



UNIVERSITY of
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COLORADO EVALUATION
AND ACTION LAB

Colorado Department of Corrections Reentry Systems Mapping Project

Policy Landscape Summary

Report Highlights:

Colorado's recent expansion of reentry services built new connections between prison, parole, and the community.

Targeting reentry services to the people who need them the most is key to having efficient and effective services. Identifying the people with the highest risk of recidivism is a complex challenge.

Modernizing data systems is a strategic priority for improving service delivery.

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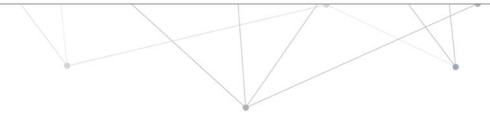
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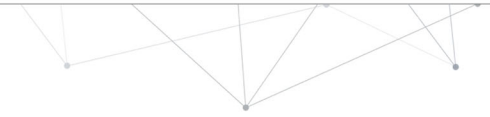


Abstract

This policy landscape summary report, conducted under the Colorado Department of Corrections (CDOC) Reentry Systems Mapping project, provides an overview of policies in Colorado that shape adult reentry services and how those policies are implemented across the network of service providers. The report describes the landscape of reentry services as they exist today, including those services that were enhanced under recent legislative reforms, as well as the services that existed prior to those reforms. The second phase of the Colorado Reentry Systems Mapping project will include a descriptive analysis that builds on this policy landscape by presenting patterns in reentry service delivery across the state. Together, the two phases of the Colorado Reentry Systems Mapping project will provide CDOC with documentation on current reentry services as they plan for future program changes and improvements.

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Introduction

- This report examines the current implementation of Colorado's reentry services among people returning to the community from prison.
- It provides an overview of policies in Colorado that shape adult reentry services and examines how those policies are implemented at the local level and across the network of service providers.

Each year, the state of Colorado releases about 9,600 people on parole, many of whom face pressing needs for housing, employment, education, health services, and other stabilization supports as they transition into the community (Council of State Governments Justice Center, 2014; Harlow, 2003; Holzer et al., 2007; James & Glaze, 2006; Mumola & Karberg, 2006; Pager, 2003; Petersilia, 2006; Raphael, 2014). Successfully rejoining the community is challenging for most people leaving prison. Many lack high school degrees and have problems with substance abuse, mental health, or physical impairments, which makes getting a job difficult. In addition, ineligibility for jobs based on the type of offense and the stigma of incarceration narrow the set of employment options available to people on parole. Difficulty finding employment can lead to struggles obtaining housing, food, and other basic necessities. These challenges to reentry make people more likely to engage in subsequent criminal behavior and rearrest.

Recognizing the critical needs of people in prison and people on parole, the Colorado General Assembly introduced a series of reforms beginning in 2014 to enhance reentry services. This legislation increased support for reentry services by redirecting existing CDOC funding for additional CDOC staff and a community-based grant program. The legislation aimed to create stronger connections within the network of pre- and post-release reentry service providers, and foster greater collaboration with faith- and community-based organizations.

Existing research suggests that reentry services can reduce recidivism and programs that offer both pre- and post-release support and promote employment and skill-building show the most promise (Cook et al. 2015; Cullen & Gendreau, 2000; Drury, 2013; Gonzalez et al., 2017; Visser et al., 2017). Still, some studies of reentry services find no effects on recidivism rates, and further research is needed to establish clear links between specific services, people's needs, and successful reentry outcomes (Jacobs, 2012; National Research Council, 2007; Wiegand et al., 2015).

To that end, the Colorado Evaluation and Action Lab (Colorado Lab) is working with the Colorado Department of Corrections (CDOC) and the Colorado Governor's Office to understand the effectiveness of pre- and post-release programs in reducing recidivism. Supported by philanthropic funding, the Colorado Lab assists state agencies in learning about the efficacy of programs they administer and translating that research into action. The Colorado Lab contracted with Mathematica Policy Research, a nonpartisan research organization, to conduct the CDOC Reentry Systems Mapping project. In this project, Colorado Lab and Mathematica are partnering with the CDOC to examine current implementation of state-level reentry services and measure program contact among people returning to the community from prison.

Following an overview of the methodology, data sources, and analytical approach, this report addresses the following research questions pertaining to the provision of reentry in the state of Colorado:

- What are the primary state-level policies that inform which offenders should receive which pre- and post-release services? How have recent changes to state-level policies enhanced and expanded reentry services?



- What is the current landscape of reentry services across the state? What factors guide organizational decision-making processes for determining what factors determine pre- and/or post-release contacts? Who receives which services, and when do they receive them? How does the implementation of state-level policies vary across the state? What local factors might affect reentry success?
- How have recent state-level expansions and enhancements improved services for people in prison and people on parole? What challenges remain in building a network of service provision and reducing recidivism?
- How might findings from the policy landscape summary inform future research in examining what combination of pre- and post-release programs is the best to offer to adult offenders to reduce recidivism?

Glossary of Terms

Clinical needs: medical, mental health, and/or behavioral health needs

Criminogenic needs: needs contributing to criminal behavior, including family and peer relationships, leisure and recreational activities, and criminal orientation and thinking

Direct service staff: staff who deliver services directly to people

High-risk or medium risk: an assessment-based score predicting the risk of recidivism

High-need: subjectively high clinical, criminogenic, and/or stabilization needs

High-risk, high-need, dual diagnosis: a clinical term for individuals that are both at high-risk to recidivate and that have a clinical dual diagnosis of mental health and substance use issues based upon assessment by the CDOC

In-reach services: facility-based service visits from frontline staff who deliver post-release services

Parole: the release of an incarcerated person to regular supervision in the community by a parole officer

Parole and release dates: a prison sentence has a mandatory date of release, in addition to a date of parole eligibility when the parole board can allow early release

Post-release: services delivered after release to the community

Pre-release: services delivered before release from a facility

Recidivism: returning to prison or offender status for new crimes or technical violations within three years of release. This definition is in compliance with the Association of State Correctional Administrators (ASCA)

Reentry: the process of returning from incarceration to the community

Reentry system: the network of services provided to people in prison and on parole within the state of Colorado. The Colorado reentry system draws on partnerships at many levels to deliver services to people before, during, and after release, including the CDOC Divisions of Prison Operations, Adult Parole and Clinical and Correctional Services; community- and faith-based partner organizations funded through the WAGEES program; as well as local relationships with human service agencies, vocational rehabilitation agencies, workforce centers, Veteran's Affairs agencies, and other local organizations.



Glossary of Terms (*continued*)

Stabilization needs: needs that provide the foundation necessary for achieving self-sufficiency, including housing, transportation, and employment

Transition: a set of processes, practices, or activities that promotes the greatest likelihood of sustainable success in the community

Key Findings

Recent expansions in reentry services under the Colorado General Assembly have provided additional supports and resources focused on housing, job training and placement, mental health services, and counseling and have built new connections between prison, parole, and the community. The ongoing challenge is aligning those systems to provide targeted, need-based care for people throughout their transition from prison to the community.

Colorado's expansion of reentry services built new connections between prison, parole, and the community.

In 2014, the Colorado General Assembly mandated the expansion of existing reentry services with the goal of increasing service take-up pre- and post-release.

The Colorado Department of Corrections (CDOC) added capacity to deliver reentry services by increasing the number of staff positions in both the Division of Prison Operations and the Division of Adult Parole, including pre-release specialists, facility-based parole officers, community reentry specialists, employment and training navigators, behavioral health specialists, and community care case managers. In addition, CDOC created new community-based reentry services by contracting with the Latino Coalition for Community Leadership to oversee the delivery of the Work and Gain Employment and Education Skills (WAGEES) program. Communication and collaboration to deliver reentry services has grown stronger since the legislation was passed, but continuity of care across systems remains a persistent challenge.

Targeting reentry services to the people who need them most is key to having efficient and effective services.

The CDOC and WAGEES organizations conduct a number of assessments to identify criminogenic risks of people in prison and on parole. Staff use assessments to develop case plans and target services. However, identifying high-risk, high-need people is a complex challenge.

The Division of Prison Operations, the Division of Adult Parole, and the WAGEES organizations each use different assessments and case planning tools for people in prison and on parole, which can result in different risk and need determinations for the same person. Commonly understood definitions of risk and need within the system would help ensure that reentry resources are being targeted to the people



who need them most. However, these definitions must be flexible enough to account for context and changes over time.

