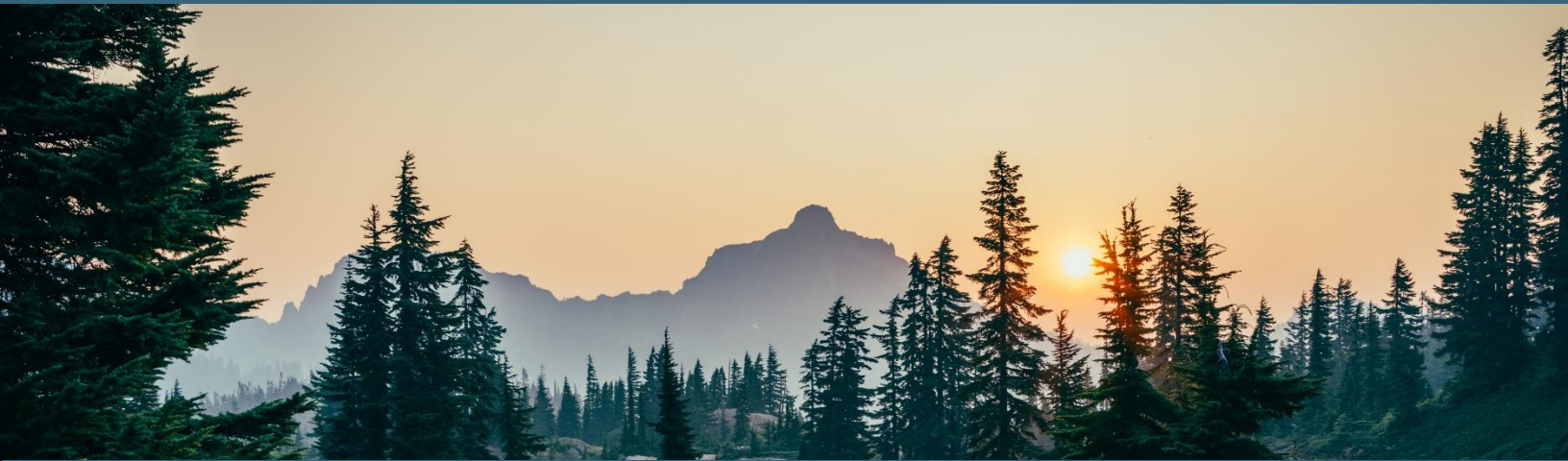


# Colorado Community Corrections Standards



State of Colorado  
Department of Public Safety  
Division of Criminal Justice  
Office of Community Corrections

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**COLORADO**  
Division of Criminal Justice  
Department of Public Safety

## Table of Contents

Client Supervision (CS)	6
CS-010: Random Headcounts and Facility Walkthroughs	6
CS-011: On-Grounds Surveillance	6
CS-020: Client Property	7
CS-030: Contraband	7
CS-040: Random Off-Site Monitoring	7
CS-041: Furlough Monitors	8
CS-042: Job Search	9
CS-043: Off-Grounds Surveillance	10
CS-044: Home Visits and Community Contacts	10
CS-050: Recording Authorized Absences	11
CS-060: Substance Testing Processes	11
CS-061: Entry Urine Sample	13
CS-062: Interim Drug Testing Processes	13
CS-063: Confirming Positive Test Results	15
CS-070: Prison Rape Elimination Act (PREA)	16
CS-080: Prescribed Medications	16
CS-090: Unauthorized Absence/Escape	17
CS-091: Direct Sentence Clients (Residential)	18
CS-092: Condition of Probation Clients	18
CS-093: Transition and Condition of Parole Clients	18
CS-094: Direct Sentence Clients (Non-Residential)	18
Environment/Facility (EF)	20
EF-010: Facility Service/Tasks	20
EF-020: Minimum Floor Space	20
EF-030: Separate Space	20
EF-040: Visitation Space	21
EF-050: Access to Nutritional Meals	21
EF-060: Property and Safety	22
EF-070: Toilets, Basins, Showers	22
EF-080: Client Advisement	22

EF-090 Access to Hygiene Products	23
Communication/Coordination/Collaboration (CCC)	24
CCC-010: Acceptance Criteria	24
CCC-011: Written Response to Referral Agencies	24
CCC-020: Incident Notification and Resolution	24
CCC-030: Referral Agency Collaboration	25
CCC-031: Referral Agency Reports	25
CCC-040: Client Treatment Monitoring	26
Organizational Management/Accountability (OMA)	27
OMA-010: Staff Backgrounds and Criminal Conduct	27
OMA-011: Fingerprinting	27
OMA-012: CCIB Staff Records	27
OMA-013: Waivers for Applicants with a Previous Felony Conviction	28
OMA-014: Staff Criminal Conduct	28
OMA-020: Milieu Management	28
OMA-030: <i>Unannounced Facility Checks</i>	28
OMA-040: Transportation of Clients	29
OMA-050: Separate Medical Files	29
OMA-060: Legal Documentation for Client Placement	29
OMA-070: Use of Physical Force	29
OMA-080: Financial Transactions	30
OMA-090: Budgeting	30
OMA-100 Mental Health Crisis Response	30
Program Development (PD)	31
PD-010: Periodic Staff Communication	31
PD-011: <i>Implementation and Sustainability Teams</i>	31
PD-012: <i>Staff Skill Building</i>	31
PD-020: Caseloads	31
PD-030: Self Audits of Operations and Programing	31
PD-040: Program Grievances	32
Staff Development (SD)	33
SD-010: <i>Staff Selection</i>	33

SD-020: Staff Education/Experience Requirements	33
SD-030: Staff Age Requirement	33
SD-040: Administrators	33
SD-050: Volunteers	33
SD-060: Ethical Relationships	34
SD-070: Staff Training	34
SD-071: Training Events	35
SD-072: Ancillary Staff Training	35
SD-080: Sex Offender Supervision Training	35
<i>SD-090: Coaching and Fidelity</i>	36
<i>SD-100: Leadership Development</i>	36
SD-110: Implementation and Sustainability	37
Client Development (CD)	38
CD-010: Initial Assessment	38
CD-020: Re-administration of Assessments	39
CD-030: Treatment Matching	39
CD-040: Dosage of Risk Reduction Activities	39
CD-050: Contact Types	41
A. IMPACT Sessions/Weekly Meetings (Individualized Mentoring, Planning and Community Transition)	41
B. Treatment (may include, as appropriate)	41
C. Behavioral Interventions	41
D. Psychoeducational and educational interventions focused on criminogenic needs	41
E. Structured Family/Community Engagement Meetings	41
CD-060: Chronological Entries	42
CD-070: Responsivity	42
CD-080: Enhance Intrinsic Motivation	43
CD-090: Skill Training with Directed Practice	43
CD-100: Engaging Community Support	44
CD-110: Targeting Interventions	44
CD-111: Action Steps	45
CD-112: Stability and Behavioral Factors	45

CD-120: Level System	45
CD-130: Passes/Privilege Furloughs	46
CD-131: Cell Phones	46
CD-132: Driving	46
CD-140: Measurement/Feedback	47
CD-150: Incentives	47
CD-160: Disciplinary	48
CD-161: Sanctions	48
CD-162: Hearings	48
CD-163: Review for Termination	48
CD-164: Disciplinary Appeals	48
CD-170: Supervision of Sex Offenders	49
CD-180: Time Credit/Sentence Calculation	49
CD-190: Employment Services	49
CD-200: Employment Status Updates	51
Glossary	52
A	52
B	52
C	52
D	53
E	54
F	54
G	54
H	54
I	54
J	55
L	55
M	55
N	55
O	56
P	56
R	57

S	57
T	58
V	58
Appendix	59
Audit Appeals	59
2022 C.C.C.S. Review	60
Variations from the <i>Standards</i>	61
Board Authority to Create More Stringent Requirements	61
Waiver Requests	61
Amendments to the <i>Standards</i>	62

# Client Supervision (CS)

## CS-010: Random Headcounts and Facility Walkthroughs

There shall be at least fourteen (14) random headcounts/walkthroughs conducted during each calendar day at residential programs. Seven (7) of these events must include a headcount, during which each client's physical presence or itinerary (if off-grounds) will be observed. Every effort must be made to ensure headcounts are sufficiently random; this includes the times at which the headcounts are conducted as well as the route taken through the facility and the staff members conducting counts. Headcounts generally should not be announced to clients in advance and visual confirmation of each client's identity must be obtained upon each headcount. A record shall be made of the time and date of such counts and signed by the staff member conducting the count. The expected return time of clients off facility grounds at the time of the count shall be included in headcount documentation. Headcounts must be completed across all shifts within a calendar day.

Random walkthroughs of the facility shall occur no less frequently than seven (7) times in each calendar day and across all shifts. Staff conducting walkthroughs shall engage with clients to increase rapport and seek to discover both strengths to affirm and undesirable behaviors to correct. Any positive or undesirable behaviors witnessed directly during a walkthrough shall be addressed in real time with the appropriate response. Walkthroughs must be semi-structured and individual client interactions properly documented.

## CS-011: On-Grounds Surveillance

The program shall have written policies, procedures and established practices for the observation of clients on grounds, with a primary focus of maintaining a safe environment for facility clients, staff, and visitors. This may include the use of camera systems, mirrors, technology and/or other processes. Policies and procedures shall provide clear protocols regarding the usage of electronic equipment for monitoring including: the preservation of potential evidence; storage, archiving and review of video footage; and establishing the limits of staff observation to comply with the Community Confinement Standards of the Prison Rape Elimination Act. The use of remote observation methods complement "in-facility" staffing levels and shall not be used to supplant staff or be considered a basis for reducing facility staff levels.

***Intent/Clarification:*** The effective usage of technology can significantly increase the capacity for facility monitoring by providing valuable information regarding client and staff behavior, critical incidents and the dynamics of the facility "milieu".

## **CS-020: Client Property**

The residential program shall have written policies, procedures and an established system to search and secure all clients' intake property as well as property received during approved property drop-offs. Policies, procedures, and established practices shall also dictate proper disposal of property upon the client's departure if not claimed by the client.

## **CS-030: Contraband**

The program shall have written policies and procedures that define dangerous, major, and minor contraband and have a detailed procedure and practice for its detection, confiscation, storage, and disposal. Chain of custody records shall be maintained in a centralized file for all confiscated contraband to include a detailed description of the item, dates for all process stages and disposal methods.

Disciplinary actions that could result from the possession of contraband shall be defined and made known to the client in advance along with all other potential disciplinary responses.

Pat searches shall be conducted at the frequency of five (5) times per month.

Contraband and property searches must occur at the following minimum frequencies:

- (a) Client room searches shall be conducted at a rate of no less than one (1) per calendar month for each room.
- (b) Facility searches shall be conducted at a rate of no less than one (1) per calendar month.
- (c) Vehicle, canine, and limited visitor searches may be conducted at the program's discretion.

