposes 194 new professional standards for community corrections facilities. This has initiated several direct and indirect costs for the State of Colorado, and for community corrections providers. Following is a synopsis of the direct cost items from the PREA regulations for community corrections providers. The following do not consider indirect costs to providers.*

- 1) *PREA requires that a community corrections provider employ or designate an upper-level, agency-wide PREA coordinator, with sufficient time and authority to develop, implement, and oversee program efforts to comply with the PREA standards in all its community corrections facilities. For a provider with more than one residential program, this could result in a full time and upper level staff member being held responsible for PREA compliance. For smaller programs this could result in a partial FTE dedicated to PREA compliance. This cost could range from \$20,000 to \$40,000 annually for a community corrections provider, depending on its size and*

staffing patterns.

- 2) PREA also requires that a community corrections program purchase an external and federally-certified audit every three years to determine its compliance with the standards. The Division has spoken with representatives from the PREA Resource Center to estimate the cost of a federally-certified audit. The DCJ has estimated that an initial audit can cost \$10,000 for an in-state auditor while a follow-up audit may cost \$5,000 for an in-state auditor. This results in community corrections provider incurring a cost of \$15,000 every three years for the external audit. PREA also requires the State to conduct annual contract monitoring of all community corrections providers in between external and federally-certified audits. This imposes costs to both the State and the local-level providers. Costs to providers in this area would be more in cases when no Colorado-based auditor is available to perform the audits. In these situations, contracting with an out-of-state auditor will impose additional travel expenses – the costs of which would be absorbed by providers.
- 3) PREA standards require community corrections providers to pay for the various services for victims of sexual assault. Some of these services are outside the statutorily allowed expenditures and scope of the Correctional Treatment Fund. The required services are as follows:
 - a. Forensic medical examinations
 - b. Victim and rape crisis services
 - c. Timely and unimpeded emergency medical care services
 - d. Timely and unimpeded mental health services
 - e. Ongoing medical and mental health services including mental health evaluations
- 4) PREA requires comprehensive training for the staff members and contractors of community corrections programs:
 - a. All employees must receive formal training every two years
 - b. All volunteers and contractors must receive formal training
 - c. All full-time and part-time medical and mental health care practitioners must receive training every two years

It is important to note that, pursuant to the PREA regulations, the State cannot enter into contracts with community corrections providers that are not fully compliant with the federal PREA regulations.

- b. Administrative costs associated with the Correctional Treatment Cash Fund

RESPONSE: *The Division understands this question to relate to the Outpatient Treatment Program (OTP), which is funded by CTF appropriations. In the OTP program, community corrections providers pay for outpatient treatment services and medications with the Fund. This program was designed to help address substantial gaps in treatment for the majority population in community corrections that require outpatient rather than residential treatment.*

The OTP initiative has imposed some administrative burdens on community corrections providers that might be translated into direct or indirect costs. Specifically, the General Assembly and the State Correctional Treatment Board have asserted expectations that the CTF funds have high accountability, transparency, and that the Departments of Public Safety, Corrections, Human Services, and the Judicial Branch are able to track expenditures, utilization, and outcomes of the CTF funds. This expectation has

resulted in administrative work on the part of community corrections providers in order to enter utilization, cost, and expenditure data for the offenders served with the funds.

As a practical matter, the costs to providers are primarily in staff time. In 2013, the Division of Criminal Justice upgraded the Community Corrections Information and Billing (CCIB) system in order to track data and to otherwise process the OTP funds. For example, data presented in Questions 11, 15, 18, and 19 are derived from the CCIB system data related to the OTP program. Community corrections providers must spend staff time entering data into the CCIB system; processing invoices from various treatment providers, and processing payments to treatment providers and pharmacies.

The expectations of the General Assembly and the State Correctional Treatment Board to have accountability, transparency, and tracking of CTF expenditures are with clear merit. The Department has taken this expectation seriously when designing the billing and tracking of the CTF funds for community corrections. The unintended consequence of this, however, is that administrative costs are created both at the State and local level.

- c. The projected cost of implementing the Department's programs relating to Motivational Interviewing, the Progressive Matrix, and B-SMART.

RESPONSE: In the FY 2011-12 and FY 2012-13 budget hearings, JBC staff and the Department reported trends in community corrections data that warrant assertive action towards implementation of evidence based practices and programs. Specifically, over the last 12 years in community corrections, longitudinal data analysis indicates that the risk and need levels of offenders have shown marked increases; success rates have gradually decreased; and failure rates have gradually increased. In response to this trend, the Department initiated some collaborative processes to improve community corrections programming. While the EPIC project has been working toward implementation of Motivational Interviewing (MI), the Office of Community Corrections (OCC) has been working with boards and providers to implement the Progression Matrix (PM). The PM process arose from a series of DOC Lean/Rapid Improvement Events that were funded by the Office of State Budget and Planning. The OCC has also worked with boards and providers to develop an evidence-based method to respond to offender behavior through systematic sanctions and incentives via the Behavioral Shaping Model and Reinforcement Tool (BSMART).

Within these projects, the Department has benefited from the Implementation Research. Specifically, the Department has learned that implementation of new programs, including evidence based programs and practices, cannot be achieved with traditional classroom training methods. Classroom training, when used alone, is very ineffective at producing levels of implementation that lead to actual impacts on outcomes. As a result of this knowledge, the Department has incorporated the methods and models of Implementation Science into the MI, PM, and BSMART programs. The Implementation Science methods are much more robust than traditional implementation methods and are thus more costly at both the state and local levels.