Modernizing data systems is a strategic priority for improving service delivery.

Numerous data systems track individual-level data on assessments, case plans, service delivery, and personal histories across the reentry system. Staff access to these data systems varies and staff report needing to use multiple systems simultaneously to find the data needed to deliver services.

Disparate data systems are one of the most commonly cited challenges by staff delivering services, supervisors, and leadership. The CDOC Divisions of Prison Operations, Adult Parole, and Clinical and Correctional Services each use different systems with information dating from different points in time, which creates challenges for case management and program management. Currently, CDOC is in the first phase of a project that plans to integrate the Department's data systems into a single system so that all relevant staff are able to access streamlined, consistent information on individuals and the services they receive.

Methods

To understand how the network of programs and organizations providing reentry services implement policies, we conducted two activities: (1) a review of relevant policy documents; and (2) a series of in-depth, semi-structured interviews with more than 40 direct service staff, supervisors, and stakeholders.

The policy document review aimed to summarize key legislation that expanded reentry services in recent years and to outline the operational structure of reentry services in Colorado. CDOC staff provided internal and publicly available documentation describing legislation, strategic planning initiatives, service delivery, and operational structure. We used a Microsoft Excel-based matrix to summarize documentation by these categories. We conducted additional targeted Internet searches to supplement these sources. The policy document review provided the foundation for the design of the in-depth interviews.

The in-depth interviews aimed to capture the perspectives of the various stakeholders, map the decision-making processes of staff in determining pre- and post-release services for each person, and describe the degree to which decision-making processes vary across organizations. We conducted interviews across all organizations and staff that serve as points of contact with people in prison and people on parole during pre- and post-release reentry services, including leadership, supervisors, and direct service staff (Figure 1).



Figure 1. Key Organizations Delivering Reentry Services

The Colorado Department of Corrections (CDOC)	The department of state government responsible for operating state prison facilities and providing parole supervision in the community
<i>CDOC Division of Adult Parole</i>	Provides supervision to people on parole in the community and delivers many of the services supporting reentry before and after release
<i>CDOC Division of Prison Operations</i>	Administers prison operations and oversees facility-based programming and case management focused on reentry
<i>CDOC Division of Clinical and Correctional Services</i>	Administers behavioral and mental health clinical services for people in prison
Latino Coalition for Community Leadership	A national non-profit overseeing the Community Reentry Grant Program, which provides funding, infrastructure, technical assistance, and capacity building to community-based organizations delivering reentry services
Work and Gain Employment and Education Skills (WAGEES) Organizations	Non-profit community- or faith-based organizations receiving funding from the Community Reentry Grant program to deliver reentry services under the WAGEES program model
Colorado Criminal Justice Reform Coalition	A non-profit in Colorado that advocates for reforms to criminal justice policies and facilitates meetings with state government, community, and other stakeholders to organize legislative reforms

Figure 2 presents the types of respondents we interviewed and their locations. We conducted interviews in a variety of formats, including in person, by phone, one-on-one, and in group settings. We included staff across levels within the same organizations to triangulate program and service information. We conducted 13 interviews between April and June 2018.

A standard field protocol guided the interviews to ensure that data were collected consistently across staff and locations while providing flexibility in pursuing topics as they arose. We asked staff to describe the background and motivation for current policies, to address topics related to the current landscape of reentry services in Colorado, including how they assess and refer people to services, to outline what services they deliver, how they track data on those services, and their perspectives on the challenges and successes of the current reentry system. Next, we describe the findings from the policy document review and in-depth interviews.



Expansion of Colorado Reentry Services, 2014 to the Present

In recent years, CDOC has implemented numerous reentry initiatives focused on supporting and rehabilitating people in prison in order to improve their likelihood of successful reentry into their communities. As a part of this effort, in 2014 the Colorado General Assembly passed HB 14-1355, which introduced a series of comprehensive reforms to state-level reentry programs, setting aside an additional \$2.8 million in state resources to further support reentry initiatives with total annual funding of \$8 million. In 2018, HB 18-1176 reauthorized the reentry initiatives for another five years. Efforts to expand and transform reentry services stemmed from a multi-year, cross-organizational collaboration among the Colorado General Assembly, the CDOC, the Colorado Governor's Office, the Colorado Criminal Justice Reform Coalition, and community leaders. Their goal was to design and implement innovative, research-based policies and programs that would enhance public safety, reduce recidivism, and increase the chances of successful community reentry. Through their collaboration, this group of state-level stakeholders created legislation that targeted investments in two domains:

1. Enhancing pre- and post-release reentry services at CDOC by providing additional supports and resources focused on housing, job training and placement, mental health services, and counseling.
2. Investing in and partnering with community organizations in order to provide direct services to a local client base of formerly incarcerated people who are navigating the reentry process.

In particular, state-level stakeholders aimed to provide more intensive pre- and post-release supports to those people that have been identified as having medium to high risk of recidivism and those with the highest need for stabilization, especially those with dual diagnosis. People targeted for reentry services generally fall within one of two categories: (1) medium to high-risk and/or need, or (2) high-risk, high-need, dual diagnosis offender (HRHNDO). CDOC identifies individuals who have a medium to high risk of recidivism by using standardized risk-assessment tools administered at the time of intake, during incarceration, before release, and during parole. High need is a more nuanced designation depending on the context. See page 25 for a detailed discussion of these definitions. HRHNDO individuals – a much smaller group, about 5% of people on parole – have been dually diagnosed with a major mental illness in combination with substance use, identified using a clinical code. Although people who fall into one of these two categories are a primary target for reentry services, the reach of reentry services is far more expansive than these groups alone.

House Bill 14-1355: The Foundational Legislation

In 2014, HB 14-1355 enhanced and expanded pre- and post-release programs provided through the CDOC (Colorado General Assembly [CGA], 2017). This legislation had two main components: reforming the model of reentry services provided by CDOC through 64 new and additional staff positions and establishing partnerships with community-based reentry service providers through the Community Reentry Grant Program. These new services created a more continuous system of support for people in prison and people on parole.

First, the legislation authorized several enhancements and key program changes to reentry services provided through the CDOC, and created new staff reentry roles to support people before, during, and after release. Enhancements and new staff roles included the following:



Enhancements

- *Enhanced case management capabilities* created new guidance for facility-based case managers to develop individualized institutional case plans to help assess people's risks and needs.
- *Emergency assistance funds* were dedicated to support short-term basic needs such as housing, food, and transportation provided through community-based organizations.¹

Additional Staff Roles

- *Pre-release specialists* were existing staff who provided facility-based educational programming on reentry needs and preparing for transition to the community. The legislation increased the number of pre-release specialists from 16 to 20 specialists across the state.
- *Community reentry specialists* were existing staff who assisted people on parole before and after release to the community with meeting basic needs, such as housing and employment. The legislation increased the number of community reentry specialists from 15 to 17 across the state.
- *Facility-based parole officers* were new staff positions created to introduce parole-eligible people to the requirements of community supervision, to help them prepare housing plans, and to refer them to available services. The CDOC hired or reassigned from community-parole 19 facility-based parole officers during the expansion.
- *Employment and training navigators* were new staff positions created to assist people with obtaining employment, job placement, and/or training upon reentering society. Four navigators were hired through the expansion.
- *Behavioral health specialists* were new staff positions under the Division of Clinical and Correctional Services. These specialists secure appropriate and available mental health services for people on parole in the community and provide therapy for eligible offenders. Four behavioral health specialists and one supervisor were hired through the expansion.
- *Facility-based case managers* were existing staff who provided case planning services during incarceration. The legislation increased the number of facility-based case managers by 29 positions to decrease the caseloads of staff and improve ability to case plan.
- *Community care case managers* were existing staff who provided housing case management support for people with special medical needs.
- *Community Partnership Developer* was a new position under the Division of Adult Parole to coordinate CDOC reentry services, reporting processes, and referral processes with the Latino Coalition for Community Leadership oversight of the Work and Gain Employment and Education Skills (WAGEES) program.

Second, to provide more robust reentry services to people on parole, HB 14-1355 formalized community-based partnerships by establishing the Community Reentry Grant Program with funding of \$1 million annually starting in fiscal year 2015, and \$1.7 million annually starting in fiscal year 2016.