Records of all client searches must be maintained in client case records. Records of all other searches must be maintained in a centralized file.

Dates and times of searches must be randomized to increase the likelihood of contraband detection. In order to ensure the randomness of searches, a software/randomizing program should be utilized.

## **CS-040: Random Off-Site Monitoring**

The program shall have written policies and procedures that provide for the random monitoring of each residential client's off-site location based on their residential level of supervision. Clients shall be randomly monitored at the frequencies specified below:



Level	Monitor Frequency
1 and 2	2 times per week
3 and 4	3 times per month

*Table 1 CS-040 Random Off-Site Monitoring Frequency*

Locations such as church, treatment, movie theaters, etc. may be considered unverifiable. Programs should take into consideration which unverifiable locations are allowable for clients based on their level and progress in programming. Generally, clients who have progressed to higher levels in the program should be spending greater amounts of time within the community participating in pro-social community support activities, some of which may be unverifiable.

Acceptable monitoring methods include but are not limited to the following:

- (a) Personal contact;
- (b) Staff initiated monitors via active GPS enabled ankle monitors;
- (c) Staff initiated monitors via active GPS enabled cellular phones including verification of the client's voice;
- (d) Any document that can be easily verifiable as connected to a specific client and issued by a person of authority such as medical personnel, government agencies, legal representatives, etc. Documents must include a legible date and time, and must be provided to program staff immediately upon return to the facility.
- (e) Staff initiated telephone contact with the client, a known supervisor, treatment provider or other approved person;

Programs are highly encouraged to research and utilize new and emerging technologies in the random monitoring of clients within the community. Geotags and other GPS technologies are likely to be more accurate and less time consuming. Alternative monitoring methods shall be approved in advance by the OCC and local community corrections board.

All monitoring documentation shall include the monitoring method, time of the monitor, date, client location, signature of the staff, and results of the verification. Weekly and monthly monitors shall include a random combination of both work and pass verifications.

All negative monitors shall result in continued documented efforts to contact the client until such time that the client's whereabouts are determined or escape procedures are initiated.

## **CS-041: Furlough Monitors**

The program shall have written policies and procedures that govern the practice of issuing both privilege and emergency furloughs. Clients may be eligible for privilege furloughs on levels 3 and 4 of residential programming as an incentive and transition tool. Clients may take

up to one 24-hour furlough per week on level 3 and up to 48 hours per week on level 4. Clients must be monitored twice per 24-hour period.

There may be circumstances in which clients need to be placed on an emergency furlough. Emergency furlough monitors shall be completed at the following frequency:

Level	1	2	3	4
Monitor Frequency	1 time every 12 hours	1 time every 16 hours	1 time every 20 hours	1 time every 24 hours

*Table 2 CS-041 Emergency Furlough Monitoring Frequency*

***Intent/Clarification:*** Monitors must be randomized and spaced throughout the furlough period to ensure regular monitoring of the client during their time in the community.

## CS-042: Job Search

When clients are out of the facility for job search purposes, programs must monitor a client's whereabouts a minimum of twice per week. Client initiated follow-up (phone or email) with previously contacted employers, as described in C.C.C.S. CD-190, are considered acceptable monitors under this *Standard*.

Additional acceptable monitoring methods include the following:

- (a) Personal contact;
- (b) Telephone contact with a potential employer;
- (c) Verifiable correspondence with partner agencies (e.g., Workforce Center sign in & sign out logs, electronic sign in and out records or personal contact);
- (d) Documented monitors via GPS enabled ankle monitors (active or passive);
- (e) Staff initiated monitors via active GPS enabled cellular phones including verification of the client's voice.

Other methods of monitoring shall be submitted in writing and approved by the local community corrections board and Division of Criminal Justice on a case-by-case basis.

Documentation of monitors shall include the verification method, the date and time of the monitor, location/agency contacted, signature of staff and results of monitor.

Programs shall follow-up on negative monitors appropriately and shall take any necessary disciplinary action when public safety is at risk.

***Intent/Clarification:*** Monitoring the whereabouts of clients in the community during the time they are searching for employment is an essential task to support public safety. Programs should communicate with potential employers in the least intrusive and least

*burdensome manner in order to support client employment efforts and to promote on-going relationships. Monitors should be randomized and spaced throughout the week to increase efficacy.*

### **CS-043: Off-Grounds Surveillance**

The program shall have written policies, procedures and established practices for incidental and/or staff initiated contact with clients off grounds. Policies and procedures shall establish the guidelines for staff interaction with clients and under what circumstances staff should report observations to the program (e.g. discovering a client is off location) and/or law enforcement. Policies and procedures must also address practices for when observation of the client in the community is intentional (e.g. off-site monitoring).

*Intent/Clarification: While, generally, program staff has a duty to report to either the program and/or law enforcement when encountering clients in the community, program policies should discourage staff from confronting clients directly.*

### **CS-044: Home Visits and Community Contacts**

Home visits and community contacts are required for all non-residential clients. Prior to the client's transition to the residence, staff must physically enter the client's home and perform a home visit. All future home visits and community contacts shall be performed at the frequency described in the grid below. During a home visit, staff must physically enter the client's home and check for indications of the client's stability and level of functioning. Community contacts may be conducted at a prearranged community location, such as a coffee shop, library, or other public location. The staff may conduct an IMPACT meeting during a home visit within the home or community contact and occasionally include support persons with whom the client cohabitates, if applicable. Staff conducting home visits or community contacts must take into consideration the client's schedule prior to determining the timing of the visit or contact. Home visits and community contacts may be conducted on an alternating basis to meet the required frequency. Community contacts cannot be conducted consecutively. Programs are responsible for determining staff safety practices while conducting home visits or community contacts in accordance with the *Standard*.

Risk	Level 5 and Level 6	Level 7 and Level 8
High to Very High Risk LSI: 29+	1 time per month*	1 time per quarter*
Low to Medium Risk LSI: 0-28	2 times per quarter*	2 times per year*
<i>*Home Visits and Community Contacts may be alternately conducted; Community Contacts cannot be conducted consecutively.</i>		

*Table 3 CS-044 Home Visits & Community Contacts Frequency*

## CS-050: Recording Authorized Absences

A log shall be kept for each residential client for the purpose of recording all authorized absences from the facility. Documentation within each entry shall be legible and include, at a minimum, client name, date, time of departure, destination by street address, expected return time, actual return time, and client acknowledgement. Logs must also identify the authorized purpose to include, at a minimum, work, pass, furlough, and job search. Staff and client are to acknowledge prior to the client's departure and following arrival. Authorizations for location changes shall be clearly and consistently documented on the sign-out log and shall adhere to all the documentation elements with the exception of client acknowledgement. Acknowledgements can be documented via electronic means (electronic signature and/or biometric verification). Electronic and biometric verification methods must be secure and auditable.

## CS-060: Substance Testing Processes

The program shall have written policies, procedures and established practices that govern the substance abuse testing of all clients and shall address, at a minimum, the following areas:

- (a) The time lapse between client's notification of testing and the collection of urinalysis samples shall be no more than two (2) hours for residential clients and no more than 16 hours for non-residential clients. Notification shall be documented.
- (b) Chain of custody and testing of samples shall be designed to meet acceptable evidentiary standards.
- (c) Urinalysis samples shall be stored in a manner that is consistent with standard urinalysis practices.
- (d) Programs utilizing in-house substance abuse testing equipment, to include breath testing equipment, shall operate in accordance with the manufacturer's guidelines, including collection, storage and testing. Certification documentation shall be maintained within the personnel files of all operators.
- (e) Programs utilizing drug screening kits shall ensure that the kits meet Food and Drug Administration standards and are used in strict compliance with the manufacturer's instructions.
- (f) Programs shall conduct urinalysis and other testing for alcohol and controlled substances using basic safety precautions.
- (g) In general, programs shall visually monitor urinalysis collection using staff of the same gender as the person being tested with possible exceptions for transgendered or intersex clients. The gender of staff monitoring urinalysis collection with transgendered or intersex clients shall be determined on a case by case basis incorporating risk screenings, programming assignments, the client's perspective on their gender identity, and safety and management considerations consistent with the spirit and intentions of the National PREA standards.
- (h) Programs utilizing outside testing shall ensure that the laboratory is properly licensed and/or certified.
- (i) Clients shall not be charged a fee for substance abuse testing without written approval of the OCC.
- (j) Substance abuse testing documentation shall be maintained in individual case records, to include the date and time of tests, substances tested, staff and client identification, and test results.

***Intent/Clarification:*** Due to the serious consequences for clients with positive urinalysis results, precautions must be taken to ensure the proper collection, supervision, handling, storage, transportation, and testing of urine samples.

***Sensible sanitary practices should be followed. No smoking, eating or drinking shall be allowed at the testing site. Gloves should be used by all staff during the handling of samples. No food or medications should be stored in the immediate vicinity where urine samples or test chemicals are stored.***

## CS-061: Entry Urine Sample

A urine sample shall be taken within 12 hours of the client's admission into the program. This initial sample shall be tested for the following controlled substances:

- (a) Cocaine metabolite
- (b) THC
- (c) Amphetamines
- (d) Opiates
- (e) Barbiturates
- (f) Benzodiazepine
- (g) Alcohol\*
- (h) Creatinine Levels

All entry urine samples shall be tested, using any private clinical laboratory, or by using in-house substance abuse testing equipment. Drug screening kits may not be used for this purpose. An entrance urinalysis test is not required if a client changes service types within the same facility during a continuous residential stay or transfers from residential to non-residential.

*\*Entry alcohol testing can be completed via urinalysis and/or breathalyzer.*

*Intent/Clarification: Timely initial substance testing can provide the program with valuable information concerning the client's substance use and condition at time of admission. The information can be used to direct future substance testing as well as programming.*

## CS-062: Interim Drug Testing Processes

Clients shall be assessed for substance testing frequency using a combination of the Simple Screening Instrument - Revised (SSI-R), the Level of Supervision Inventory (LSI), and the results of the entry UA test pursuant to C.C.C.S. CS-061. Until such time an assessment is completed, clients shall be treated as high risk and tested at the frequency of once (1) per week.

The frequency for each client's interim UA testing shall be based on the results of the substance involvement assessment, and the client's residential (or non-residential) level.

A negative assessment for drug and/or alcohol involvement shall be defined as:

- (a) The SSI-R score is a total of three (3) or less AND
- (b) If LSI interview and/or collateral information indicates that there is no risk of current or recent substance use involvement AND
- (c) The initial full polysubstance UA administered pursuant to C.C.C.S. CS-061 shows a negative test for any of the following drugs: cocaine metabolite, THC, amphetamines, opiates, barbiturates, benzodiazepines, creatinine levels, and alcohol.