The Department has polled some community corrections providers about the costs of the MI and the PM programs. The BSMART model is in pre-implementation phase while the tools are in various stages of initial testing in two community corrections programs. Accordingly, the Department is not yet certain about the time intensity of the BSMART process.

Providers report that the primary costs of implementing MI and the PM are in staff time. Providers must allocate staff for all the various processes within the Implementation Science methods. Specifically, providers must allocate staff to the following tasks:

- 1) Implementation Planning – Implementation of all three interventions begin with strategic planning. Providers form implementation teams of two to five staff that plan the implementation process through the various stages and drivers of Implementation Science. This work takes hours of staff time to address policy, procedure, and administrative barriers toward implementation and identify opportunities for implementation success.
- 2) Classroom Training – The implementation teams and staff participate in classroom training to learn the basic aspects of MI, PM, and eventually the BSMART processes. In collaboration with the Department, implementation team members then train other program staff on PM and eventually BSMART to ensure adherence to the model. Staff also provide education to clients on the new program policies and procedures
- 3) Installation and Initial Implementation – Program staff, when ready for installation, begin to use the new processes. This often requires changing existing practice and replacing it with new practice. This task alone, while only temporary, can take hours of work that is in addition to existing regular duties.
- 4) Fidelity Measurement – State and program staff provide formal measurement of fidelity with structured processes and instruments. This task measures adherence to the models to ensure that staff are implementing the process with fidelity.
- 5) Formal Coaching – Program staff participate in formal 1:1 and group coaching to provide them feedback on their initial implementation of the new innovations.
- 6) Follow up Fidelity Measurement and Coaching - Program staff participate in a cycle of fidelity measurement and coaching until such time that they reach acceptable levels of adherence to the model. This cycle can be ongoing for several months until they reach initial fidelity.
- 7) Sustainability Training – When programs are ready, the State provides them with formal training and coaching to sustain the new process. Program staff are trained to be coaches and to measure fidelity themselves.

Providers report that in some cases, they have paid staff overtime or adjusted to smaller caseloads to make room for these implementation activities. This of course results in direct costs to providers that the Department itself cannot reliably quantify.

There are also potential costs to the community corrections providers in the future for implementation of the BSMART model. It is plausible that adopting the BSMART tools may require upgrades to the provider offender case management information systems. These costs are probable yet cannot be reliably estimated at this time.

In terms of sustaining the three evidence based programs, staff time will be the primary cost factor. Following is a general summary regarding the staff time intensity of the 3 programs:

1) Motivational Interviewing, if done with fidelity, can be done in small doses in case management meetings. Research has indicated that even short regular doses can be effective. This intervention may not, necessarily, add time to case management meetings but may shift time from discussing program rules and regulations to working through more issues on the offenders' criminogenic needs. Some participants who have effectively used MI report that the time spent in order to enhance an offender's intrinsic motivation actually saves time that was historically spent in persuasive or sanctioning techniques with offenders.

2) The Progression Matrix takes existing community corrections practices (risk/need assessment, case planning, and residential levels system) and aligns them better with evidence based principles and practices. The initial implementation of the PM will consume additional time to learn the new process. Eventually, time may be added to a case manager's duties. This time will be invested and spent on targeted areas that lead to offender behavior change. So while the three (3) primary activities of the PM are not necessarily new practices, they may consume some additional staff time to sustain in the long run.

3) The Behavioral Shaping Model and Reinforcement Tool strengthens one existing practice in community corrections; specifically, sanctioning methods for rules violations. It also adds a new practice to programs altogether by incorporating incentives or the practice known in the addictions literature as Contingency Management. Similar to the Colorado Violation Decision Making Process (CVDMP) tool used in DOC, and the Strategies for Behavior Change (SBC) process being implemented in State Probation, the sanctions tool aligns the sanctioning practices with the Principles of Shaping Offender Behavior (Center for Effective Public Policy/Carey Group). The incentives tool is based on the Principles of Motivational Incentives and adds Contingency Management aspects to community corrections programming.

Research has shown that a ratio of four incentives to one sanction is ideally effective at changing offender behavior, especially as they relate to substance abuse. While sanctioning offenders in the new method with BSMART may consume only small amounts additional staff time, adding incentives may be time consuming. This requires staff to identify, track, and formally respond to offenders' pro-social behavior in order to match the offender with program privileges and rewards.

Overall, programs report that using MI, the PM, and likely BSMART will result in staff spending additional time with offenders working on their behavioral issues and criminogenic needs. This time, while a cost factor, is one of the core foundational aspects of evidence-based behavior change with correctional populations. Sustainability of these interventions necessitates ongoing training and coaching to develop and maintain the skills required for fidelity. In addition, high rates of staff turnover require that programs have the ability to train and coach new staff regularly.

One provider who has experience with implementation of MI, the PM, and who has helped develop the BSMART tools, believes that caseload of 20 offenders to each case manager would be efficacious to reach and sustain fidelity with the tools. This provider reports that if a case manager spends one hour, per week, per offender with existing duties and MI, PM, and BSMART, that would allow them to effectively manage 20 offenders and leave them 20 additional hours weekly to perform the other documentation, administrative, and skill-building duties. Currently, many community corrections case managers have caseloads ranging from 22 to 30 offenders with a minority of programs that exceed 30 offenders. It is likely that the current statewide average is around 25 residential offenders per case managers.