¹ In addition to the enhancements specified in the legislation, CDOC also enacted policy to provide coordinated transportation for high- and medium-risk people to transport them from a facility upon release to a community parole office (primarily through shuttle services and providing bus passes) to support the intention of the bill.



Overseen by the Latino Coalition for Community Leadership, the Community Reentry Grant Program competitively selected seven faith- and community-based organizations to deliver the WAGEES Program. The WAGEES organizations work directly with people on parole to provide community case management, employment and education opportunities, and connections to state and local resources and services, such as housing.

In early 2018, HB 18-1176 extended the Community Reentry Grant Program established under HB 14-1355 through September 2023 following the recommendation of a comprehensive review by the Colorado Department of Regulatory Agencies. In addition, the legislation grants \$3.28 million for the expansion of the Community Reentry Grant Program in the next fiscal year, to increase the number of grantees by 10 organizations, add grantees in underserved and/or rural communities, and add one or more grantees specializing in serving the reentry needs of female offenders. The Governor signed the bill into law on May 30, 2018 (CGA, 2018).

Other Significant Legislative or Administrative Changes Affecting Reentry Services

Several changes to legislation and CDOC administrative regulations have affected the delivery of reentry services, though they are not directly related to the original reentry program legislation. These changes include the restating of Colorado's legal responsibility to provide supports for people reentering the community, the creation of reentry housing units within facilities for people approaching parole that have a moderate or high risk of recidivism and the delivery of new supports for employment and resources within those units, and the advancement of the planning process for parole hearings.

- **HB 16-1215.** In 2016, this bill created a paradigm shift in how state law refers to the purpose of parole. The law's amended language reflects support for the reentry population in transitioning to the community, expresses an obligation to support people on parole in addressing identified risks and needs, and helps people achieve a successful release from parole supervision through compliance with the terms and conditions of release that address their risks and needs. Although this bill did not provide any funding or change service delivery, it reflects support for the changes started by HB 14-1355.
- **Reentry housing units.** In 2016, the CDOC changed administrative policy to create a new type of housing unit within facilities, known as reentry housing units. This policy change led to the creation of housing units focused exclusively on people approaching release in all Colorado facilities with a level II security rating or above (demonstrating a moderate or high risk of recidivism).
- **In-Reach Liaison.** In 2017, the Division of Prison Operations created a new position to provide in-reach services, which are services delivered within facilities focused on employment and community resources within facility reentry units.
- **HB 17-1326.** In 2017, the Colorado General Assembly changed several policies related to planning for parole and handling parole violations. Facility-based case managers prepare a parole plan and community parole officers are now required to investigate that plan 120 days before the parole board hearing. This extended the time that facility-based case managers are required to manage each parole plan, which can undergo several modifications if housing arrangements change before or after the parole board hearing.



Implementing Reentry Services in Colorado

This section describes how the organizations, programs, and staff providing reentry services implement current state policies on reentry. We aim to describe the landscape of reentry services as they exist following recent legislation enhancements and expansions, the variation in the implementation of reentry services across the state, and local factors that might affect reentry success. First, we provide an overview of the management structure for reentry services. Then, we summarize the types of reentry services delivered before, during, and after the transition to community. Finally, we describe key assessments, case planning documents, and data systems used to identify risks and target services.

Management

The Colorado state reentry system draws on partnerships at many levels to deliver services and support to people before, during, and after release (Figure 3). The CDOC has primary responsibility for delivering reentry services across the state. Specifically, within the CDOC, the Division of Prison Operations runs state prison facilities and oversees programming and case management during incarceration. The CDOC Division of Adult Parole manages parole operations and the provision of pre- and post-release services focused on successful reentry into the community following release. Many staff at CDOC play a role in delivering reentry services, but Offender Programs and Community Reentry has primary responsibility for supervising the staff implementing pre-release and community reentry programs, including pre-release specialists, community reentry specialists, employment and training navigators, and facility-based parole officers. Behavioral health specialists are supervised under the Division of Clinical and Correctional Services but provide key transition and post-release services (See Figure 3).

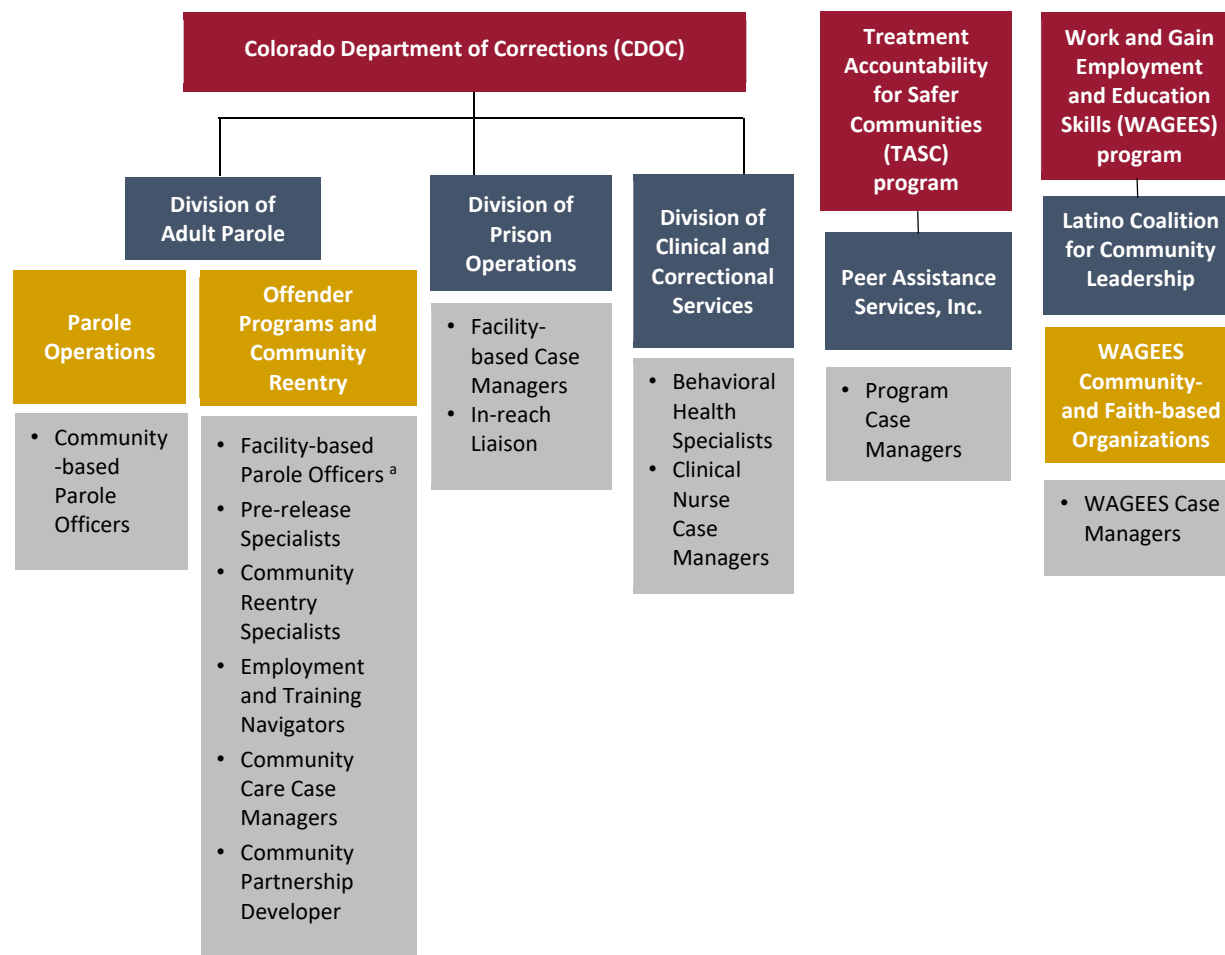
CDOC direct service reentry staff work in facilities and parole offices around the state. Staff are responsible for services in one or more facilities depending on facility size and geographic location. Staff are typically located within the facility if they provide pre-release services (pre-release specialists), travel between facilities and parole offices if they provide transitioning services (facility-based parole officers, behavioral health specialists), and work out of parole field offices if they provide post-release services (community reentry specialists).