Clients who assess negative for drug and/or alcohol involvement (see above) shall be scheduled for interim full polysubstance UA testing according to the following schedule:

Residential Clients				Non-Residential Clients			
Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8
1 time per month	1 time per month	1 time per month	1 time per month	1 time per month	1 time every 2 months	Quarterly	Quarterly

*Table 4 CS-062(A) Non-Substance Involved Clients Substance Testing Frequency*

In the event that a client is initially assessed as negative for drug and/or alcohol involvement and submits a positive test for any substance on any level of supervision, a client shall be scheduled on the SUBSTANCE TESTING GRID FOR SUBSTANCE INVOLVED CLIENTS in accordance with the programs written policies, procedures and established practices.

A positive assessment for substance involvement shall be defined as:

- (a) The SSI-R score is a total of four (4) or greater OR
- (b) If LSI interview and/or collateral information indicates that there is risk of current or recent substance use involvement, OR
- (c) The initial full polysubstance UA administered pursuant to C.C.C.S. CS-061 shows a positive test for any of the following drugs: cocaine metabolite, THC, amphetamines, opiates, barbiturates, benzodiazepines, creatinine levels, and alcohol.

A client who has a positive assessment for drug involvement shall be tested using a full polysubstance drug test in accordance with the minimum frequency levels with the SUBSTANCE TESTING GRID FOR SUBSTANCE INVOLVED CLIENTS. Testing shall address, at a minimum, the following expectations:

- (a) May be driven based on risk, i.e. TxRW or LSI
- (b) Frequency for Level 5 cannot be less than Level 4
- (c) Maximum of 8x per month for all levels\*
- (d) Must taper across levels for Non-Residential
- (e) Level 5 - Level 8 must have supporting documentation for frequency above the minimum range
- (f) \*Must be responsive to the unique risk and needs of the client
- (g) Specialty testing may be utilized in lieu of a full polysubstance drug test with supporting documentation; however, clients must have a minimum of one (1) full polysubstance drug test per month.

A client who has a positive assessment for alcohol involvement shall be tested using breath analysis in accordance with the program's written policies, procedures and established practices.

Residential Clients				Non-Residential Clients			
Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8
4 times per month to 8 times per month	4 times per month to 8 times per month	3 times per month to 8 times per month	2 times per month to 8 times per month	3 times per month to 8 times per month	2 times per month to 6 times per month	1 time per month to 4 times per month	1 time every 2 months to 4 times per month

*Table 5 CS-062(B) Substance Involved Clients Substance Testing Frequency*

Programs shall treat dilute UAs as a positive result.

All urinalysis results must be returned within three (3) business days to ensure swiftness of the program's response.

***Intent/Clarification:*** Testing rates represent minimum testing requirements. Programs shall choose testing frequencies and/or additional criteria using the SUBSTANCE TESTING GRID FOR SUBSTANCE INVOLVED CLIENTS and minimum expectations (located above) for testing substance involved clients. More frequent testing may be indicated for some clients based on case assessment or requests by referring agencies.

*It is recommended that testing not exceed two (2) times per week, as this may not detect new use of a substance.*

*Substance testing levels shall not be used to infer severity, recency, frequency, history, and intensity. UA testing shall be unexpected, unannounced, and unanticipated by the client. (Information/research provided by National Drug Court of Drug Court Professional Adult Drug Court Best Practice Standards).*

## CS-063: Confirming Positive Test Results

Except when a client admits use, all positive test results that the program intends to use to transfer a client to a higher level of custody shall be confirmed by an outside laboratory using an appropriate laboratory technique (GC/MS and/or LC/MS/MS). A copy of the confirmatory testing results or the admission of use form signed by the client must be kept in the client's case file.



## CS-070: Prison Rape Elimination Act (PREA)

The program shall have written policies, procedures and established practices that ensure compliance with all elements of the federally mandated Prison Rape Elimination Act, PL 108-79 (PREA) and in accordance with contractual agreements requiring PREA compliance. Program policies and procedures shall dictate and direct practices to meet PREA compliance in all of the following areas as defined by the PREA standards:

- (a) Prevention and Responsive Planning
- (b) Training and Education
- (c) Screening for Risk of Sexual Victimization and Abusiveness
- (d) Reporting
- (e) Official Responses Following Resident Reports
- (f) Investigations
- (g) Discipline
- (h) Medical and Mental Health Care
- (i) Data Collection and Review
- (j) Audits, Auditing and Corrective Actions

**INCIDENT REPORTING:** For all incidents, OCC must be notified in writing of the allegation within one (1) business day regardless of anticipated outcome and status of investigation. Upon the completion of the administrative investigation, OCC shall receive the final investigation report within one (1) business day following completion.

Most recent copies of all completed PREA audit reports and annual data information must be publicly available as required.

## CS-080: Prescribed Medications

All prescribed medications for clients shall be safely secured. Medications shall be self-administered by clients. Staff shall keep documentation to record the date, time, name of medication and dosage of each self-administered medication. These records and medications shall be audited at least once per month. Policies and procedures shall include a weekly review process (which may be data-driven) to identify when medications are not taken as prescribed. Staff shall be required to follow up when a client is not taking medications as prescribed and document the intervention. *Clients shall be required to provide medical documentation if any modification or discontinuation of prescribed medications are to occur.* Policies and procedures shall require the disposal of unused medications no less frequently than quarterly and with two staff counting and signing to verify the chain of custody of all disposed medications. Policies and procedures shall address the circumstances under which the client may take prescribed medication off grounds.

*Intent/Clarification: “Self-administration” means the process of a client administering or taking a pharmacological substance without any assistance from another person. It is considered best practice for only one medication to be handled at a time with staff handing the source container to the client, directly observing the self-administration of the medication, and documenting the date, time, name of medication and dosage that is taken. Staff are encouraged to integrate discussion of medications in their routine reviews of client’s functioning and progress and to support clients’ to be informed consumers of medical care. This would include, when appropriate, supporting clients to obtain relevant information from medical providers to address concerns or issues such as the misuse, discontinuation, or non-use of medications. Programs are encouraged to have a clear protocol for communicating about and responding to observations regarding behaviors that may be medical in nature as well as a client’s refusal to take medications that are prescribed for significant medical or mental health conditions. Programs are encouraged to utilize environmentally friendly practices for medication disposal.*

## **CS-090: Unauthorized Absence/Escape**

The program shall have written policies, procedures and established practices that specify the conditions under which a client is placed on escape status. Program policy and practice shall conform to the requirements of the Colorado Revised Statutes, as amended.

At a minimum, and within four (4) hours after a residential client’s unauthorized absence is discovered, prompt notification shall be provided to the appropriate agencies as described below in CS-091, CS-092, and CS-193.

Within one (1) business day of initial escape notification, all evidentiary documentation necessary to initiate a permanent escape warrant must be forwarded to the appropriate agency.

Programs shall maintain confirmation documentation, which demonstrates that all parties have been notified as required.

Upon discovery of a client’s unauthorized absence and until such time as an escape notification is made in accordance with the above criteria, immediate and on-going attempts shall be made to locate the client. All attempts and their outcome shall be accurately documented in the client’s record.

Discovery of an unauthorized absence may vary across circumstances. If a client is found to have walked out of the facility without authorization, escape proceedings may begin immediately. Similarly, if credible information is received indicating that the client has escaped, proceedings may begin immediately following the receipt of this information. While

four (4) hours is the maximum allotted time to file an escape, programs are not prohibited to file an escape earlier.

### **CS-091: Direct Sentence Clients (Residential)**

- (a) Appropriate referral agency and the local community corrections board (if required)
- (b) Law enforcement agencies
- (c) Victim(s) notification (when applicable)

Notification shall include the submission of all documentation required by the Fugitive Reporting System, as revised.

### **CS-092: Condition of Probation Clients**

- (a) Supervising probation officer
- (b) Local community corrections board (if required)

### **CS-093: Transition and Condition of Parole Clients**

- (a) Department of Corrections
- (b) Local community corrections board (if required)

Notification shall include all documentation necessary for the Department of Corrections to initiate a temporary fugitive escape warrant.

### **CS-094: Direct Sentence Clients (Non-Residential)**

The program shall have written policies, procedures and established practices for the prompt and documented notification of appropriate agencies whenever a non-residential Diversion client falls out of contact with the program.

Such policies, procedures, and practices shall include provisions that:

- (a) If a non-residential client fails to appear for a scheduled event, or if such client is not located as expected during a whereabouts monitor, the program shall promptly endeavor to determine the whereabouts and status of the client.
- (b) Determination of whereabouts and status shall be made only by direct contact with the client or through contact with professional parties, such as law enforcement officials or health care providers.
- (c) If the whereabouts and status of the client cannot be established, the client shall be reported to the referring agency within 72 hours of discovery.

72-Hour notification shall be provided as follows:

- (a) Appropriate referral agency and the local community corrections board (if required)
- (b) Law enforcement agencies
- (c) Victim(s) who has/have requested notification

Notification shall include the submission of all documentation required by the Fugitive Reporting System, as revised.

***Intent/Clarification:*** While programs are encouraged to adapt their policies, procedures and practices to the needs of local officials, the interests of public safety require that a report be made to the referring agency within the time frames described. Nothing in this Standard is intended to lengthen the time before victims receive at least preliminary notification pursuant to the Victim Rights Act that a client's whereabouts are unknown.

# Environment/Facility (EF)

## EF-010: Facility Service/Tasks

Residential clients may be assigned tasks related to the upkeep and cleanliness of the facility following written policies and procedures that provide for the fair distribution of such assignments.

*Intent/Clarification: The distribution of daily client chores requires impartiality and consistency by staff. This includes the monitoring and supervision of all client chores. Clear written guidelines should exist concerning the distribution of additional chores as a result of disciplinary action. Also reference Standard SD-060. Painting is not considered a specialized chore if it is voluntary, occurs in common areas, client's feet remain on the ground and all standard safety precautions are taken. Only chores deemed necessary to maintain the sanitation and functionality of the facility shall be assigned.*

## EF-020: Minimum Floor Space

A minimum of 40 square feet of floor space shall be provided per client in sleeping areas of the residential program, of which no more than 4 square feet shall be closet or wardrobe space.

*Intent/Clarification: No waivers will be granted for this Standard.*

## EF-030: Separate Space

The program shall provide separate space for each of the following:

- (a) Private individual counseling
- (b) Group meetings
- (c) Monitored visitation (residential only)
- (d) Dining (residential only)
- (e) Food preparation (residential only)

*Intent/Clarification: Multi-purpose areas shall only be used for one of the events listed above, at any given time.*

## EF-040: Visitation Space

The residential program shall provide space for visits by family members, attorneys, criminal justice officials and other appropriate visitors, and maintain policies, procedures, and established practices to monitor and control such visits.

## EF-050: Access to Nutritional Meals

When developing menus, programs shall take into account the clients they serve and provide adequate daily calories and nutrition through nutrient dense foods to support healthy eating patterns.

Twice per year, programs shall survey clients and staff/administrators regarding food flavor, texture, temperature, and appearance. Feedback from these surveys shall be documented and shall be incorporated into the development of future menus.