- d. The cost of the 2010 DCJ rule change that required at least two security staff members to be present at all times for programs with 50 or more residents.

RESPONSE: *JBC staff reported that the total cost for a security staff position, counting salary and benefits, is \$29,700 annually. Therefore, for a program with 50 or more offenders in residential status, the annual cost to a provider is approximately \$30,000 to add a second security staff member overnight. Most providers have at least two security staff members on duty for all other daytime shifts.*

11:40-11:45 ISSUE: PERFORMANCE-BASED CONTRACTING FOR COMMUNITY CORRECTIONS:

13. What does the department think of the JBC Staff performance-contracting suggestion? Are the local boards the correct people to administer this program if it is established? How do we ensure that the local boards' goals align with the General Assembly's goals?

RESPONSE: *The Department believes that Performance Based Contracting (PBC) is certainly an idea worth pursuing from several perspectives in community corrections:*

1. *It may acknowledge or reward superior performance*
2. *It may incentivize performance improvements*
3. *It may prevent sub-standard performance*
4. *It could provide a formal response to sustained sub-standard performance*

The Department believes that such a structural and systemic change to community corrections contracting should be contemplated and planned carefully and methodically in order to avoid any unanticipated consequences or adverse collateral impacts. Due to the complex issues of PBC implementation, we believe it could take a year to sort out the practical issues. However, the Department agrees that the idea is worth pursuing.

Ultimately, a PBC system should adopt contractual measures that encourage rather than inhibit top performers in community corrections. While these are only starting points, some careful thought and planning should be taken with intentional regard to the following issues, at a minimum:

1. *Rewards versus Penalties:* *Theoretically speaking, a PBC system that only penalizes sub-standard performance (or a system without incentives for superior performance) would yield only minimum rather than superior performance among providers. In general (with individuals), punishments and penalties do not yield sustained desired performance. Rather, punishments and penalties only minimally control undesired performance, and only for those that have a system of effective controls in place.*
2. *Emphasis on Rewards:* *With this in mind, it would seem best to have a system that emphasizes rewards or incentives over penalties. A comprehensive system should reward programs that meet specific and desired performance metrics and should respond effectively to programs that do not at least meet minimum standards.*

3. Meaningful Performance Metrics: Adequate time and thought should be invested to determine the specific metrics and measurement process. Having well-defined and meaningful performance metrics is a critical element to success in a PBC model for community corrections.
4. Use of Several Metrics: The Department believes it is best to use a robust constellation of several metrics (perhaps 10 to 15) to indicate overall program performance. As pointed out in the JBC staff analysis, using only a single performance indicator such as recidivism reduction or success rates can be misleading.
5. Empirically Meaningful Metrics: It is also important to have some metrics that are in the direct control of the provider and empirically meaningful. For example, a provider only has so much control over the escape/walkaway rate or the recidivism rate. But they do have direct control over the implementation of specific practices (Evidence Based Practices) that are designed to increase success rates and reduce recidivism.
6. Objective Metrics: It is also very important to add in objective metrics that cannot easily be distorted by a provider, staff, or the measurement process itself. For example, if the State wants to incentivize programs to take higher risk offenders, it is possible to distort offender risk/need assessment scores in order to earn the incentive.
7. Appropriate Benchmarking: It is also important to establish metrics that have appropriate benchmarks between evaluation periods. Appropriate and reasonable benchmarking will need to be worked out very thoughtfully and carefully.
8. Research-Based Instrumentation: Considering the importance of the metrics to be used in a PBC system, it may be prudent to develop a research-based instrument that uses metrics that are specific, measurable, realistic, time-bound, and empirically meaningful to risk reduction, public safety, and recidivism reduction. It may also be prudent to enlist professional consultation to develop a well-designed and research-based instrument to measure program performance for a PBC system.
9. Weight of Incentives: If a system of incentives is created, some careful thought has to be put into the gravity or weight of the incentive. If the incentive to get an "A+" score is too small, it could actually be more an incentive to score a "B" or a "C."

For example, Pennsylvania has established a 0.5% rate increase for "A+" performance. Suppose that .5% results in a \$5,000 increase to a provider's revenue in a given year. If being an "A+" costs that provider \$9,500, it actually costs them (\$4,500) to be an A+ level. So the gravity or weight of the incentive should be enough to at least cover the costs of the targeted level of performance. Having too small of an incentive can unintentionally incentivize mediocre or standard performance.

10. Contractual and/or Statutory Infrastructure: There has to be some architectural arrangements for boards to award incentive payments to providers. At the most basic level, the master state contract will have to be aligned with individual board contracts to establish the authority to award the incentives and to enforce penalties. This will likely require some work with the Office of the

State Controller and the CDPS controller as well. Statutory changes may be necessary to CRS 17-27-103 or related sections.