Community- and faith-based organizations also play a key role in the provision of reentry services, specifically in administering services to people on parole. The Latino Coalition for Community Leadership oversees seven faith and community-based organizations (in nine locations) implementing the WAGEES program to support people on parole. The Latino Coalition for Community Leadership provides fiscal and program management and identifies and delivers common training needs for WAGEES faith and community-based organizations. The Latino Coalition for Community Leadership also provides infrastructure through fiscal and program data systems, technical assistance, training, capacity building, individualized organizational support, and overall fiscal and performance management of the Community Grant Program. WAGEES case managers within these faith and community-based organizations coordinate and provide direct services to people on parole.

The reentry system also relies on a wide range of local relationships with human service agencies, vocational rehabilitation agencies, workforce centers, Veteran's Affairs agencies, and other local community-based organizations. The organizations provide support services for people on parole ranging from housing to health care, if such services are available, but do not receive funding from the CDOC (and are not depicted in Figure 3).



Figure 3. The Colorado Reentry System, by Organization and Direct Service Staff



Sources: CDCO policy documents and interviews with staff.

a Facility-based parole officers were moved from Parole Operations to Offender Programs starting April 1, 2018.

b WAGEES Program providers include Bridge House (Boulder), Christlife Ministries (Pueblo and Colorado Springs), Homeward Alliance (Fort Collins), Junction Community Church (Grand Junction), Second Chance Center (Aurora), Servicios de la Raza (Denver), and the Rock Foundation (Greeley).

Available Reentry Services

People in prison in Colorado engage in reentry services both before and following their release from prison, with more intensive services and interventions targeted towards people who are designated as medium to high-risk or HRHNDO. Delivery of reentry services also varies based on facility location, size of staff caseloads, and available resources in the local community – for example, rural locations might have fewer local resources, and some facilities do not have a facility parole officer on-site full time because the officer works within multiple facilities. Reentry services begin during incarceration through the provision of ongoing case management, and facility-based cognitive, educational, and career and technical programming. As parole dates approach, special supports are targeted to medium to high-risk people in the form of pre-release classes and relocation to reentry housing unit assignments, where they receive in-reach services provided by community organizations and potential employers. The transition from facility to community starts with preparing for a parole hearing, after which facility-base

case managers, facility-based parole officers and behavioral health specialists provide services to support continuity in housing and health needs following release. After release, community reentry specialists, WAGEES community care managers, employment and training navigators, and community-based parole officers provide ongoing support for stabilization (Figure 4).

Figure 4. Reentry Services Progression from Pre-Release to Post-Release

Pre-release	Case management <i>Facility-based case managers</i>	Facility-based case managers maintain an ongoing relationship during incarceration to prepare individuals for reentry by preparing case plans and connecting individuals to facility-based programming, reentry housing units, pre-release classes, and facilitating family reunification efforts.
	Facility-based programming <i>Facility-based staff and community based-organizations</i>	Facilities deliver programs to educate about community resources, teach new skills, gain credentials, or prepare for reentry. These are ongoing programs that individuals can engage in during incarceration and are separate from pre-release classes (below).
	Reentry housing units <i>assigned by facility-based case managers</i>	Group housing units provide experiences, guidelines, and additional programming related to reentry within facilities. An in-reach coordinator provides connections to community resources, workforce centers, and employers to people in the reentry unit.
	Pre-release classes <i>Pre-release specialists</i>	Pre-release specialists teach classes about the 10 key reentry needs (such as identification, housing, and employment), develop individualized plans to address those needs, and prepare resumes and cover letters for employment.
Transition	Facility-based parole <i>Facility-based parole officers</i>	Facility-based parole officers coordinate between facility-based case managers in the facilities and community-based parole officers to create and investigate parole plans. Facility-based parole officers help individuals to plan for housing and other basic needs once they are on parole.
	Behavioral health transition services <i>Behavioral health specialists</i>	Behavioral health specialists work with facility-based case managers and clinical staff to provide transitional mental health services and medications to HRHNDO people and make referrals post-release to community health resources.
Post-release	Community-reentry services <i>Community reentry specialists</i>	Community reentry specialists provide connection to basic stabilization needs like housing, food, and hygiene, and assist with employment readiness or training needs.
	Employment and training navigation <i>E&T navigators</i>	Employment and training navigators help with creating resumes and cover letters, work with employers to create job placements or referrals, and connect individuals to workforce agencies for employment and training services.
	Community-based case management (WAGEES) <i>WAGEES community case managers</i>	WAGEES community case managers develop employment and training opportunities, foster peer-mentoring relationships, and provide housing and other stabilization services.
	Community-based parole <i>Community parole officers</i>	Community parole officers structure requirements, provide supervision, and make referrals to reentry services.

Sources: CDOC policy documents and interviews with staff.



The following sections describe how reentry services support people in prison in: (1) preparing for release, (2) transitioning to the community, and (3) reentering the community. Each section describes the nature of the services, how services vary across locations, how people are targeted for services, and how frequently people engage in services.

1. Preparing for release

Throughout incarceration, all people engage in case management and facility-directed programming focused on securing housing, employment and meeting basic needs. As people approach the date of release, medium to high-risk and other mandated people are assigned new housing and classes focused on reentry skills and planning. Next, we summarize the key reentry services people receive prior to release.

Case management. Facility-based case managers are the first in the network of staff who prepare people for reentry and typically have backgrounds in case planning with people in prison. Facility-based case managers are encouraged to use motivational interviewing techniques and

“Case managers in facilities are a huge part of the release and reentry process.”

maintain relationships with each person throughout his or her incarceration to outline expectations for work, programs and behavior, connect the person to resources, and encourage the person to begin planning for life after release. Case management meetings occur at least monthly and are documented through the Colorado Transitional Accountability Plan (CTAP), an evidence-based case planning and assessment process (see page 22). Depending on the person’s risks and needs, facility-based case managers might provide more frequent and intensive case management focused on conflict resolution skills, cognitive therapy, or family reunification facilitation. As people approach parole, facility-based case managers play a key role in release preparation including planning for housing and transportation. Case plans are developed through a collaborative effort among case managers, people in prison, and their families. Each person has a facility-based case manager, but their level of engagement with the case manager is shaped by their individual needs and risks as well as external factors such as the case manager’s caseload and capacity.

Facility-based programming. Facility-based case managers can recommend or require people to engage in facility-based programming or work assignments at any time during their incarceration based on risks, needs, and interests identified through the CTAP case planning and

“Our number one goal is always to get them a GED. Everything starts there.”

assessment process. Facility-based case managers can assign people to work in food service, maintenance, janitorial, or Colorado Correctional Industries jobs inside or outside of the facility to gain employment skills. Work assignments might include manufacturing, fabrication of furniture, metal products, or apparel, warehousing, agriculture, product transportation, heavy equipment operations, or vehicle repair. In addition, they can encourage people to engage in the educational programming directed and provided by each facility. People can obtain a General Education Development (GED) certificate, career and technical education certifications like welding or cosmetology, and can participate in cognitive programming such as Dress for Success, Always Parenting, Seven Habits on the Inside, Parents on a Mission, or Thinking for Change. People can also choose to attend panels on housing, business management, employment, or parole. Some facilities have increased their investment in



technology, including virtual reality programs through which people can obtain preliminary certification for skills such as welding or managing large equipment. Facility wardens have discretion in directing programming focused on reentry, which is influenced by location, staff, and facility layout.

Living in reentry housing units. Reentry housing units are housing assignments designed to support a successful return to community living for targeted people from 3 to 18 months before release. Reentry units are structured to integrate greater privileges and life skills needed for reentry, such as communal meeting or game rooms, washing machines, and later bed times. Reentry unit residents also benefit from additional support from facility-based case managers focused on reentry, access to information on reentry resources, and in-reach events led by community-based organizations. An in-reach liaison under the Division of Prison Operations also provides reentry unit residents with connections to workforce agencies, employers, and community resource agencies and may help arrange video conference interviews with employers and workforce center-funded on-the-job training upon parole. Facilities prioritize the placement of medium to high-risk people in the reentry units, though placement is also limited by the number of beds available. Housing assignments are mandated, but people can attend the reentry unit's programming events voluntarily. In 2017 there were about 1,204 beds in reentry units across 13 facilities.