At minimum, a registered dietician shall review menus once per year, or whenever menus are modified, to certify that menus comply with the USDA Dietary Guidelines and any special diet requirements.

Programs shall have written policies, procedures and established practices for the following:

- (a) Clients shall be provided three meals each day and at no time shall meals be refused to clients.
- (b) Each client shall be provided a minimum of one hot meal per day.
- (c) Variety should be incorporated into the weekly menus for all three meals (minimum 2 or 4-week cycles).
- (d) Food shall be stored, prepared, and served in compliance with all state and local food safety guidelines, codes, laws, and regulations.
- (e) Food shall be available during emergency food shortages or any other instance where a client is not able to participate in regular mealtime, such as work schedule conflicts.
- (f) Requesting, approving, and providing religious, medical, and special diets

***Intent/Clarification:*** When creating meal plans, programs should take into consideration the idea of thrive versus survive. Individuals who are provided sufficient caloric intake and nutrient dense foods have a higher likelihood to maintain sobriety, improve mental health and be successful in programming.

## EF-060: Property and Safety

The program and surrounding property shall be kept in safe repair and in clean and sanitary condition at all times. Written policies, procedures, and established practices shall define regular housekeeping and maintenance routines, with daily documented inspections.

*Intent/Clarification: Compliance with health and sanitation codes is vital to the safety and well-being of the clients.*

## EF-070: Toilets, Basins, Showers

The residential program shall maintain, at a minimum:

- (a) One operable toilet for every 10 clients, or combination of toilets and urinals for every 10 clients.
- (b) One operable wash basin for every 6 clients (hot water not to exceed 130 degrees).
- (c) One operable shower or bath for every 8 clients (hot water not to exceed 130 degrees).
- (d) One operable washer and dryer for every 12 clients, or access to commercial laundry machines within 2 miles of the residential program.

The repair or replacement of any inoperable toilet, basin, and/or shower must be initiated within 48 hours and completed within a timely manner. In the event of a significant disruption, follow CCC-020 Incident Notification reporting requirements and establish a plan for alternative accommodations.

*Intent/Clarification: The hot water supply shall be sufficient to meet the reasonable needs of each residential client on a daily basis.*

## EF-080: Client Advisement

Within 12 hours of admission, each client shall be advised in writing of the following:

- (a) Grievance procedures
- (b) Program orientation
- (c) Facility emergency equipment and exits
- (d) Location of community legal services
- (e) Services provided by the program
- (f) Personal responsibility for medical and dental services/expenses
- (g) Location of emergency medical and other health care services

The staff and the client shall sign and record the date and time of the notification and a copy shall be maintained in the client's case record.

## EF-090 Access to Hygiene Products

The program shall provide to clients in need, without cost (i.e. monetary or incentive points) to the client, basic hygiene essentials, to include at minimum:

- (a) Toothbrush
- (b) Toothpaste
- (c) Shampoo and conditioner (may include a 2-in-1 product)
- (d) Soap (may include a 3-in-1 product with shampoo and conditioner)
- (e) Deodorant
- (f) Razor
- (g) Comb
- (h) Feminine hygiene products
- (i) Access to laundry products and laundry machines
- (j) Shower shoes (optional)

***Intent/Clarification:** This Standard is intended to ensure clients who are unable to access or afford basic hygiene products are temporarily provided the necessary items to support the client's health and well-being.*



# Communication/Coordination/Collaboration (CCC)

## CCC-010: Acceptance Criteria

The program shall establish written screening criteria or guidelines for the acceptance or rejection of clients referred by state criminal justice agencies. Screening must be derived from a structured, research-based decision making process that combines professional judgment and actuarial risk assessment tools. The decision-making process must sort clients by risk, need, and appropriateness for program placement. Screening criteria must clearly define the program's target population including any specialized services offered.

Screening criteria shall prohibit discrimination on the basis of ethnicity, primary language, color, religion, creed, disability, sexual orientation, gender identity, or national origin. Clients not eligible to work in the United States under the statutes and regulations enforced by the United States Bureau of Citizenship and Immigration Services ([www.uscis.gov](http://www.uscis.gov)) may be accepted only if the program is willing to waive the subsistence requirement (if applicable) and if there is no detainer for the client placed by any agency of the United States government.

Copies of the criteria, processes, and/or tools shall be provided to the local community corrections board, the Department of Corrections, the Division of Criminal Justice, the Chief Probation Officer for each Judicial District referring clients, and the Chair of the State Parole Board. Subsequent changes to those criteria or guidelines shall be provided, in writing, to all agencies affected by the change within thirty days of such issuance.

*Intent/Clarification: The criteria or guidelines provide referral agencies with information regarding clients acceptable for placement. The criteria or guidelines governing acceptance should include, but not be limited to: types of information to be gathered and reviewed on applicants prior to admission; specific criteria for acceptance; and procedures to be followed when accepting or not accepting referrals.*

## CCC-011: Written Response to Referral Agencies

The program shall provide a written response to the referring agency within two weeks of the receipt of the referral indicating acceptance, rejection, or need for additional information, based on criteria established in *Standard CCC-010*.

## CCC-020: Incident Notification and Resolution

The program shall notify the local community corrections board, referral agencies and the OCC by email within 24 hours of the reportable incident. Notification must clarify the status of the incident and any action(s) being taken to resolve the situation, in addition to any information relevant to the status or outcome of the incident at the time of resolution to the

OCC. The OCC may require additional information upon request.

The types of incidents regarding clients and/or staff members that require written notification to referral and oversight agencies shall include, but are not limited to:

- (a) The occurrence of any communicable disease that poses a significant threat to staff or clients;
- (b) Any criminal offense alleged to have been committed by a client or staff member on or off grounds;
- (c) Any altercation, on or off grounds, involving a client and resulting in injury and/or law enforcement involvement;
- (d) The death of a client;
- (e) Use of force by a staff member;
- (f) Any event that has compromised or may compromise the provision of supervision and safe care, including but not limited to: damage to the facility, employee strike, interruption in food service, and/or protracted interruption in utilities;
- (g) Any event that has the potential for media coverage;
- (h) Occurrences in which a client, staff or visitor is transported by ambulance, treated in an emergency department or admitted to a hospital due to serious bodily injury, **overdose** or there is a significant risk to loss of life. Emergency transports for routine health conditions need not be reported to the OCC.

***Intent/Clarification:** A standardized [Incident Notification reporting form](#) has been developed for program use.*

## **CCC-030: Referral Agency Collaboration**

The program shall collaborate with the referring agency or local community corrections board on special conditions as they apply to a client's risk, need, and responsivity.

***Intent/Clarification:** Clients may come with recommendations from referring agencies regarding treatment, programming, and/or supervision. Programs should work closely with referring agencies to determine the most appropriate interventions given each client's specific risks, needs, and responsivity factors.*

## **CCC-031: Referral Agency Reports**

The program shall have written policies, procedures and established practices for the dissemination of routine documentation, such as: supervision plans, supervision plan modifications, termination summaries, and quarterly and monthly reports, as requested by referring or oversight agencies.

## CCC-040: Client Treatment Monitoring

Staff with clients engaged in treatment shall have documented monthly communication with treatment providers that include attendance, engagement in treatment, and progress toward current treatment goals. This information should be used for case planning decisions and interventions to include both criminogenic risk factors and stability goals. This should also be used to match and/or adjust program expectations based on identified responsivity factors.

*Intent/Clarification: Documented monthly communication could include written/electronic or verbal communication.*

# Organizational Management/Accountability (OMA)

## OMA-010: Staff Backgrounds and Criminal Conduct

Applicants who have been offered or will be offered a conditional position will be subject to a name and fingerprint background check initiated by the program/facility through the Office of Community Corrections (OCC). At the time the conditional offer is made or is going to be made, the program/facility shall submit the name, date of birth, and social security number of the applicant to the OCC for an initial name check. The initial background investigation shall include a CCIC/NCIC criminal history and warrants check as well as documented verification of compliance with job qualifications. The results of this background check will be documented in the employee's personnel file.

No applicant who is required to register pursuant to the provisions of the Colorado Sex offender Registration Act is allowed to be employed by any Community Corrections facility.

Any person who is still under the jurisdiction or supervision of the court or another referral agency (probation, parole) is not eligible to work at a Community Corrections facility until they are no longer under supervision or in certain circumstances as approved by the local community corrections board.

## OMA-011: Fingerprinting

Within fifteen days of the name check submission, the program/facility shall refer the prospective employee to an approved vendor to complete the fingerprint process. Until such time as a fingerprint record check is returned, the employee shall not work without direct supervision.

A completed fingerprint record check is required prior to receiving Community Corrections Information & Billing (CCIB) user access.

## OMA-012: CCIB Staff Records

Programs will note in CCIB a candidate's specific status at the facility. Programs shall keep all staff records updated within five working days of an employment status change.

- (a) Hired or Not Hired once an employment decision has been made.
- (b) Termination Date for those no longer employed by the program.

### **OMA-013: Waivers for Applicants with a Previous Felony Conviction**

Individuals with a prior felony history may be hired to work in facilities through a formal written waiver process. The program/facility shall obtain approval from the local community corrections board, referral agencies (DOC and/or Probation) and the Office of Community Corrections before employing anyone who has a history of a felony conviction. Once a program/facility has made a conditional job offer to a qualified candidate with a prior felony conviction, the program/facility shall submit the candidate's information to the local Community Corrections board for approval and also submit the required name check and fingerprint card to the OCC. Information submitted to the board, referral agencies and the OCC, shall include a letter of request from the program to the local Board, outlining the reasons for wanting to hire this candidate.

Once the OCC receives the approval of the referring agency and the local board, the information will be reviewed and an approval/denial letter will be drafted from the OCC and sent back to all involved parties.

### **OMA-014: Staff Criminal Conduct**

In addition to the notification required by *Standard CCC-020 Incident Notification*, the program shall obtain approval from the local community corrections board, referral agencies and the OCC if it wishes to retain a current employee who has been formally charged with or convicted of a crime. Notification to referral agencies should include a plan for addressing the continued employment of the staff person.

### **OMA-020: Milieu Management**

Residential programs shall provide an acceptable staffing pattern that ensures adequate client supervision and provision of services. At a minimum, at least two staff members, whose primary shift duties are client supervision, must be present in the facility at all times. At no time shall the central supervision office be left unattended unless there is an emergency, at which time the office must be locked. Staffing shall be increased as necessary during the facility's busiest hours to ensure sufficient coverage to adequately oversee clients and perform all required duties.

Staff assigned these duties shall be on-site and trained in client supervision policies and procedures.

### **OMA-030: Unannounced Facility Checks**

*This Standard was removed.*

## OMA-040: Transportation of Clients

Programs must have written policies, procedures and established practices to ensure the safety of staff when transporting clients. The transportation of clients in personal vehicles is prohibited unless the program provides insurance for such transportation.