- 11. Technical Infrastructure: Depending on the specific methods for PBC contracting and resultant payment processing, the policy may require changes to the Community Corrections Information and Billing (CCIB) system which is an electronic billing and information system used throughout the state community corrections system. Currently the CCIB system is structured to pay regular residential providers the same per diem rate regardless of their performance level. PBC implementation might require structural changes to this critical system.*
- 12. Administrative Infrastructure: A PBC system may also require FTE (or partial FTE) at the state or local level in order to collect data on the performance metrics, execute any procedural duties related to contracting, and otherwise administer the PBC program.*

Section 17-27-103, C.R.S includes the following provision for community corrections boards:

A community corrections board may establish and enforce standards for the operation of any community corrections program located within the physical boundaries of the jurisdiction of the governing body or bodies which created such board. The standards established by a community corrections board may exceed, but shall not conflict with, standards established for community corrections programs by the division of criminal justice of the department of public safety pursuant to section 17-27-108. The community corrections board shall, in coordination with state and local agencies, monitor community corrections programs within the jurisdiction of such board and oversee compliance with state and local standards.

The Division of Criminal Justice works in partnership with local community corrections boards to fund, regulate, and provide technical assistance to community corrections providers. The Department believes that most community corrections boards – especially those with dedicated staffing, would align themselves with a PBC system. In fact, several community corrections boards have already initiated local policy to require providers to adhere to evidence based principles and practices. Specifically, the boards in Denver, Arapahoe, Adams, and Pueblo counties have recently placed language into their subcontracts with providers that require that providers take assertive steps to utilize and implement evidence based programs and practices. They are limited, however, in their ability to offer formal incentives or rewards for programs who are working towards evidence-based recidivism reduction.

Community corrections boards are extensions of local government. With that in mind, the Department believes that the Division of Criminal Justice and local community corrections boards share common goals. Both the state and local governments desire effective and high performing programs that reduce risk and recidivism while protecting public safety. The Department believes it can work collaboratively with local community corrections boards to develop, implement, and sustain a PBC system for community corrections.

11:45-12:00 OTHER QUESTIONS

- 14. Please comment on the effectiveness of the Colorado Sex Offender Lifetime Supervision Act of 1988. How has this act impacted public safety?*

RESPONSE: *The Lifetime Supervision Report is prepared annually for the legislature by the Department of Corrections and the Division of Criminal Justice. The most recent report covered FY 13. It contains in depth descriptions of the numbers of offenders at various points in the system from probation through parole. Measuring the "impact on public safety" includes both the impact on offenders within the system as well as the impacts of prevented crimes, taxpayer burdens, treatment availability, community response to registration, etc. Those offenders who have remained in confinement have committed fewer new offenses but the cost of that confinement must also be considered. More treatment and supervision has been administered to offenders both in and out of confinement. Research continues into the effectiveness of treatment over time. Thus, there is no simple answer to the question of impact to public safety. The following excerpt is from the summary of the Lifetime Supervision Report and it provides a good synopsis of the state of the system under lifetime supervision:*

"This report is intended to provide the Colorado General Assembly with information on the thirteenth year of implementation of the Lifetime Supervision Act in Colorado. The Department of Corrections, the Judicial Department, and the Department of Public Safety work collaboratively in implementing the comprehensive programs for managing sex offender risk in Colorado.

In FY 2013, 144 lifetime supervision offenders were admitted to prison and 19 discharged their sentence. As of June 30, 2013, 1,935 offenders were under CDOC supervision for sexual offense convictions sentenced under the lifetime supervision provisions. A total of 274 offenders under lifetime supervision have released to parole, with 106 paroling for the first time in FY 2013. The Parole Board conducted 30 revocation hearings for lifetime supervision offenders in FY 2013 with a decision to revoke parole in 24 cases. And, no parole discharge hearings have occurred for offenders sentenced under the Lifetime Supervision Act, as offenders would need to complete a minimum of 10 - 20 years on parole, dependent upon their conviction. Figures 2 and 6 illustrate that the Lifetime Supervision Act may be at least partially responsible for the increase in the percentage of sex offenders among prison and parole populations within Colorado. (Figures are contained in the full report but omitted here for purposes of brevity.)

The Sex Offender Treatment and Monitoring Program (SOTMP) for DOC inmates was designed to utilize the most extensive resources with those inmates who have demonstrated a desire and motivation to change. Because the Lifetime Supervision legislation is not intended to increase the minimum sentence for sex offenders, the Department of Corrections has designed treatment formats that provide offenders the opportunity to progress in treatment and be considered a candidate for parole within the time period of their minimum sentence. During FY 2013, 502 lifetime supervision sex offenders participated in the SOTMP.

As of June 30, 2013, there were approximately 1,412 offenders under SOISP probation supervision. Of these, approximately 767 (54.3%) offenders were under lifetime supervision. A comparison of data for Fiscal Year 2011-2012 to 2012-2013 reflects a 13.7% (47 cases) decrease in the number of offenders (2) eligible and sentenced to indeterminate lifetime sentences and under SOISP supervision.

The expenses associated with the sex offender offense specific evaluations, the sexually violent predator assessments and the Child Contact Assessments are increasing annually. Probation funds have been required to pay for these evaluations and assessments to avoid any delays in case processing for the

courts and to ensure that offenders who are unable to pay all of the costs associated with court ordered evaluation and treatment are not returned to court for revocation based on nonpayment. Revocations generally result in sentences to DOC, a significantly higher cost option for the state. The Judicial Department is seeking alternative options in order to manage and curb these rising costs.

The number of approved service providers has been increasing since the creation of this report with exception to the number of approved polygraph examiners which has remained relatively stable since FY 2007. The availability of services across the state has been improving incrementally as more providers are seeking approval to operate within some of the underserved rural counties. Notwithstanding the average cost for sex offense specific evaluations, average costs for services have also remained fairly stable. As a result of this increase in service providers, the workload for the Sex Offender Management Board (SOMB) staff has expanded substantially.