Pre-release classes. Facilities also offer a voluntary class that is designed to prepare people for reentry and is facilitated by pre-release specialists. Generally, classes are targeted toward medium to high-risk people who are a year to six months away from parole eligibility. However, given the limited availability of slots (cohorts within most facilities are limited to 15 people), individual facilities are given agency to establish their own eligibility requirements. Based on cognitive behavioral science, the program covers 10 modules focused on the following topic areas: identification, transportation, housing, family and support, healthy relationships, parole, money management, victim awareness and restorative justice, education, and employment. Community-based organizations, including WAGEES Program organizations, also attend occasional sessions to present information on community resources. Classes are curriculum-based and include lectures, open discussion, interactive activities, one-on-one instruction, and independent work, and can take up to 12 weeks to complete. By the end of the class, people identify their needs across the 10 focus areas and develop individualized pre-release transition plans for addressing those needs, as well as a resume and cover letter. In addition, pre-release specialists host open labs each week at which people who are not in the current cohort can use the computer laboratory and seek help with resumes, budgeting, and searching for resources such as housing. Every facility has pre-release classes as an option, but small cohort sizes and limited frequency mean not all medium to high-risk people in prison take them. In 2017, 3,713 people took a pre-release course and 1,248 completed it. One facility is currently testing a model of open enrollment workshops on pre-release class topics to expand accessibility.

2. Transitioning to the community

As individuals begin the process of transitioning from living in a facility to returning to the community, key staff focus on providing them with targeted support. For example, facility-based parole officers prepare parole plans focused on housing, and behavioral health specialists and community care case managers plan for the health care transition of medium to high-risk or HRHNDO people and those with special health needs. Facility-based case managers and community reentry specialists also provide support during transition planning efforts, but the majority of their services are rendered before release and after release, respectively. These staff help people bridge expected gaps in healthcare, housing, and basic needs before and after release, and transition responsibilities for providing reentry services from the Division of Prison Operations to the Division of Adult Parole.



Preparing for parole. Facility-based parole officers work with facility-based case managers and community-based parole officers to develop plans for parole transition and supports all people in prison starting four months before a parole review. As a primary focus, facility-based parole officers work to develop stable housing plans for people post-parole. These staff roles were created as part of HB 14-1355 in 2014 and were recently moved under the supervision of Offender Programs with the goal of aligning to transition planning. There are many reasons a person on parole might have difficulty securing housing and face homelessness, such as disrupted family ties, eligibility rules in housing programs, or medical needs. Facility-based parole officers meet individually with people to create or review housing and transportation plans, summarize the case history, and define the parole conditions required. Each facility has a facility parole officer.

Transitioning behavioral health needs. Behavioral health specialists work with facility-based clinical staff to prepare HRHND individuals for a transition to community mental health providers, especially those with a dual diagnosis of behavioral health and substance use. These staff roles were created as part of HB 14-1355 in 2014. Behavioral health specialists assess identified people before release and provide social work and case management services before, during, and after release. Behavioral health specialists hold transition planning meetings in facilities for each HRHND person approaching parole with a multi-disciplinary team, including case managers, community reentry specialists, and facility-based parole officers. Upon release, behavioral health specialists contact people within a day of release, by phone for people who are at lower risk and in more rural locations, and in-person for higher-risk people. Transitioning care to community treatment providers can take weeks or months due to long waiting lists and scarce resources, so behavioral health specialists themselves often provide interim counseling, crisis support, and medication referrals if people choose to engage. Four behavioral health specialists statewide engage all HRHND people before release and during transition. Although behavioral health specialists interact with all HRHND individuals, their time and available community resources are limited.

Additional behavioral health services are also provided by clinical nurse case managers within the Division of Clinical and Correctional Services and through the Treatment Accountability for Safer Communities (TASC) program. The Division of Clinical and Correctional Services employs clinical nurse case managers to manage healthcare needs for people in prison, and to provide support for obtaining health insurance, such as Medicaid, after release from prison. In addition, the TASC program provides comprehensive case management and drug-use monitoring services for people that are in need of ongoing mental health or substance use treatment. Supported through a contract with Peer Assistance Services, Inc., TASC case managers work together with behavioral health specialists and community-based parole officers to provide assessment of health needs, define a treatment plan, and make referrals to Approved Treatment Provider (ATP) mental health, substance use, or sex offender treatment services.

Accommodating special housing needs. Community care case managers work with facility-based case managers and facility-based parole officers to identify housing options for populations with high medical needs, including the disabled and elderly, prior to their release. Facility-based case managers and clinical staff identify people in need of these transition services via specific medical codes used by facility clinical health services. Community care case managers complete long-term care applications, coordinate assisted-living facility placements, and set up medical appointments to ensure a transition in care. There are two community care case managers statewide, and the behavioral health specialist covering western Colorado provides these services for that region.



3. Reentering the community

After release, a network of community-based CDOC and WAGEES staff continue to provide people on parole with transition support to help them successfully transition back to the community. CDOC community-based parole officers oversee supervision plans, community reentry specialists offer wrap-around support to meet basic needs like housing, transportation, employment, and health, and employment and training navigators refer people on parole to local workforce agencies and job opportunities. In addition, faith and community-based organization WAGEES case managers provide mentoring support, care management, employment and training services, and connection to resources through the WAGEES program. Except for meeting with a community parole officer, people engage in all post-release services voluntarily.

Meeting with parole. Community-based parole officers conduct in-person investigations to verify the feasibility of housing plans before release and oversee supervision plans after release. All people on parole must complete the terms of their parole under the supervision of the community-based parole officer. Community-based parole officers provide continued case planning; oversee restitution or child support payments; and outline other requirements, such as in-person meetings with parole, treatment for substance use, or sex offender treatment. Parole officers can mandate that voluntary services, such as community reentry specialist or employment and training navigator services, are put on hold while a participant fulfills other requirements. There are 250 community parole officers in Colorado, most of whom have a background in law enforcement.

Meeting basic needs for reentry. Community reentry specialists assist people, on a voluntary basis, with meeting their basic stabilization needs, including housing, employment, health, identification, and hygiene. HB 14-1355 expanded these staff roles in 2014. Community reentry specialists target high-risk and HRHNDO people and those who are unemployed and/or homeless, but anyone who is interested can engage in services. Before release, community reentry specialists are assigned to facilities for in-reach services, which are one-on-one meetings for some people who are approaching release to discuss barriers and build rapport. Pre-release specialists and case managers can refer people for in-reach services with a community reentry specialist. After release, the community reentry specialist addresses basic stabilization needs through in-person meetings and referrals to resources such as housing and health provided through community-based organizations and faith-based organizations. Community reentry specialists help people to identify new housing and transportation options, substance abuse treatment services, connect to other health care, or meet any other need by providing wrap-around services. Orientation is available in all Parole offices and people on parole are expected and encouraged to attend. Thereafter, meetings with reentry specialists are voluntarily unless mandated by the community-based parole officer. Some community reentry specialists provide weekly financial support services to incentivize participation, like a booklet of bus tickets. If a participant does not have urgent stabilization needs, the community reentry specialist can work toward goals such as employment or additional training or education and work with people to develop soft skills, interviewing skills, and applications for employment. Community reentry specialists also work to make connections to new employers, organize job fairs or mock interviews, and facilitate connections to employment and training opportunities. Community reentry specialists are trained in evidence-based practices, including motivational interviewing, criminogenic risk-need responsivity, moral reconnection therapy, assessing needs and strengths, and case management practices. There are 16 community reentry specialists across the state who come from backgrounds ranging from law enforcement to human services.

Connecting to the community. WAGEES faith and community-based organizations connect people on parole with a variety of additional community-based resources, such as stabilization supports, employment and training, and educational opportunities. Each faith and community-based organization



offers a unique suite of services based upon their connections to local community resources. Currently, 23 staff roles are supported across all WAGEES faith and community-based organizations under the Community Reentry Grant Program. Some WAGEES organizations have a job specialist case manager who can assist with job preparation, application, and placement. In addition, WAGEES case managers can provide family organizing and visiting services. A number of WAGEES organizations increasingly focus on housing services and have hired specific housing staff to advocate for people with landlords,

locate new private housing options within the community, provide rental assistance, and connect people with transitional housing facilities. People must be at medium or high risk and on parole to receive services through the WAGEES program, and in 2017 the program served about 1,800 people on parole. People are referred to WAGEES organizations through a community-based parole officer, a community reentry specialist, or are self-referred, and receive services on a voluntary basis. In addition, some WAGEES case managers attend the local parole office orientations to inform people about their services. Most of the 23 WAGEES case managers (60%) were formerly incarcerated and they serve in a hybrid role of a peer mentor and a case manager. Case managers are trained in many different evidence-based practices including motivational interviewing, criminogenic risk-need responsivity, moral reconnection therapy, mental health first aid, supportive alliance, assessing needs and strengths, targeting resources, and case management practices. Some case managers are trained to facilitate Parents on a Mission and use a mentoring curriculum based on Seven Steps of Never Going Back or Beautifully Broken, which is specifically designed for women.