## OMA-050: Separate Medical Files

Client medical records, mental health, substance abuse evaluations, and treatment notes by licensed professionals shall be maintained in a separate file. Written policies and procedures shall govern the confidentiality of these medical records in accordance with current state and federal law.

## OMA-060: Legal Documentation for Client Placement

The program shall receive a client only if:

- (a) The local community corrections board has approved the placement; and
- (b) A court order has been issued specifying the client's sentence to community corrections; or
- (c) An Executive Assignment Order (EAO) has been issued from the Department of Corrections; or
- (d) A copy of the Parole Agreement/Order (PAO) or modification specifying the placement in community corrections has been issued; or
- (e) Documentation (e.g. minute order, terms and conditions, mittimus) signed by the court specifying the condition of placement in community corrections has been issued.

## OMA-070: Use of Physical Force

The program shall have written policies, procedures and established practices restricting the use of physical force by staff. If physical force is used by program staff, the incident shall be fully documented.

***Intent/Clarification:*** Staff of community corrections programs are not usually peace officers or staff of a secure correctional facility. Use of force shall be limited to force that would reasonably be used by citizens to protect persons, property, premises, or to assist law enforcement officers (Refer to 18-1-704 through 707, C.R.S.). If physical force is used, the situation must be thoroughly documented with names, dates, circumstances, and justifications, reported in accordance with CCC-020.

## **OMA-080: Financial Transactions**

The program shall have written policies, procedures and established practices for the individual recording of financial transactions related to placement in the program (e.g. earnings, taxes, court-ordered child support, subsistence fees, restitution, fines, treatment fees, and savings). Monthly statements, signed and dated by the client and staff or distributed via client kiosks, shall be provided to each client and shall include credits, debits, and balances for the following obligations (if applicable): subsistence, restitution, treatment fees paid to the program and savings held by the program. A final financial statement shall be provided to the client upon successful termination. A copy shall be maintained in the client's case record. Receipts for monies collected by the program shall be provided to the client.

## **OMA-090: Budgeting**

As a skill-building activity, the program must assist clients in developing a budget to distribute monies properly among financial obligations. Court-ordered child support should be prioritized. Other primary obligations include treatment costs, medical expenses, transportation fees, employment expenses, subsistence, and restitution. As a critical stability factor, budgeting processes should assist the client in learning and developing financial skills necessary for independent living. This would include building the savings necessary for community reentry, as outlined in the program's level system.

## **OMA-100 Mental Health Crisis Response**

The program shall have a written mental health crisis prevention and intervention policy that is reviewed and approved by a qualified medical or mental health professional. The policy shall specifically address suicide. All staff with client supervision responsibilities are trained in the implementation of the mental health crisis policy.

# Program Development (PD)

## PD-010: Periodic Staff Communication

The program shall have a written policy and established practice requiring periodic staff communication that must include program staff. Communication shall include feedback between all staff on evidenced-based programming efforts. Documentation of the communication shall include dates, issues discussed and staff involved.

*Intent/Clarification: Staff communication is essential to program cohesiveness. Program staff and program administrators shall have regular opportunities to communicate about issues regarding clients in the program. Staff communication also is intended to close the feedback loop on evidenced-based practice implementation and sustainability.*

## PD-011: Implementation and Sustainability Teams

*This Standard was removed.*

## PD-012: Staff Skill Building

*This Standard was removed.*

## PD-020: Caseloads

Programs shall have written policies, procedures and established practices to assess caseloads sizes based on the risks, needs, and responsivity factors of clients. Every effort shall be made to match staff and clients based on risk, need, and responsivity factors. In programs in which caseloads are the primary responsibility of case management staff, the ratio of case manager to residential client shall not exceed 1:20.

*Intent/Clarification: Specialized populations (e.g. Residential Dual Diagnosis Treatment, Intensive Residential Treatment, Sex Offender, etc.) will likely require more staff time due to higher risk, needs, and responsivity factors. Smaller caseloads should be considered when assigning caseload sizes for these specialized populations.*

## PD-030: Self Audits of Operations and Programing

The program shall have written policies, procedures and established practices, which provide for the scheduling and completion of periodic internal auditing and self-monitoring of



operations and programming. Such audits shall examine both the quantitative and qualitative aspects of agency practices required by *Standards*.

The following functions shall have a documented review or audit by program staff no less than once per calendar quarter.

- (a) Drug and alcohol testing
- (b) Sign-in/out records cross referenced with pass approvals
- (c) Off-site monitoring records
- (d) Contraband (inspections, chain of custody, storage and disposal)
- (e) Headcounts

Audit documentation for each of these functions shall be maintained by the program and shall include recommendations by staff auditor(s) for enhancements and/or modifications to existing program written policies, procedures, and established practices based on internal audit outcomes to ensure compliance with *Standards*.

***Intent/Clarification:*** Internal audits may discover errors of commission as well as omission and serve a quality control function for program operations.

## **PD-040: Program Grievances**

The program shall have written policies, procedures and established practices for the handling of client grievances or complaints, including a procedure to contest a grievance response. This process must ensure that each client in the program has the right to file a grievance and includes the following elements:

- (a) The hierarchy and procedure for clients to file and petition for grievance review;
- (b) Time guidelines and policies for all steps of the grievance process shall be provided to client(s) in writing;
- (c) The grievance shall be transmitted without alteration, interference, or delay to the party responsible for receiving and investigating grievances;
- (d) The person reporting the grievance shall not be subject to any adverse action as a result of filing the report;
- (e) Staff responsible for reviewing and responding to grievances shall have no known conflicts of interest and be adequately trained;
- (f) Grievances shall be resolved in a timely manner and communication with clients should be frequent throughout the process;
- (g) Final dispositions shall be signed and dated by the client.

Records of all grievances or complaints, and the final disposition, shall be maintained in client case records as well as a centralized administrative file.

# Staff Development (SD)

## ***SD-010: Staff Selection***

*This Standard was removed.*

## **SD-020: Staff Education/Experience Requirements**

All program staff must have a high school diploma or GED with 50% or more of staff having a baccalaureate degree in social or behavioral sciences, criminal justice, or related fields. Related education and/or experience may be substituted on a year for year basis. Verification of education and/or experience shall be documented in personnel files.

## **SD-030: Staff Age Requirement**

Any staff member or volunteer who has contact with clients must be at least 18 years of age.

*Intent/Clarification: All such persons shall have sufficient capability to interact professionally with clients, while demonstrating the ability to use critical thinking skills, respond positively to training and coaching, and apply evidence-based practices to promote client behavior change.*

## **SD-040: Administrators**

The program administrator shall have, at a minimum, a baccalaureate degree in social or behavioral sciences, criminal justice, business or public administration, or related fields, and four years of related experience to include supervisory or management responsibilities. Verification of education and experience shall be documented in personnel files.

## **SD-050: Volunteers**

All volunteers/interns shall be subject to all Standards related to their assigned duties. Prior to direct contact with clients, the program shall ensure that a CCIC/NCIC criminal history and warrants check is conducted for all volunteers. Volunteers shall also be trained in PREA.

*Intent/Clarification: Volunteers who have experienced the criminal justice system as clients can have a beneficial perspective to share with community corrections clients. Such volunteers may have criminal histories that include felony convictions. A central purpose of this section is to ensure that such volunteers do not have current warrants and that they*

*have properly and accurately disclosed any criminal history before they are permitted to have contact with community corrections clients.*

## **SD-060: Ethical Relationships**

The program shall maintain current personnel policies and practices that ensure ethical and professional conduct between staff or agents and clients under supervision. Prohibited behavior shall include but not be limited to the following:

- (a) Securing or receiving advantages, gifts or favors from clients or clients' family or associates, including small items (e.g. gum, cigarettes, food, etc.).
- (b) The display of favoritism or preferential treatment for individual clients or groups of clients.
- (c) Any personal or business relationship with clients or client's family or associates, to include the use of social media.
- (d) The assignment of work duties that result in clients having supervisory control over other clients.
- (e) The assignment of work duties to clients that improve the value of the facility or provide personal benefit to any staff or agent of the program.
- (f) The assignment of specialized chores, including but not limited to, plumbing and electrical tasks, and generalized construction.

Programs shall have a written policy regarding appropriate boundaries between staff and clients and the sharing of personal information with clients. Program personnel shall report any attempt to violate these relationship guidelines immediately to the program director.

## **SD-070: Staff Training**

The program shall have written policies, procedures and established practices to ensure all staff members who have contact with clients shall receive training in evidence-based practices relevant to all of their job duties or assignments, and any other topics deemed necessary to perform duties prior to conducting the necessary tasks for their position. IMPACT (Individualized Mentoring, Planning and Community Transition) staff are staff who receive specialized training and coaching in the following areas: assessments, case planning, motivational enhancement, cognitive behavioral approaches, skill building and coaching.

Before receiving an unsupervised work assignment and within 90 days of the staff member's first working day or first day in a new position, all full-time and part-time program staff shall receive forty (40) hours of formal orientation training at a minimum. Staff shall be trained prior to working with clients unsupervised. Staff shall be trained in the SOA-R by a qualified trainer prior to administering assessments. Subsequent to the orientation year, staff shall attend forty (40) hours of ongoing annual professional development to include training, coaching, and staff skill building.

***Intent/Clarification:*** Refer to the relevant Standards to determine training needs based on specific staff duties and requirements.

## **SD-071: Training Events**

Training events shall be documented in personnel or training files with topic, date, duration, trainer and participants. Training events must be appropriate, verifiable and delivered by a qualified instructor(s).

***Intent/Clarification:*** Examples of acceptable training includes evidence-based practice courses, training videos or workshops, and "on the job" training with specific objectives that meet the qualifications detailed in the Standard. Activities such as performance evaluations, supervision or staff meetings without pre-determined training objectives, or informal tours, do not qualify as training.

## **SD-072: Ancillary Staff Training**

All staff, regular, part time or temporary, who have little or no direct contact with clients and/or who do not have supervisory authority over program staff members shall receive sufficient training to adequately perform all job duties. Within 90 days of the staff member's first working day, a documented and guided review of the program policies and procedures relevant to the performance of their job and a general orientation to the program must be completed. The general orientation to the program must include an overview of the various services provided to clients by the program, a formal tour of the facility(ies), a basic introduction to important correctional concepts, terminology, and familiarization with appropriate client interactions. On-going training must be provided each subsequent year to ensure an adequate understanding of evolving job duties as well as programmatic changes relevant to the services delivered to clients.