The results to the external evaluation will provide the SOMB with current research and evidence-based practices in the field of sex offender management. These results of this evaluation are planned to be incorporated during its upcoming revision to the Adult Standards and Guidelines which may have policy implications for Lifetime Supervision.

In summary, sex offenders subject to Lifetime Supervision in prison and in the community are rising which has resulted in increased caseloads for those agencies responsible for the management of sex offenders. Additionally, it appears likely that more sex offenders will be identified, including those subject to lifetime supervision. In an effort to achieve community safety, accurate static and dynamic risk assessments must be an element of sex offense specific evaluations to insure the proper placement of sex offenders in an appropriate level of supervision, and thereby using available resources wisely. Accordingly, the Department of Corrections, the State Judicial Department, and the Department of Public Safety will continue to evaluate the impact of the Lifetime Supervision Act for sex offenders both in prison and in the community.”

15. Discuss the Department's use of moneys from the Correctional Treatment Cash Fund (CTCF), including the following:
 - a. Detail the allocation of CTCF moneys by line item appropriation for FY 2013-14.

RESPONSE: The CTCF funds in the Department of Public Safety (Division of Criminal Justice) are used to support treatment services for offenders with substance abuse or co-occurring disorders. The fund is also used to provide training support to community corrections, probation, parole, and DOC institutions regarding standardized substance abuse assessment and treatment matching pursuant to existing statutory requirements. The CTCF funds are appropriated in three lines in the CDPS Long Bill appropriations.

Community Corrections Placements Line - \$1,018,869.00

Funds in this line are used to support differential per diem rates for specialized inpatient treatment beds for Intensive Residential Treatment (IRT), Therapeutic Community (TC) and TC Day Treatment programs in community corrections. Appropriations in this line support the differential per diem for 14 IRT beds, 82.5 TC slots, and up to 8 Day Treatment slots.

Services for Substance Abuse and Co-Occurring Disorders - \$1,793,900.00

Funds in this line are used to support the Outpatient Treatment Program (OTP) in community corrections. Appropriations are used to pay for outpatient treatment for offenders in regular (non-specialized) beds in community corrections that have assessed treatment needs for substance abuse or co-occurring disorders.

DCJ Administration - \$90,631

Funds in this line are used to support the salary, POTS, travel and operating for 1.0 FTE (Interagency Criminal Justice Specialist – General Professional IV) in the Office of Community Corrections (OCC). This position provides formal classroom training, coaching, and training for trainers in Standardized Substance Abuse assessments pursuant to C.R.S. 16-11.5-102. This law requires, in part, the Department of Public Safety to implement a standardized procedure for the assessment of the use of controlled substances by offenders.

- b. Describe the nature of the expenditures supported by the CTCF within each line item appropriation, including the types of services or treatment that are provided.

RESPONSE:

Community Corrections Placements Line - \$1,018,869

The Intensive Residential Treatment (IRT) program is a 90-day inpatient program for high-risk substance abusing offenders. The funds were used to support the differential per diem of \$45.93 per day for 14 IRT beds in community corrections and are awarded based on a competitive contracting process under state rules. Clients in IRT programs receive 20 hours of direct therapeutic contact each week for 12.8 weeks. They also receive an additional 20 hours of therapeutic activities each week. This results in a total of 256 hours of direct clinical services plus an additional 256 hours of therapeutic activities each week for a total of 512 hours of treatment in the 90-day inpatient episode.

The Therapeutic Community (TC) program is a 9 to 12 months (minimum) inpatient program for high-risk and substance abusing offenders with chronic substance use disorders. The funds were used to support the differential per diem of \$22.82 per day for 82.5 TC beds in community corrections. Clients in TC programs receive 5 hours of direct therapeutic contact each week for the entire residential component. They also receive an additional 30 to 40 hours of therapeutic and TC activities each week.

The TC Day Treatment program is a 9 to 12 months (minimum) outpatient program for high-risk and substance abusing offenders with chronic substance use disorders. The funds are used to support the full per diem of \$34.10 per day for up to 8 TC Day Treatment slots in community corrections. Clients in TC Day Treatment programs receive 5 hours of direct therapeutic contact each week for the entire component. They also receive an additional 30 to 40 hours of therapeutic and TC activities each week. In contrast to the residential TC program, day treatment clients do not live at the facility as they already have housing. Rather, they report to the TC program each day to participate in the daily therapeutic and TC activities.

Services for Substance Abuse and Co-Occurring Disorders - \$1,793,900

Funding for the Outpatient Treatment Program is intended for substance abuse and dual diagnosis treatment for offenders placed in community corrections. Specifically, this program prioritizes outpatient substance abuse therapy, mental health evaluations, psychiatric care, mental health therapy, dual diagnosis therapy, psychotic medication, and addiction medication for high-risk offenders in both residential and non-residential placement. The funds are allocated to specific community corrections boards – specifically those in jurisdictions with residential programs. The funds serve as treatment vouchers for qualifying

treatment modalities for specific and qualifying offenders.

The funds are limited to specific diagnostic and therapeutic services for medium and high-risk community corrections clients with assessed needs regarding substance abuse and mental illness.