“The biggest advantage of WAGEES is in building relationships—they call it the ‘special sauce.’ They have deep ties and connections to their communities, a richer rolodex. They’re working their own streets and they’ve walked the walk.”

Finding or preparing for employment. Division of Adult Parole employment and training navigators are located in parole offices and connect people to workforce agencies and opportunities for employment, vocational training, and education. The employment and training navigators work with local employers to develop job opportunities for people on parole and provide one-on-one services in person or by phone or video conference, which might include developing resumes and computer skills or mock interviewing. Employment and training navigators administer an assessment to identify and prioritize work readiness services to high-risk people with low job readiness. There are four employment and training navigators in Colorado.

Targeting Reentry Services

CDOC and the Latino Coalition for Community Leadership overseeing the WAGEES program rely upon multiple tools to target reentry service delivery to priority populations. Assessments define individual needs, case planning documents the matching of individual needs with services, and data systems track service delivery. Assessments provide staff with information on criminogenic and behavioral needs during intake, incarceration, and release to help determine which services people should receive. Case planning documents record information on the services people have been referred to for basic needs (like housing or health) or for employment, training, or education during or after incarceration. In addition to tracking and reporting on program services, data systems store key information on assessments and planning documents, and classify people with codes to help target service delivery. CDOC Divisions and the Latino Coalition for Community Leadership use separate assessments, planning



documents, and data systems to track and deliver services (a challenge discussed in section V). Figure 5 describes the organization of these tools and systems across CDOC and Latino Coalition for Community Leadership.

Figure 5. Navigating Service Delivery Across the Reentry System

Organization	CDOC Division of Prison Operations	CDOC Division of Adult Parole	CDOC Division of Clinical and Correctional Services	Latino Coalition for Community Leadership
Assessments	CTAP assessments (three phases) CARAS assessment ^a	Level of Service Inventory Revised (LSI-R) assessment	Clinical health assessment	LSI-R assessment
Case planning documents	Case plan Pre-release transition plan	Supervision plan	Mental health transition plan	Case plan
Data systems	Legacy systems (DCIS, PCDIS)	Colorado Web-based Integrated Support Environment (CWISE)	EOMIS ^b	Apricot
Defining target groups for services	Medium and high risk defined by CTAP assessments, voluntary	Medium and high risk defined by LSI-R assessments, voluntary	High-risk, high-need, dual diagnosis defined by clinical codes and LSI-R assessments, automated identification	Medium and high risk defined by LSI-R assessments, voluntary

Sources: CDOC policy documents and interviews with staff.

a The CARAS assessment is an algorithm used to predict recidivism using a number of static factors to create a score. This assessment is used primarily by Colorado’s State Parole Board for release and revocation decisions.

b CDOC is in the first of three phases of implementing a plan to transfer all CDOC data systems into EOMIS. Currently, EOMIS only contains clinical health records.

The following sections describe the core assessments used to deliver services and the data systems in use across reentry programs.

1. Assessments

To identify an individual’s level of criminogenic and behavioral risks and needs and to support direct service planning during incarceration and parole, CDOC conducts three types of assessments: 1) CTAP assessments, which are used during incarceration by Division of Prison Operations staff; 2) the Colorado Actuarial Risk Assessment Scale (CARAS), which is used to predict recidivism prior to a parole hearing; and 3) the Level of Service Inventory Revised (LSI-R) assessment, which is used by Division of Adult Parole staff to plan pre- and post-release reentry services. We discuss each of the three core assessments separately below.



The CTAP Assessments. The Division of Prison Operations relies primarily on an assessment called the CTAP, which was introduced several years ago for use in case planning during incarceration by the facility-based case managers. The CTAP is based on the evidence-based Ohio Risk Assessment System (ORAS) from the University of Cincinnati and CDOC is working with the University to validate the application of the assessment in Colorado. The CTAP assessment collects information on personal history, risks, and needs and ranks people at low, medium, or high risk of recidivism.² The medium to high-risk group is targeted for many of the reentry services. There are three phases of the CTAP assessment:

1. The first phase of CTAP assessment is called the Prison Intake Tool (PIT), which is conducted during facility intake and documents an individual's history leading up to incarceration. The PIT is used to assign people to programs – like sex offender therapy – based on risks and classification scores.
2. The second phase of CTAP assessment is called the Supplemental Reentry Tool, which is conducted annually for the first four years of incarceration. Supplemental Reentry Tool focuses on an individual's progress in reducing his or her identified risk of recidivism through facility-based programming.
3. The third phase of CTAP assessment is called the Reentry Tool, which is conducted annually after the first four years of incarceration until release. The Reentry Tool focuses on identifying an individual's remaining risks and needs approaching release.

The CARAS Assessment. The CARAS assessment is an automated algorithm pulling on data elements from multiple system to create a score to predict recidivism. The Colorado State Parole Board uses the CARAS score to inform release and revocation decisions. The score is calculated using a number of inputs, including the LSI-R score (described below), number of prior offenses and parole revocations, current age, and other factors (Colorado Department of Public Safety [CDPS], 2015). While the score is primarily used by Colorado's State Parole Board, in practice it is also used by facility-based case managers and community-based parole officers to supplement risk information (for example, if the LSI-R score is outdated or missing).

The LSI-R Assessment. The Division of Adult Parole uses the LSI-R assessment throughout the delivery of both pre- and post-release reentry services to tailor these services to a person's specific needs and risk. The LSI-R assessment is conducted at intake, at release, and every six months during parole. The LSI-R assessment produces a score that classifies the individual as at low, medium, or high risk (of recidivism) and need (for example, medical, housing, family support) (CDPS, 2008). The LSI-R covers topics including criminal history, education and employment, finances, family and friends, housing, leisure activities, substance use, emotional and personal needs, and attitudes and orientations. The LSI-R is the foundation for resource allocation, service delivery, and parole supervision plans (with more intensive services targeted towards medium to high-risk individuals). A third-party vendor (Rocky Mountain Offender Management Systems) conducts the assessment, and staff track the LSI-R across data systems and use the score from this assessment in combination with data on housing, employment, and mental health to identify medium to high-risk and HRHNDO people.

² Facility-based case managers for female prisoners transitioned in February 2018 to using a version of the CTAP which is more gender responsive – the Women's Risk and Needs Assessment.



In addition to these core assessments – the CTAP, the CARAS, and the LSI-R – reentry staff use other supplementary assessments and characteristics to shape service delivery. For example, community reentry specialists recently started using a barriers assessment, and employment and training navigators administer work readiness assessments. Challenges around the assessment process are discussed later in the report.

2. Case planning documents

Case planning documents describe the plan for addressing a person’s needs and risks identified in their assessments. Different case planning documents are used by the CDOC Division of Prison Operations, the CDOC Division of Adult Parole, and the WAGEES organizations. The CDOC Division of Prison Operations relies primarily on case plans developed during monthly meetings with a case manager. In addition, people who participate in pre-release classes while in prison develop a pre-release transition plan, which should be incorporated into the case plan. The CDOC Division of Adult Parole uses supervision plans developed during meetings with community parole officers or other reentry staff. Finally, WAGEES case managers have case plans developed in collaboration with parole staff and people on parole to document goals and needs for employment, education, and basic needs services.

Case plans. The CDOC Division of Prison Operations case managers use a CTAP case planning tool to document security classification scores, behavioral and criminogenic needs and plans for services, work assignments, housing assignments, and education programs during incarceration. CTAP assessments (Supplemental Reentry Tool and Reentry Tool) are designed to be conducted annually during incarceration, and the CTAP case planning tool should be used throughout incarceration during monthly meetings with facility-based case managers. The CTAP is the core of case management, case planning, and referrals for facility-based programming and reentry services during incarceration.