## **SD-080: Sex Offender Supervision Training**

Staff supervising sex offenders must complete training on the topics described in the Sex Offender Management Board (SOMB) Standards and Guidelines for the Assessment, Evaluation, Treatment, and Behavioral Monitoring of Adult Sex Offenders. Staff directly supervising sex offenders should complete the following training, at minimum, prior to supervising sex offenders:

- (a) Introduction to the SOMB Standards (web based training or classroom)
- (b) Offender characteristics
- (c) Community management of sex offenders (how to function effectively as CST member)
- (d) Assessment and evaluation of sex offenders (incorporating assessment/evaluation data into case planning and risk management)
- (e) Sex offender treatment (what it is and how to coordinate effectively with providers)
- (f) Determining progress
- (g) Offender denial

Initial and on-going training may also include any of the following topics:

- (a) Prevalence of sexual assault
- (b) Current research
- (c) Interviewing skills
- (d) Victim issues
- (e) Selection and effective coordination with evaluators/treatment providers
- (f) Relapse prevention
- (g) Physiological procedures
- (h) Special populations of sex offenders (including gender specific issues)
- (i) Cultural and ethnic awareness

**On-going Annual Training:** For case managers and supervisors managing sex offenders, half of the annual training required by CCCS must be comprised of continuing education/training specific to sex offenders. For all staff, annual training is expected to be varied in content, not duplicative of recent training, and must be in compliance with CCCS.

***Intent/Clarification:** Staff supervising sex offenders play a critical public safety role in Community Supervision Teams. Sex offender training is provided to assist and educate staff supervising sex offenders regarding the dynamics of sexual offenders and offense specific treatment; how to utilize assessment information to guide and support responsivity factors; and how to communicate and coordinate effectively as Community Supervision Team members in order to manage sex offenders safely.*

## ***SD-090: Coaching and Fidelity***

*This Standard was removed.*

## ***SD-100: Leadership Development***

*This Standard was removed.*

## **SD-110: Implementation and Sustainability**

The program shall have policies, procedures, and established practices that support an implementation framework and shall incorporate components of staff development, leadership, data driven decision-making and organizational management.

# Client Development (CD)

See 16-11.5-102, et seq., C.R.S. as amended.

*Intent/Clarification: “Develop and maintain a complete system of ongoing client risk screening/triage and needs assessments. Sizing up clients in a reliable and valid manner is a prerequisite for the effective management (supervision and treatment) of clients. (Andrews, et al, 1990; Andrews & Bonta, 1998; Gendreau, et al, 1996; Kropp, et al, 1995; Meehl, 1995; Clements, 1996)” (National Institute of Corrections (2004) Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention)*

## CD-010: Initial Assessment

The program shall have written policies, procedures, and established practices for systematically assessing all incoming clients using qualified staff. This should occur in the intake process, no more than 10 business days from intake, and assess individual criminal risks, criminogenic needs, and responsivity to various intervention strategies. If necessary and/or indicated, specialized assessments should be administered by qualified staff or agencies. The assessment of client criminal risk, criminogenic need, and individual responsivity should include: (1) a careful consideration of referral information and client behavior in the program; and (2) a systematic application of assessment instruments that have established validity and reliability. Staff shall utilize the Standardized Offender Assessment as Revised. This assessment process serves as the basis for subsequent case analysis and supervision plan development.

*Intent/Clarification: “Numerous principles of best practice in corrections (e.g., Risk, Need, and Responsivity) are contingent on obtaining timely, relevant measures of client risk and need at the individual and population levels. Client assessments are most reliable and valid when staff are formally trained to administer tools. Screening and assessment tools that focus on dynamic and static risk factors, profile criminogenic needs, and have been validated on similar populations are preferred. They should also be supported by sufficiently detailed and accurate policy and procedures. Client assessment is as much an ongoing function as it is a formal event. Case information that is gathered informally through routine interactions and observations with clients is just as important as formal assessment guided by instruments. Formal and informal client assessments should reinforce one another. They should combine to enhance formal reassessments, case decisions, and working relations between practitioners and clients throughout the jurisdiction of supervision. (Andrews, et al, 1990; Andrews & Bonta, 1998; Gendreau, et al, 1996; Kropp, et al, 1995; Meehl, 1995; Clements, 1996)” (National Institute of Corrections (2004) Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention)*

## CD-020: Re-administration of Assessments

There shall be written policies, procedures, and established practices in place to appropriately re-administer assessments according to the guidelines and training materials of the instruments. The Level of Supervision Inventory shall be updated at a minimum of every 6 months. Treatment level increases should be evidence-informed and driven by actuarial assessments.

*Intent/Clarification: “Accurate and detailed documentation of case information, along with a formal and valid mechanism for measuring outcomes, is the foundation of evidence-based practice. Agencies must routinely assess client change in cognitive and skill development, and evaluate client recidivism, if services are to remain effective.” (National Institute of Corrections (2004) Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention)*

## CD-030: Treatment Matching

The program shall have policies, procedures, and established practices to identify and align referrals with appropriate services and resources that are based on severity and intensity of clients’ assessed needs and level of risk. Programs shall refer clients to more appropriate resources if intensity and severity of need exceed the capacity of the program. Referrals for primary treatment needs shall occur within 30 days of date of entry into the program. See 18-1.3-211 et seq., C.R.S. as amended.

*Intent/Clarification: “Integrate treatment into sentence/sanction requirements through assertive case management (taking a proactive and strategic approach to supervision and case planning). Treatment, particularly cognitive behavioral types, should be applied as an integral part of the sentence/sanction process. Delivering targeted and timely treatment interventions will provide the greatest long-term benefit to the community, the victim, and the clients. This does not necessarily apply to lower risk clients, who should be diverted from the criminal justice and corrections systems whenever possible. (Palmer, 1995; Clear, 1981; Taxman & Byrne, 2001; Currie, 1998; Petersilia, 1997, 2002, Andrews & Bonta, 1998)” (National Institute of Corrections (2004) Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention)*

## CD-040: Dosage of Risk Reduction Activities

The program shall have written policies, procedures and established practices to ensure that the number of hours of client programming is appropriate to the assessed risk level at intake. The program shall establish practices to differentially provide the appropriate dosage of formal interventions based on client risk. The program shall ensure that clients receive the adequate dosage of interventions defined in Table CD-040 within levels 1-6.



Any combination of the contact types listed below may be used; however, at least one contact per week must be an IMPACT Session (defined in *CD-050*) within levels 1-6. Once a client is on non-residential status, some contact hours may occur over the phone.

Non-residential IMPACT sessions for levels 7 and 8 shall be determined based on a client's individual risk and need that is continually assessed by the case manager and the program. Generally, level 7 clients should have an IMPACT session at least twice a month and level 8 clients should have an IMPACT session at least once a month.

Risk (Intake LSI)	Dosage Hours (To be completed within levels 1-6)
Very High Risk LSI: 36+	Min: 300
High Risk LSI: 29-35	Min: 200 Max: 300*
Medium Risk LSI: 19-28	Min: 100 Max: 200
Low Risk LSI: 0-18	Min: 50 Max: 100

*Table 6 CD-040 Risk Reduction Activities Dosage Hours*

High Risk Clients who are transitioning from an Intensive Residential Cognitive Behavioral Treatment Program or an Intensive Residential Treatment program shall have a minimum dosage target of 300+, to include the treatment received in IRT status.

***Intent/Clarification:*** When determining the number of dosage hours within these ranges, programs should take into account the breadth and depth of the client's criminogenic needs and individual factors.

## **CD-050: Contact Types**

### **A. IMPACT Sessions/Weekly Meetings (Individualized Mentoring, Planning and Community Transition)**

IMPACT sessions shall be facilitated by qualified staff. IMPACT sessions shall emphasize discussion on criminogenic need areas. Terms and conditions may be discussed; however, this should not be the primary content of the session. Qualified staff shall utilize, when appropriate and necessary, skill training with directed practice, engage in ongoing community support, and enhance intrinsic motivation. There shall be an appropriate balance of targeted interventions (e.g. skill building, cognitive-behavioral techniques, motivational interviewing, etc.) with the intention of accountability and/or behavior change.

### **B. Treatment (may include, as appropriate)**

- (a) Cognitive Behavioral
- (b) Clinical
- (c) Family Counseling
- (d) Offense Specific
- (e) Psychoeducational

### **C. Behavioral Interventions**

Behavioral Interventions shall address concerning behavior; shall address assessed risk, needs, and responsivity factors; shall be facilitated by qualified staff, and shall be conducted no later than seven calendar days after identification of problematic behavior.

### **D. Psychoeducational and educational interventions focused on criminogenic needs**

Criminogenic education/interventions shall be interactive, structured, and facilitated by qualified individuals as determined by program.

### **E. Structured Family/Community Engagement Meetings**

Family/Community meetings and/or groups shall be facilitated by qualified staff and shall include case plan goals and objectives. These meetings and/or groups shall include the client and provide guidance on strengthening and encouraging prosocial behavior.

**Intent/Clarification:** Individualized is specific to client's needs, but can be done in a group setting.

## CD-060: Chronological Entries

The program shall systematically track the content and dosage of formal risk reduction activities. Chronological entries may include, but are not limited to, the following: progress on criminogenic needs, stage of change, stability factor progress, case plan action steps, behavior progress, and disciplinary processes. All entries shall be individualized, legible, accurate, and systematically filed in the client's case record and properly identify the staff member making the entry. Progress notes shall reflect client contact and any interagency communication regarding the particular case and shall document in detail the content of the event.

**Intent/Clarification:** A consistent coding system and format should be used to identify the type of event being recorded (individual, collateral, staffing, etc.). This Standard is not specific to any PACE item; however, chronological entries will be referenced to determine quality of behavior change activities.

## CD-070: Responsivity

The program shall have policies, procedures and established practices in place to identify and address responsivity factors (e.g. mental health, culture, gender, motivational stages, developmental stages, learning styles, health related issues and barriers) when matching a client to treatment and services when available. Responsivity factors shall also be taken into account when developing case plan action steps. Responsivity shall also include prioritizing treatment programs that are responsive to unique risk and needs of the client.

**Intent/Clarification:** "Responsivity Principle - Responsivity requires that we consider individual characteristics when matching clients to services. These factors influence a client's responsiveness to different types of treatment. The principle of responsivity also requires that clients are provided with treatment that is proven effective with the client population. Certain treatment strategies, such as cognitive-behavioral methodologies, have consistently produced reductions in recidivism with clients under rigorous research conditions. Providing appropriate responsivity to clients involves selecting services in accordance with these factors, including: a) Matching treatment type to client; b) Matching treatment provider to client; and c) Matching style and methods of communication with client's stage of change readiness. (Guerra, 1995; Miller & Rollnick, 1991; Gordon, 1970; Williams, et al, 1995)" (National Institute of Corrections (2004) Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention)

## CD-080: Enhance Intrinsic Motivation

The program shall have written policies, procedures, and established practices for systematically enhancing intrinsic motivation for specific targeted behaviors related to risk reduction. Motivational enhancement shall be included at a minimum in case plans, IMPACT meetings, behavioral interventions, and shall be included in appropriate internal programming (e.g. staff led groups or classes).