Following is a list of the specific treatments that are authorized uses of the OTP funds:

- Weekly Outpatient Substance Abuse Therapy
- Enhanced Outpatient Substance Abuse Therapy
- Intensive Outpatient Substance Abuse Therapy
- Mental Health Evaluations
- Psychiatric Care Appointments
- Psychotropic Medications
- Addictions Medications (excludes Antabuse or other monitoring medications)
- Individual Psychotherapy
- Group Dual Diagnosis Therapy
- Recovery Support Services

OTP funds are not used for sex offender treatment, domestic violence treatment, or anger management treatment modalities. However, sex offenders and domestic violence offenders are eligible for these funds in cases where substance abuse or dual diagnosis treatment is clinically indicated.

DCJ Administration - \$90,631

These funds support the salary and benefits, operating, and travel expenses for the Interagency Criminal Justice Specialist with the Division of Criminal Justice. The position is responsible for coordinating and delivering the interagency substance abuse assessment training, cognitive behavioral training, and Mental Health First Aid training. The position also facilitates and provides training for trainers for probation, parole, prisons, and community corrections. The position analyzes and reports data annually in order to study the trends and success rates of community corrections which includes specialized treatment programs funded by the Correctional Treatment Fund.

- c. Describe the types and numbers of offenders who benefit from such expenditures, including: (1) whether they are juveniles or adults; and (2) whether they are serving a diversion sentence, serving a probation sentence, on parole, sentenced or transitioned to a community corrections program, or serving a sentence in a county jail or are receiving after-care treatment following release from jail.

RESPONSE: All offenders served with CTF in community corrections are adult felony offenders that are either Diversion (Direct Sentence), Transition, or Condition of Parole. All offenders served with the CTF funds are medium to high risk offenders with assessed treatment needs.

The 14 IRT beds serve approximately 56 offenders annually. The 82.5 TC beds will serve approximately 100 offenders annually. The 8 Day Treatment slots will serve approximately 10 offenders annually. Overall, the inpatient (residential treatment) programs funded by the CTF serve approximately 166 offenders annually.

Prior to the current fiscal year (FY 2014) the Division of Criminal Justice lacked an automated means to electronically track the expenditures of the CTF for individual offenders in community corrections. Rather, data was collected manually which results in less reliable data collection. Data was missing from some providers. The Division estimates (based on manual data records and program reports) that at least 2600 offenders were served with the OTP funds in FY13.

For FY 2013-14 and beyond, the Division of Criminal Justice will be able to track the total number of offenders served with the OTP funds more reliably. The Department has also submitted a Decision Item to request funds to support upgrades to the Community Corrections Information and Billing System (CCIB) to better address data-related questions of this nature in the future. As of December 11, 2013, the OTP funds have served 2221 offenders in community corrections in the current fiscal year.

The State Correctional Treatment Board is also currently addressing the needs for more comprehensive data collection across all state agencies with respect to the CTF appropriations.

16. Discuss how the Department would utilize the funding increases proposed by the Correctional Treatment Board for FY 2014-15.

RESPONSE: *The targeted CTF funding increase to the CDPS for FY 2014-15 will be used in two funding categories. The State Correctional Treatment Board has identified a substantial need for IRT beds for high risk/high needs felony offenders on probation. In the last legislative session, the General Assembly also passed SB 250 which provided statutory authority to use CTF funds for misdemeanor probationers for the purpose of specialized residential treatment.*

Of the \$2,185,000 increase to the CDPS appropriation for the CTF, \$1,625,000 will be used to support 53 new IRT beds, specifically for Condition of Probation placements. These beds will be used to place felony and misdemeanor probationers who meet clinical criteria for the IRT services. The 53 new beds are targeted to serve approximately 212 offenders annually.

The remaining \$560,000 of the increase will be used to increase the budget for the OTP program. The current level funding in the OTP program serves only a portion of the offenders in regular residential and non-residential community corrections. The \$560,000 increase will allow the Division, boards, and providers to serve more offenders with the CTF funds.

17. Does the statutory provision governing the use of CTCF moneys preclude services or treatment expenditures that would be appropriate and justifiable? Does it preclude the provision of services to certain juvenile or adult offenders that would be appropriate and cost-effective? If so, please explain.

RESPONSE: *The Correctional Treatment Board has reviewed the statutory language in HB12-1310 to ensure that it corresponds with the current funding structure that exists. Resources from the cash fund support the Summit View program in Mesa County, which is a pre-trial program for high risk/high need offenders. There is currently no language in the bill that corresponds to this specific type of program. The Board is working with Mesa County to develop appropriate language and seek legislative change this next session. As the Board continues to work with local boards and identify gaps in programming and services, it will continue to assess the statutory language and seek adjustments where necessary. Right now, the*

only change in language that is being pursued is the addition of pre-trial programming such as Summit View. No final language recommendations have been made; possible language revisions are still being discussed.

18. Describe how the Department evaluates (or plans to evaluate) the effectiveness of treatment and services that are supported by the CTCF.

RESPONSE: *The Correctional Treatment Board and its related state agencies do not currently measure effectiveness of treatment. Rather they measure program outcomes for their respective programs/services, which is different than measuring treatment effectiveness.*

The topic of effective treatment is something the Correctional Treatment Board is starting to discuss. There is no clear path to get to measuring effective treatment and it is largely agreed that getting to such measurement must be done in strong partnership with the treatment community. Right now, the Correctional Treatment Board is looking at what outcome measures each agency collects on its programs and will then need to determine what measures should be collected and the feasibility of getting those programmed into four different data systems. Information from the treatment providers will also need to be assessed and work needs to be done on creating partnerships with the treatment community to allow for sharing of that information. This is not an easy or quick task, but it is something the Board is looking to address over the long-term.