Pre-release transition plans. People who participate in pre-release classes prior to release from prison develop their own transition plan during the class. The pre-release transition plan describes plans and resources across the 10 focal topics of the class (also described above): identification, transportation, housing, family and support, healthy relationships, parole, money management, victim awareness and restorative justice, education, and employment. These plans are developed individually during the class and may be supplemented through individualized research conducted on computers during the open lab period on Fridays. For example, after talking about transportation in class during the week, a person might come to the open lab to research transportation options in the area where they are planning to live following release from prison.

Supervision plans. The CDOC Division of Adult Parole community-based parole officers develop supervision plans to document community supervision guidelines (for example, how frequently to meet with the community parole officer, restrictions on obtaining weapons or interacting with people who have weapons or past criminal histories), referrals to community reentry specialists, WAGEES organizations, and other community resources for services to meet basic needs, and for education, training, and employment. The supervision plan is the foundation for post-release reentry services.

In addition to these core plans, staff should use their respective division or organization data systems (legacy systems, CWISE, or Apricot) to document case management or supervision activities through chronological notes -- which staff call “chrons.” Chrons may be used by staff differently but generally contain notes from individual meetings which might inform an updated case plan or supervision plan. Challenges around the case planning process are discussed later in the report.



3. Data systems

The reentry system uses a number of data systems to manage information on people’s background, assessment results, and service receipt. The primary data system used by the reentry system is the Colorado Web-based Integrated Support Environment (CWISE) system. The CWISE system contains the LSI-R score and ongoing case planning and service receipt information, including information on risk factors like housing and employment. Community-based parole officers, facility-based parole officers, community reentry specialists, and reentry program staff are able to access information through the CWISE system.

In addition to CWISE, CDOC has a number of separate data systems serving various purposes and accessible by different users. The Department of Corrections Management Information System (DCIS) documents demographic data and is the source from which many other systems pull. The Personal Computer Department of Corrections Management Information System (PCDCIS) – which dates from the 1980s – tracks assessment results, medical records, and case management notes through the Case Management Tracking System (CMTS). The CTAP system houses CTAP assessment results, case planning information, and medical records. The Offender Portal system is used by the Colorado State Parole Board to reference case summaries from the time of prison intake, case management notes, legal documents, and personal property records. The DocNet system contains documents related to individual cases. The Web Extender system contains electronic copies of documents related to pre-sentencing investigations and legal documents. The Division of Clinical and Correctional Services manages the Electronic Offender Management Information System (EOMIS), which contains electronic health records and mental health transition plans.

The other key system tracking the receipt of reentry services is the Latino Coalition for Community Leadership’s Apricot data system (an off-the-shelf data system designed for nonprofits). The Apricot system tracks service receipt, supportive service inputs, case notes, demographic and intake information, and program performance measures. Reentry system staff use a number of other data systems to track additional information on service receipt and medical needs. Figure 6 summarizes these systems by their users and purpose.

Figure 6. Reentry Services Data Systems

System	Access	Purpose
Colorado Web-based Integrated Support Environment (CWISE)	CDOC Division of Adult Parole, Latino Coalition for Community Leadership, WAGEES program staff	CDOC Division of Adult Parole and WAGEES program staff use this system to access information on assessments (CTAP, CARAS, and LSI-R), reentry service receipt, and case notes.
Department of Corrections Management Information System (DCIS)	CDOC Divisions of Prison Operations, Adult Parole, and Clinical and Correctional Services	All CDOC staff use this as a foundational system that pulls information from various other systems, including demographic data, case management notes, assessment results, and medical records.
Personal Computer Department of Corrections Management Information System (PCDCIS)	CDOC Divisions of Prison Operations, Adult Parole, and Clinical and Correctional Services	CDOC Division of Prison Operations staff use this system to access the Case Management Tracking System (CMTS) where all chronological case management notes are stored (sometimes referred to as “chrons”).
Colorado Transition Accountability Plan (CTAP) System	CDOC Divisions of Prison Operations, Adult Parole, and Clinical and Correctional Services	CDOC Division of Prison Operations uses to store results of annual CTAP assessments and CTAP case plans. Pulls information from DCIS on available facility-based programming that aligns with CTAP assessments.



Offender Portal	CDOC Divisions of Prison Operations, Adult Parole, and Clinical and Correctional Services, Colorado State Parole Board	Colorado State Parole Board uses to review cases. Includes intake summary, case management notes, legal documents, and records of personal property prior to prison.
DocNet	CDOC Divisions of Prison Operations, Adult Parole, and Clinical and Correctional Services	All CDOC staff use to search for documents related to individual cases during time in prison and on parole.
Web Extender (WebEx)	CDOC Divisions of Prison Operations, Adult Parole, and Clinical Health Services	All CDOC staff use to search for historical documents on pre-sentencing investigations and legal documents.
EOMIS ^a	CDOC Division of Clinical Health Services	CDOC Division of Clinical Health Services uses to track Electronic health records, mental health transition plans. Does not connect to other systems because information is protected under the Health Insurance Portability and Accountability Act.
Apricot	Latino Coalition for Community Leadership, WAGEES program staff	The Latino Coalition for Community Leadership and WAGEES program staff use to track service receipt data and case notes, demographic data, supportive service inputs, program performance metrics, and information at intake such as housing status, behavioral health needs and employment/education history.

Sources: CDOC policy documents and interviews with staff.

^a CDOC is currently in an initial phase of a long-term plan to transfer all CDOC data systems into EOMIS. Currently, EOMIS only contains clinical health records.

CDOC is planning to streamline existing data systems into a single Department-wide database to track information about people in prison and people on parole. The project is called the Department of Corrections Offender Records Management System (DeCORuM) and aims to merge all information on people in prison and people on parole into one system using the EOMIS software. DeCORuM was initially funded by a grant to improve tracking of health information electronically, and the project has been expanded with CDOC funding to address other needs for data system improvement. DeCORuM will be implemented in phases over multiple years – the first phase, which launched the EOMIS system for the use of the Division of Clinical Health Services, is already complete. The second phase will extend the system to the Division of Prison Operations, and the third phase to the Division of Adult Parole.

4. Defining risks and needs

The assessments conducted by CDOC staff produce scores to help predict the risk of recidivism and define criminogenic needs that might make someone more likely to recidivate. The scores are used to target services to the people who might benefit most from receiving them. The HB 14-1355 legislation aimed to focus delivery of reentry services on people with medium to high risk of recidivism. The CTAP, LSI-R, and CARAS assessments each use similar but independent scoring methodologies to define people as low, medium, or high risk of recidivism. Depending on the point in time – during incarceration or after release – different scores are used to identify people for referral to services. With a few exceptions – like meetings with case managers and community parole officers – engaging in referral-based reentry services is voluntary, regardless of assessment scores.

Importantly, criminogenic needs as identified on assessments are only one type of need impacting recidivism. Clinical needs, including physical, mental, and behavioral health, as well as stabilization needs like food, housing, transportation, and employment, are not included in the universal assessment



processes described above. Clinical and stabilization needs are reviewed with people prior to release if they participate in pre-release classes, where they create a pre-release transition plan to address ten clinical and stabilization needs. After release, Community Reentry Specialists and WAGEES community care managers review needs during intake interviews with people on parole who volunteer to receive services.

Separately, the HRHNDO designation is used to prioritize people for mental health-related reentry services. HRHNDO people may have a higher risk of recidivism because of their unique medical and treatment needs. The HRHNDO designation is based on an algorithm which combines facility-based clinical assessments, including the Brief Psychiatric Rating Scale, Resource Consumption scale, and an LSI-R score of 27 or higher. This algorithm generates a score called a P-code. People who have the appropriate P-code plus a clinical diagnosis of a serious mental illness and a substance use disorder are designated as HRHNDO and targeted by behavioral health specialists. All HRHNDO people are encouraged to engage in their transition meeting for successful community reentry. The transition planning meeting includes the facility-based case manager, facility-based parole officer, clinical staff, and community reentry specialists. As stated previously, the HRHNDO target group consists of about 5% of all people on parole.

In practice, staff use terminology related to risks and needs differently. CDOC Division of Prison Operations staff likely use the term “high risk” to communicate about security classifications – which are driven by how people behave in prison. CDOC Division of Adult Parole and WAGEES Program staff likely use the term “high risk” to refer to a combination of criminogenic risk and stabilization needs. CDOC Division of Clinical Health Services Staff likely refer to those with the highest risk as those with a “HRHNDO designation.”