*Intent/Clarification: “Staff should relate to clients in interpersonally sensitive and constructive ways to enhance intrinsic motivation in clients. Behavioral change is quite often an inside job; for lasting change to occur, there needs to be a level of intrinsic motivation. Motivation to change is dynamic and the probability that change may occur is strongly influenced by interpersonal interactions. Feelings of ambivalence that usually accompany change can be explored through motivational interviewing-based communication to enhance intrinsic motivation. When the client begins to present arguments for change, research strongly suggests that motivational interviewing techniques, rather than persuasion tactics, more effectively enhance motivation for initiating and maintaining change behavior. (Miller & Rollnick, 2002; Miller & Mount, 2001; Harper & Hardy, 2000; Ginsburg, et al, 2002; Ryan & Deci, 2000)” (National Institute of Corrections (2004) Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention)*

## CD-090: Skill Training with Directed Practice

The program shall have written policies, procedures, and established practices for systematically engaging clients in skill training with directed practice. Skill training must include a goal to increase a particular skill, an opportunity for the client to practice the skill, and client should receive relevant feedback on the use of the skill. This shall be included at a minimum in case plans, IMPACT meetings, behavioral interventions, and in appropriate internal programming (e.g., staff led groups or classes).

*Intent/Clarification: “Provide evidence-based programming that emphasizes cognitive-behavioral strategies and is delivered by well trained staff. To successfully deliver this treatment to clients, staff must understand antisocial thinking, social learning, and appropriate communication techniques. Skills are not just taught to the client, but are practiced or role-played and the resulting pro-social attitudes and behaviors are positively reinforced by staff. Correctional agencies should prioritize, plan, and budget to implement predominantly programs that have been scientifically proven to reduce recidivism. (Mihalic, et al, 2001; Satchel, 2001; Miller & Rollnick, 2002; Lipton, et al, 2000; Lipsey, 1993; McGuire, 2001, 2002; Aos, 2002)” (National Institute of Corrections (2004) Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention)*

## CD-100: Engaging Community Support

The program shall have written policies, procedures, and established practices for systematically engaging clients in ongoing community support. Engagement of community support shall be included, at a minimum, in case plans, IMPACT meetings, level system, and should be included when appropriate in internal programming and behavioral interventions. This shall also include monitoring the client's relationships in the community. Staff shall provide guidance and feedback to clients regarding engagement in their communities and interactions with their support persons.

***Intent/Clarification:*** “Realign and actively engage pro-social supports for clients in their communities. Research indicates that many successful interventions with extreme populations (e.g., inner city substance abusers, homeless, dual diagnosed) actively recruit and use family members, spouses, and supportive others in the client's immediate environment to positively reinforce desired new behaviors. This Community Reinforcement Approach (CRA) has been found effective for a variety of behaviors (e.g., unemployment, alcoholism, substance abuse, and marital conflicts). In addition, relatively recent research now indicates the efficacy of twelve step programs, religious activities, and restorative justice initiatives that are geared towards improving bonds and ties to pro-social community members. (Azrin, & Besalel, 1980; Emrick et al, 1993; Higgins & Silverman, 1999; Meyers & Smith, 1997; Wallace, 1989; Project MATCH Research Group, 1997; Bonta et al, 2002; O'Connor & Perryclear, 2003; Ricks, 1974; Clear & Sumter; 2003; Meyers et al, 2002)” (National Institute of Corrections (2004) Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention)

## CD-110: Targeting Interventions

The program shall have written policies, procedures, and established practices for systematically creating case plans that address all appropriate criminogenic risk factors over the course of a client's program and are unique to the client with no more than three criminogenic needs addressed per level. Initial case plans shall be created in the initial intake process and within 15 business days of intake. Case plans should be derived from initial and ongoing assessments and shall prioritize the central eight criminogenic risk factors with consideration of correlation to recidivism. Case plans should also take into consideration individual responsivity factors of the client. Clients shall be involved in the development of all elements in their case plans (e.g. criminogenic needs, goal statements, and action steps). New case plans shall be developed at each level change. Plans might also address terms, conditions, rule compliance, behavioral and stability factors.

***Intent/Clarification:*** Through the use of accurate assessments staff are able to effectively target interventions to address the client's greatest criminogenic needs, and target those directly linked to criminal behavior. Some examples of criminogenic needs that are related

*to criminal behavior are criminal personality, antisocial attitudes, values and beliefs, and low self-control. All targeted interventions should be individualized based on assessment, stage of change and client feedback. By effectively assessing and targeting these areas staff & clients can have a greater impact on behavior change.*

### **CD-111: Action Steps**

The program shall have written policies, procedures, and established practices for creating case plan goals that are supported by action steps that are Specific, Measurable, Attainable, Realistic/Relevant/Reasonable, Time focused (SMART). Action steps shall be relevant to the individual criminogenic needs and responsivity factors of the client. Case plans should prioritize the central eight criminogenic needs and incorporate the Principles of Effective Intervention (National Institute of Corrections). Actions steps should be written in such a way to sufficiently and thoroughly cover identified needs.

### **CD-112: Stability and Behavioral Factors**

The program shall have written policies, procedures, and established practices for increasing skills and addressing factors related to client stability and behavior. These at a minimum shall include education/employment, treatment, medical needs, financial needs, ongoing community support, and housing. Criminogenic needs, once stabilized, may be addressed as stability factors over the course of a client's program.

### **CD-120: Level System**

The program shall have written policies, procedures, and established practices for client movement through a program level system as a function of the client's demonstrated progress in addressing their prioritized criminogenic factors, stability factors, and behavioral factors. The program must have a method of documentation for completion of individual level requirements. Level systems shall be transparent and, where possible, based on objective, measurable behaviors. There shall be privileges associated with level progression and progression shall occur when specified requirements are met by the client. Privileges (e.g. passes, cell phones, and driving) shall be contingent upon placement in the level system.

The program shall have written policies, procedures, and established practices regarding early termination from non-residential programming and shall notify probation immediately when clients reach level 7 (minimum) or level 8 (administrative) on non-residential and have met the criteria set forth in C.R.S. 18-1.3-301 (1) (h).

## CD-130: Passes/Privilege Furloughs

The program shall have written policies, procedures and established practices for awarding passes and privilege furloughs. The purpose of passes and furloughs is for client preparation in transitioning onto Non-Residential, Intensive Supervision Program (ISP), or Parole status. This privilege shall be based on progress on criminogenic risk factors, stability factors, and behavioral factors. The processes in which a client can take such passes are to be consistent among clients according to policy. Passes and privilege furloughs shall be pre-approved and transparent with frequency, number of hours, and monitoring expectations outlined.

## CD-131: Cell Phones

The program shall have written policies, procedures and established practices for approval and regular inspections of cell phones. Cell phones shall be permitted and may be utilized as an incentive through the level system.

***Intent/Clarification:** Cell phones are a beneficial tool for client communication as well as effective monitoring of client behaviors. Cell phones may be used for off-site monitors with appropriate technology. Cell phones are essential for opportunities with employment, community support activities, and treatment/support activities.*

## CD-132: Driving

The programs shall have policies, procedures and established practices that identify under what circumstances a client may be permitted to operate a motor vehicle. Any authorization to operate a motor vehicle shall be documented in the client's chronological notes and/or other methods available electronically. At minimum, documentation shall include:

- (a) Reason for authorization (e.g. privilege, work only, etc.)
- (b) Copy of current, valid, Colorado driver's license
- (c) Copy of current, valid, vehicle registration
- (d) Copy of current Motor Vehicle Report (MVR).

***Intent/Clarification:** Driving may be a privilege based on progress throughout residential and non-residential programming. In no circumstance shall programs require clients to forfeit valid driver's licenses, regardless of driving privileges. Logistics, such as parking, may restrict the privilege of clients to have their own vehicle on site. Programs shall ensure initially, and on a quarterly basis, that clients possess a current and valid driver's license, proof of insurance and shall check the client's Department of Motor Vehicle record. If the client is driving a privately owned vehicle, current registration must also be provided to the program. Driving may enhance opportunities with employment, community support activities, and treatment/support activities.*

## CD-140: Measurement/Feedback

The program shall have written policies, procedures and established practices to systematically measure client progress and provide feedback. Program staff shall routinely assess client progress on criminogenic needs, responsivity factors, and risk. Feedback shall be given to the client in order to build accountability, enhance skill development, and increase motivation for change. Feedback should be given once assessments are completed, as action steps are completed, at level change and additionally as needed. Feedback should be given in contact types specified in CD-050.

## CD-150: Incentives

The program shall have written policies, procedures, and established practices for the use of Contingency Management following the principles of transparency, swiftness, magnitude, duration, and frequency of incentives. Within the intake process, each client shall be advised in writing about the incentives program. There shall be early and frequent opportunities to receive incentives and incentives shall be targeted to specific behaviors that are identified as criminogenic in nature. Clients should be given an opportunity to give input on rewards. Programs should derive their rewards from this input, when possible, and shall emphasize positive reinforcement.

*Intent/Clarification: “When learning new skills and making behavioral changes, most people appear to respond better and maintain learned behaviors for longer periods of time, when approached with carrots rather than sticks. Behaviorists recommend applying a much higher ratio of positive reinforcements to negative reinforcements in order to better achieve sustained behavioral change. Research indicates that a ratio of four positive to every one negative reinforcement is optimal for promoting behavior changes. Increasing positive reinforcement should not be done at the expense of or undermine administering swift, certain, and real responses for negative and unacceptable behavior. Clients having problems with responsible self-regulation generally respond positively to reasonable and reliable additional structure and boundaries. Clients may initially overreact to new demands for accountability, seek to evade detection or consequences, and fail to recognize any personal responsibility. However, with exposure to clear rules that are consistently (and swiftly) enforced with appropriate and graduated consequences, clients and people in general, will tend to comply in the direction of the most rewards and least punishments. This type of extrinsic motivation can often be useful for beginning the process of behavior change. (Gendreau & Goggin, 1995; Meyers & Smith, 1995; Higgins & Silverman, 1999; Azrin, 1980; Bandura et al, 1963; Bandura, 1996)” (National Institute of Corrections (2004) Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention)*



## CD-160: Disciplinary

All disciplinary actions must adhere to the elements of due process and the principles of procedural justice.

## CD-161: Sanctions

The program shall have written policies, procedures and established practices that ensure the principles of swiftness, certainty, fairness, transparency, and consistency for client responses to violation behavior and disciplinary decisions. These procedures shall be provided to the client in writing in accordance with time frames established to meet the principles of swift and certain. Within the intake process, each client shall be advised in writing of the program Conditions of Community Corrections Placement/Facility Expectations as well as disciplinary actions to meet the principle of transparency.

***Intent/Clarification:** Consistency in conditions of placement across Colorado Community Corrections Programs is valuable. Programs are encouraged to use the Colorado Commission on Criminal and Juvenile Justice (CCJJ) approved Conditions of Community Corrections Placement.*

## CD-162: Hearings

The program shall have written policies, procedures and established practices that ensure fairness and due process principles for hearings. Disciplinary hearings must occur when a client pleads not guilty or refuses to plea and is considered for termination; efforts should be made to offer hearing times that support client availability. These procedures shall be provided to the client in writing during the intake process.