Currently, the Office of Behavioral Health “authorizes” treatment agencies to provide services to the criminal justice system. Probation and community corrections generally use OBH-approved providers. The Department of Corrections has its own Approved Treatment Provider (ATP) list that stipulates what providers it can use for the parole population. However for providers treating substance-use disorders, DOC requires that they also be licensed by OBH to treat criminal offenders. The Office of Behavioral Health is currently undergoing a major transformation of its data system that is going to work toward including enhanced outcome measurements related to engagement in treatment, reduction in use and clinical outcomes. Data, however, will not be collected on the entire criminal justice population and therefore will provide the basis for Board discussions about what measures can/should be collected as a first step toward quantifying the effectiveness of treatment within the criminal justice system.

The Division of Criminal Justice staff analyzed a sample of 2936 offenders that terminated community corrections in FY2012-13. Of the 2936 offenders, 1451 (49.4%) received treatment and were served with CTF/OTP funds; 1036 (35%) participated in treatment on a self-pay basis; and 449 (15.3%) did not participate in treatment. The analysis showed the following:

- 1) *Offenders who received treatment had higher risk/need (Level of Supervision Inventory) scores than those that didn't receive any treatment at all. Previous data analysis has repeatedly shown that higher risk/need clients have lower rates of success and higher rates of failure than medium or low risk offenders.*
- 2) *Offenders served with the CTF/OTP funds had higher rates of risk reduction (13.5%) compared to self-pay offenders (11.8%).*

- 3) *Offenders served with CTF funds had higher rates of employment (71.3%) than self-pay offenders (67.3%) and those that didn't receive treatment (58.4%).*
- 4) *Despite being higher risk/need, offenders served with CTF/OTP had higher success rates (54.2%) compared to self-pay offenders (52.3%) and offenders who received no treatment (41.9%).*
- 5) *Over 80% of the offenders served with CTF/OTP funds were matched to the appropriate level of substance abuse treatment. A recent (2013) recidivism analysis in community corrections has shown that matching offenders to the appropriate level of substance abuse treatment results in markedly lower rates of post-release recidivism.*

The Division completed a recent recidivism analysis for community corrections that included recidivism data for Therapeutic Community (TC) offenders. The data showed that Diversion offenders in TC program had a 9% recidivism rate at 12 months while Transition TC offenders had a 13.3% recidivism rate at 12 months. These rates are considerably lower than the 12-month recidivism rates for regular Diversion or Transition offenders.

19. Describe whether and how the Department monitors or evaluates the reasonableness of rates charged by treatment and service providers.

RESPONSE: *The Correctional Treatment Board has put the issue of treatment rates on its annual work plan for the next year given a concern over rising rates. The Board is collecting information about each agency's existing policies/practices around payment of treatment rates and will then discuss the concept of standard rates, assess the impact on the availability of treatment providers - particularly in rural communities - and then develop a policy around the issue of whether or not the state should be setting rates for treatment. As with treatment effectiveness, this is not a quick or easy task, but it is one the Correctional Treatment Board is working to address.*

The Division of Criminal Justice recently has enhanced its billing and data system for community corrections in order to better track the expenditures of the Correctional Treatment Funds used for the Outpatient Treatment Program (OTP). Some upgrades were procured to track the specific types of treatment being accessed with the CTF funds through the OTP resources.

Table F below provides expenditure data from July 1, 2013 through December 11, 2013. The data show the amount of CTF funds used for each specific type of service and the average cost-per-episode of the various types of treatment. The data illustrate that the Division is paying an average rate of \$39.99 per episode of treatment.

Table F – CTF/OTP Expenditures and Average Rates Per Episode
July 1, 2013 through December 11, 2013

Treatment Service	Sum of Expenditures	Average Cost Per Episode
Dual Diagnosis (MH & SA)-Assessment/Evaluation	\$8,226.00	\$87.51
Dual Diagnosis (MH & SA)-Group Therapy	\$19,798.00	\$54.99
Dual Diagnosis (MH & SA)-Individual Therapy	\$80,546.50	\$72.56
Medications-Addiction Medication	\$1,832.39	\$130.89 (per Rx)
Medications-Psychiatric Medication	\$65,066.49	\$61.73 (per Rx)
Mental Health-Assessment/Evaluation	\$32,607.50	\$133.09
Mental Health-Group Therapy	\$5,784.00	\$31.10
Mental Health-Individual/Psychotherapy	\$91,648.75	\$69.91
Mental Health-Psychiatric Medication Appointment	\$56,687.68	\$94.95
Recovery Support (10%)-Cognitive Restructuring	\$15,234.00	\$26.13
Recovery Support (10%)-Criminal Thinking	\$2,910.00	\$30.00
Recovery Support (10%)-Relapse Prevention	\$3,901.00	\$24.38
Recovery Support (10%)-Substance Abuse Education	\$680.00	\$21.94
Recovery Support (10%)-Treatment Materials	\$30.00	\$15.00
Substance Abuse-Assessment/Evaluation	\$20,299.00	\$50.37
Substance Abuse-Enhanced Outpatient	\$130,008.59	\$32.80
Substance Abuse-Intensive Outpatient	\$41,213.82	\$32.63
Substance Abuse-Weekly Outpatient	\$249,584.83	\$27.18
Grand Total	\$826,058.55	\$39.99

DCJ will be presenting this data listed in the above table to the full Correctional Treatment Board in January 2014. This will initiate discussions within the board for its annual work plan.