Multiple uses of risk terminology and assessment scoring may cause services to be delivered differently throughout the reentry process. While assessments are available to help staff target services, there are not automated referral processes based on risk scores or need, and staff must make referrals and prioritize services with limited resources. In addition, many reentry services are voluntary, so people can choose to engage or not, even if they are recommended based on risk scores or need.

Perspectives on Reentry Services

Through individual and group interviews, staff shared perspectives on the successes and challenges faced by the reentry system in decreasing recidivism and other outcomes. The following sections describe the common successes and challenges cited by staff.

The WAGEES program has facilitated a stronger community connection. Staff across roles and organizations agree that working with the community through the WAGEES program has been a positive and ground-breaking change for the reentry system. CDOC leadership has created a strong culture of support for the WAGEES Program, and the Latino Coalition for Community Leadership is effective at bridging the gap between community-based reentry services and the CDOC. Staff also indicate that

“The WAGEES Program has created a more systematic trust between the community and CDOC.”

“There used to be a time when no one in [Prison Operations] knew anyone in Parole—now [they] know them all.”



providing multiple points of access to services within the community has given people on parole the flexibility to seek the assistance they need through the channels they choose. The involvement of formerly incarcerated case managers promotes respect, understanding, and accountability based on connection rather than power.

Collaboration between and within organizations is growing stronger. Many staff reflected positively on the cultural change that has occurred since the expansion of reentry services, which has led to a renewed focus on teamwork to reduce recidivism. Staff report that relationships have grown stronger among the Division of Prison Operations, Division of Adult Parole, and Division of Clinical and Correctional Services which facilitates continuity of care. For a large organization, however, systems-alignment takes time and CDOC is still in the process of merging some practices and policies across divisions to improve coordination further. Continued improvements in this area will enhance the ability of staff to make direct and personal connections as they hand people off to the next in their chain of service providers.

Disconnected data systems are a challenge. The difficulty of using multiple data systems for case and program management was a common theme among staff. Several of these data systems are dated and collect similar data. Since staff do not have access to all systems containing important information for service delivery – like health diagnoses and needs-- many CDOC staff report using multiple data systems simultaneously to find necessary information. When information stored across systems is contradictory or missing altogether, staff must follow up with one another by email or verbally to identify issues with specific cases (if they can determine who to contact). Because the reentry system relies on many staff who work in and across different locations, current data systems do not adequately facilitate communication and quality assurance. This makes it challenging to ensure that service-targeting policies are correctly and uniformly followed. In addition, staff reported that performance measures to identify operational, performance, or service delivery issues are not used or do not exist for program management and supervision. CDOC’s plan for streamlining reentry information into one data system under the DeCORuM project is intended to alleviate these staff challenges in entering and obtaining data on specific people. In order for this streamlining process under DeCORuM to be a success, however, CDOC staff acknowledge that its implementation will require close collaboration between divisions and across all staff in unifying the data entry and documentation process. In the absence of such coordination, it is expected that many of the current challenges to practical will simply be replicated within the new system.

Existing case planning information does not transfer across data systems and staff. Facility-based case managers use the CTAP tools for ongoing assessment and case planning. This case planning data is housed in the Department of Corrections Information System (DCIS), but does not transfer or connect to the Division of Adult Parole or WAGEES data systems (CWISE and Apricot, respectively). In addition, the pre-release transition plan that each person develops during their prerelease classes, which captures information on ten core transition needs immediately before parole, is housed on a drive shared by the Division of Prison Operations and the Division of Adult Parole, and is provided to the person for their transition. Not all people on parole have a prerelease transition plan and the Division of Adult Parole staff rely primarily on the LSI-R score parole plans, and other assessments to inform service delivery. Staff feel that efficiency and continuity in service planning is compromised because of the technological and procedural gaps in transitioning case planning.

“Our technology challenges create communication challenges.”



Roles and responsibilities can be unclear. In the six months before release, multiple staff play a role in providing reentry services, and it can be unclear where each individual staff member's responsibilities begin and end. Many staff work to address the same issues; for example, case managers, facility-based parole officers, and community reentry specialists might all work on housing simultaneously, making it unclear who bears ultimate responsibility. Staff are limited and caseloads are high, and staff report they do not always have time to complete all their responsibilities for a given case before the case is passed to the next staff person.

There are not enough community resources to meet all of the housing and health needs. The most common challenge described by staff was the shortage of housing and mental health services available in the community. Staff described these deficits as structural issues without clear solutions that are even more pervasive in rural areas. In addition, staff feel there are no comprehensive resources at CDOC that define all the housing and health resources in a given region. Finally, facility-based parole officers and community-based parole officers said that preventing homelessness can be challenging because data systems and processes do not always identify and facilitate intervention for people on parole who are released without adequate shelter.

Core assessments do not predict risks and needs well enough. Staff report that obtaining accurate risk information has been challenging and, as a result, word of mouth among staff has been a routine way to identify medium to high-risk and high-need people. Data systems are still not designed to deliver lists of people in prison or people on parole with certain health or service needs, which makes it difficult to target services. The primary assessment used by the Division of Parole—the LSI-R score—sometimes dates from the time of intake to the facility when they start meeting with community-parole officers. The risk data show that Colorado has more high-risk people on parole than other states, and staff question the accuracy of the assessments used to generate that information. With only a few staff covering the entire state for some positions (for example, E&T navigators and behavioral health specialists), and many staff serving multiple facilities and locations (for example, community reentry specialists and facility-based parole officers), staff said that the need to target services with better assessments and better data systems was one of the most important challenges facing the reentry system. Staff hope to improve the assessments and access to data so that they can systematically prioritize serving and motivating those with the highest risk of recidivism and highest needs.

“No other issue or risk matters—housing is number one in determining whether they can even succeed.”

“It is really hard to get good risk information. The assessment piece is huge. Everything would flow from a good assessment process.”



Systems change is an iterative process. The reentry system in Colorado has transformed since 2014, but improvement and innovation around services, staff roles, assessments, and data systems is a process that will require ongoing effort among staff at all levels. Many staff in the Division of Adult Parole gave a similar example to illustrate the challenges they face with service delivery: a person arrives at the Parole office following release, and they are homeless and face multiple barriers to reentry, like a disability or a mental health issue. Under the current system, staff do not have access to information that would give them advanced notice and time for preparation and planning before this person's release. As a result, post-release staff say that they sometimes operate "in a state of crisis" in serving high needs people on parole. This situation is not the result of a singular issue, but a compounding of multiple issues outlined in this report. Assessments do not always identify the people most in need of services. Staff can be unsure of who is responsible for case planning and meeting basic needs. Data systems do not connect and transfer case planning documentation that has been developed over years in prison. There are not enough housing and mental health resources available. In the midst of these challenges, staff must provide services to thousands of people releasing from prison across the state each year. Still, staff recognize that CDOC leadership is working to address many of these challenges and that systems change takes time.

"We've made a lot of headway over the last six years – [the reentry system] is night and day compared to what it was."

Conclusions

The changes brought on by HB 14-1355 were transformational to the Colorado reentry system. New staff and programming have built a bridge within the divisions of CDOC that are responsible for individuals before and after release from incarceration. In addition, the Community Reentry Grants funding the WAGEES program forged a stronger connection between the CDOC and the community, creating new ways that people on parole can engage with reentry services that relate more closely to their personal history. As with any programming, there are challenges and opportunities to strengthen services and conduct further research on what works in promoting successful reentry for Coloradans.

CDOC has two major efforts underway to help address some of the challenges outlined in this report. The CDOC Division of Prison Operations and Division of Adult Parole are working to harmonize policies across systems to clarify roles and responsibilities while developing consistent guidance around how to serve people as they transition from prison to community. Second, the migration of all data systems under the DeCORuM project to the EOMIS software system will combine the assessment and case planning data across CDOC divisions. Neither of these efforts will be a panacea, however. Ongoing and regular discussions among leadership and with staff on the ground will be necessary to monitor progress and determine when additional nudges are necessary.

To further support CDOC as they continue the work of aligning Colorado's reentry systems, the Reentry Systems Mapping project will follow this initial report with the creation of a Colorado reentry services summary that maps patterns in reentry services and supports as they are currently provided to people through both pre- and post-release programs. This research will lay the data and policy groundwork for CDOC in understanding what combination of pre- and post-release programs is the best to offer to adult offenders to reduce recidivism.



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