20. Does the Department make any effort to require offenders to pay a portion of the cost of services provided, if they are able to do so? Should it?

RESPONSE: *The Department has not set statewide policy to require offenders to pay a portion of the cost of treatment. Rather, the Division of Criminal Justice has set guidelines to prioritize the funds for higher risk, higher need offenders. This results in some offenders being treated on a self-pay basis while higher risk/need offenders are treated with the assistance of the CTF funds. Because the CTF/OTP funds are expended before the end of the fiscal year in several judicial districts, some offenders are transitioned from state-supported treatment funding to a self-pay basis. As offenders become more financially stable, the providers make case-by-case determinations to transition them to self-pay status as appropriate. These are individual determinations made at the program-level. These case-by-case decisions balance many factors including a limited treatment budget for the program; an offender's individual ability-to-pay; and the intensity of an offender's assessed treatment needs*

**DEPARTMENT OF PUBLIC SAFETY
DIVISION OF CRIMINAL JUSTICE
FY 2014-15 JOINT BUDGET COMMITTEE HEARING AGENDA**

**Monday, January 6, 2014
11:00 am – 12:00 am**

11:00-11:15 INTRODUCTIONS AND OPENING COMMENTS

11:15-11:20 DEPARTMENT OVERVIEW AND REQUEST

1. Why didn't the Department request elimination of the Subsistence Grace Period appropriation? Is there any indication that this has worked in another part of the country? Would the costs of restarting this program be large?

11:20-11:40 ISSUE: ADEQUACY OF COMMUNITY CORRECTIONS RATES:

2. Are the smaller community corrections programs typically rural or are they scattered all over the place? Provide a detailed a list of where all the community corrections facilities are located and what their size is.
3. At Rifle Correctional Center, do they have a single correctional officer on duty overnight? If so, is the requirement of two security staff at a community corrections facility overnight a double standard? What is the justification for two security staff?
4. How do the salaries of security staff in community corrections compare to correctional officer salaries in state-run prisons?
5. What are the staff turnover rates in community corrections facilities? Is turnover a problem? How would the department suggest fixing it?
6. What does the department think about the JBC staff suggestion of a two-tiered per diem rate based on size?
7. What would be a fair provider rate?
8. Do community corrections facilities pay shift differentials? Does lack of a shift differential make sense?
9. Does the DCJ have opinions concerning the ideal size for a community corrections facility? Are there disadvantages to large facilities? Is there a different nature to the larger facilities?
10. When the administration proposes a community provider rate increase does it silence the Department from advocating for a higher rate for its providers? Is this still true when rules are put in place that result in higher costs?

11. What offender medical costs do community corrections facilities pay? Are offenders eligible for Medicaid?
12. What are the projected costs to community corrections facilities of the following?
 - a. Federal Prison Rape Elimination Act (PREA) rules.
 - b. Administrative costs associated with the Correctional Treatment Cash Fund
 - c. The projected cost of implementing the Department's programs relating to Motivational Interviewing, the Progressive Matrix, and B-SMART.
 - d. The cost of the 2010 DCJ rule change that required at least two security staff members to be present at all times for programs with 50 or more residents.

11:40-11:45 ISSUE: PERFORMANCE-BASED CONTRACTING FOR COMMUNITY CORRECTIONS:

13. What does the department think of the JBC Staff performance-contracting suggestion? Are the local boards the correct people to administer this program if it is established? How do we ensure that the local boards' goals align with the General Assembly's goals?

11:45-12:00 OTHER QUESTIONS

14. Please comment on the effectiveness of the Colorado Sex Offender Lifetime Supervision Act of 1988. How has this act impacted public safety?
15. Discuss the Department's use of moneys from the Correctional Treatment Cash Fund (CTCF), including the following:
 - a. Detail the allocation of CTCF moneys by line item appropriation for FY 2013-14.
 - b. Describe the nature of the expenditures supported by the CTCF within each line item appropriation, including the types of services or treatment that are provided.
 - c. Describe the types and numbers of offenders who benefit from such expenditures, including: (1) whether they are juveniles or adults; and (2) whether they are serving a diversion sentence, serving a probation sentence, on parole, sentenced or transitioned to a community corrections program, or serving a sentence in a county jail or are receiving after-care treatment following release from jail.
16. Discuss how the Department would utilize the funding increases proposed by the Correctional Treatment Board for FY 2014-15.
17. Does the statutory provision governing the use of CTCF moneys preclude services or treatment expenditures that would be appropriate and justifiable? Does it preclude the provision of services to certain juvenile or adult offenders that would be appropriate and cost-effective? If so, please explain.

18. Describe how the Department evaluates (or plans to evaluate) the effectiveness of treatment and services that are supported by the CTCF.
19. Describe whether and how the Department monitors or evaluates the reasonableness of rates charged by treatment and service providers.
20. Does the Department make any effort to require offenders to pay a portion of the cost of services provided, if they are able to do so? Should it?

ADDENDUM: OTHER QUESTIONS FOR WHICH SOLELY WRITTEN RESPONSES ARE REQUESTED

These questions were addressed in the previously submitted addendum for the entire department.