## CD-163: Review for Termination

Decisions of termination from a program shall be derived from a structured, research-informed decision making process that is driven by client risk levels, criminogenic needs, responsivity factors, severity of behavior, and history of behavior, along with professional judgment. These decisions shall be made by a team of those involved in the client's case within seven calendar days of the guilty finding.

## CD-164: Disciplinary Appeals

The program shall have written policies, procedures and established practices for an internal process for appeals. An internal appeal refers to the right of the client to appeal a guilty finding of an incident report in which the client is considered for termination. The client shall

be notified of the appeals process at intake as well as in the hearings procedure. There shall be practices in place for unencumbered access and filing of an appeal. The appeals shall be responded to in a timely manner and shall be reviewed by a neutral party.

## **CD-170: Supervision of Sex Offenders**

Any program supervising sex offenders must be familiar and compliant with current requirements of the Colorado Revised Statutes, as amended, and the Sex offender Management Board (SOMB) Standards and Guidelines for the Assessment, Evaluation, Treatment, and Behavioral Monitoring of Adult Sex offenders.

*Intent/Clarification: Programs should be especially mindful of compliance with section 5.000 of the SOMB Standards. Untreated sex offenders in the community pose a significant risk. Timely enrollment in offense-specific treatment should be considered a priority.*

## **CD-180: Time Credit/Sentence Calculation**

The program shall have written policies, procedures and established practices for the accurate calculation of time credit or sentence reduction for clients in accordance with procedures outlined by the Department of Corrections for Transition clients, or as specified in Colorado Revised Statutes, as amended, for Direct Sentence clients. Policies and procedures related to Direct Sentence clients must define, at a minimum, the following;

- (a) How progress within the 5 statutory categories will be measured.
- (b) The number of days (out of 10 total) that are assigned to each of the 5 categories.
- (c) The method by which the program will document and inform clients when and why they earned days, as well as program reasoning if days were not earned.

A current copy of this calculation shall be maintained in the client's individual case file.

*Intent/Clarification: The OCC takes a literal interpretation of the sentence prescribed by the judge based on the Gregorian calendar. Procedures and forms to meet this Standard have been distributed to programs and are available upon request from the OCC or at the OCC website.*

## **CD-190: Employment Services**

The program shall complete an instrument-based job readiness assessment of unemployed clients prior to determining their job search status. The job readiness assessment shall categorize clients into three levels of employment readiness; (low, medium, and high) and

shall be used to create an Individualized Employment Plan (IEP). High readiness clients may have their IEP incorporated into their case plan to encourage improvement in their opportunities.

Clients assessed as having low readiness for employment shall complete a minimum of 10 hours of formal, structured, evidence-based job readiness instruction that shall include basic cognitive skill development (i.e. professionalism and conflict resolution), facilitated job search (i.e. resume writing, interviewing skills, and active job search), job development and coaching services. The course may also include vocational skill development when appropriate. This job readiness course may be provided in-house or by referral to a community agency.

Clients assessed as having medium readiness for employment shall be referred and required to participate in employment readiness services. These services shall target the client's identified employment related needs and must be completed prior to placing the client on job search status. Programs shall structure job search time in the community consistent with targeted job search activities included in the IEP.

Clients assessed as having high job readiness may be placed on full job search status as determined by the IEP.

The program shall facilitate a detailed IEP with each client that identifies the client's strengths and needs, specifies job readiness goals, and outlines job search expectations. The IEP shall be signed and dated by both the case manager/vocational/employment staff and client.

Job search locations must be pre-approved based on targeted and specific job search activities. The IEP and program 50 policies shall require clients to maintain and submit a daily employment search log. At a minimum, the daily log shall include the following attributes for each employment contact:

- (a) The name of business
- (b) The physical address
- (c) Position applied for
- (d) Time arrived at location
- (e) Time departed from location
- (f) Person contacted
- (g) The contact person's phone number
- (h) Results of contact
- (i) Follow-up activities

Clients on job search status shall meet with case management, employment, or vocational staff no less than twice per week for the purpose of reviewing the status of job search efforts, identifying the next job search activities, and modifying the IEP if needed. During

each meeting, staff shall supervise and document a minimum of at least one successful client initiated follow-up (phone or email) with a previously contacted prospective employer. Such contacts, when successful, shall qualify as a monitor of client whereabouts while on job search status pursuant to CS-042.

*Intent/Clarification: Evidence suggests that the successful integration of clients into the workforce can play a large role in reducing recidivism over time. Clients enter community corrections with varying degrees of skills and levels of motivation for obtaining employment. Assessing client's need for job readiness services will assist staff in developing strategies that can improve the client's employability. The assessment process will prioritize those clients that require the most intensive resources and identify which clients will be successful with services that are least resource intensive. Meeting with clients every three days during the time they are on job search status will help to facilitate productive job search strategies. During this meeting, staff are required to support clients in following up with one prospective employer they contacted over the past three days.*

## **CD-200: Employment Status Updates**

The program shall have written policies, procedures and established practices for a documented employment status update. This shall be done quarterly on residential status and biannually on non-residential status. Staff shall verify employment status and should gather information on client's relationships with co-workers and supervisors, as well as job performance and attitude.

*Intent/Clarification: Employment status updates may be useful to direct necessary skill building activities for clients. These may also be used to provide feedback to clients and build relationships with employers and can be completed during any of the other employment contacts done.*

# Glossary

## A

**Agent** - Anyone working on behalf of the program.

**Ancillary Staff** - All staff, regular, part time or temporary, who have little or no direct contact with clients and/or who do not have supervisory authority over program staff members.

## B

**Biometric Verification** - Automated techniques for identifying individuals by using physiological or physical characteristics, including iris, retina, hand geometry, finger, face, handwriting, and voice recognition techniques.

**Breath Test** - Test administered to determine if alcohol has been consumed.

## C

**CCIC** - Colorado Crime Information Center.

**Chain of Custody** - The chronological documentation or paper trail, showing the seizure, custody, control, transfer, analysis, and disposition of physical or electronic evidence.

**Chronological Notes** - A recording of client progress while in community corrections.

**Client** - Anyone under community corrections supervision.

**Client Funds** - The system in which the program collects and distributes all monies received or earned by the client during their residential placement.

**Coaching** - Regular, embedded professional development designed to help staff use the program or innovation as intended.

**Community Corrections** - A community-based program that provides residential and/or non-residential accommodations and supervision for felony clients, and provides programs and services to aid in the reintegration of the client into the community.

**Community Corrections Board** - A governing authority that has the authority to enter into contracts, establish programs, accept or reject clients for placement, and establish and enforce standards.

**Conditional Position/Job Offer** - An offer of employment that is contingent on the results of a background investigation.

**Contraband** - Forbidden items as established by the program policies.

**Controlled Substances** - Substances identified as illegal by state law.

**Core Correctional Practices** - These are designed to increase the therapeutic potential of correctional programs (e.g. anti-criminal modeling, effective reinforcement, effective disapproval, effective use of authority, structured learning, problem solving, cognitive restructuring, and relationship skills).

**Criminogenic** - Producing or leading to criminal behavior.

**Criminogenic Needs** - Those individual problems or conditions that lead to criminal behavior.

**CRS** - Colorado Revised Statutes.

## D

**DCJ** - Colorado Division of Criminal Justice, Department of Public Safety. In most cases, a reference to DCJ is also a reference to the Office of Community Corrections within DCJ.

**Direct Sentence** - Also known as diversion or direct placement, it is the sentencing of a felony client to community corrections by the courts.

**Direct Supervision** - A new employee must be supervised by another employee of the program who has a completed background investigation (including the receipt of the fingerprint card results) and formal orientation training.

**Discovery** - The time at which it is confirmed that a client is not at the authorized location.

**Dosage Hours** - Generally, an hour refers to 60 minutes; however, in some clinical contexts 50 minutes may constitute an hour.

**DOC** - Colorado Department of Corrections.

**Drug of Choice** - The drug that the client has used frequently and predominantly in the past; some clients will have more than one.

**Drug Screening Kit** - A portable drug screening device.

**Due Process** - The use of established disciplinary principles and procedures that are fair, neutral, and uniformly applied.

## E

**Early Termination** - Early termination of a non-residential client's sentence per *C.R.S. 18-1.3-301*.

**Employment Status Update** - To verify employment status and gather information on client's relationships with co-workers and supervisors as well as job performance and attitude.

## F

**Facility Search** - A search of common areas to which clients have access such as laundry rooms, conference rooms, bathrooms, day rooms, dining areas, kitchens and outside areas.

**Fidelity** - The faithful implementation of non-negotiable components of evidence based practice as designed.

**Full Time Staff** - An employee who works at least 32 hours per week.

**Furlough** - Any authorized absence from the residential program, exclusive of work, for over 18 hours but not exceeding 48 hours.

## G

**Grievance** - A statement expressing a complaint against a real or imagined wrong, or a circumstance believed to be unjust and grounds for complaint.

## H

**Home Visit** - The physical entrance of a staff member into the home of a non-residential Diversion client, during which the staff member has personal interaction with the client for the primary purpose of assessing client stability and functioning, as well as verifying that the client lives at the approved residence.

## I

**IMPACT (Individualized Mentoring, Planning, and Community Transition) Staff** - Program staff who receive specialized training and coaching in the following areas: assessments, case planning, motivational enhancement, cognitive behavioral approaches, skill building with and coaching of clients.

**Individual Responsivity** - The likelihood that an intervention targeted to address a criminogenic need will have the desired effect of eliminating criminal behavior.

**In-House Substance Abuse Testing Equipment** - Urinalysis testing equipment that is maintained and operated by the program.

**Intern** - Unpaid staff, assigned by an academic institution to perform specific duties as supervised by the program.

## J

**Job Search Status** - Any time period when a client is in the community looking for a job.

## L

**LSI** - Level of Supervision Inventory. The LSI is an assessment tool that measures the risk and needs of a client.

## M

**Milieu** - The physical or social setting in which people live or in which something happens or develops.

**Monitoring** - The verification of the client's current location by the recording of time, date, place, person(s) contacted, signature of staff, and results of the verification.

## N

**NCIC** - National Crime Information Center.

**Negative Monitor** - Any unsuccessful attempt to verify a client's presence at an authorized sign-out location. This includes, but is not limited to, instances in which a third party states that the client is not at that location or a phone call is unanswered or answered by an automated device.

**Negative Job Search Verification/Contact** - The potential employer is reached, but indicates that they never met the client, and no application was ever received, this should be considered a negative verification with corresponding disciplinary action.

**Neutral Job Search Verification/Contact** - The potential employer is unreachable via phone or email, this is considered a neutral verification, and efforts should be made to contact one of the other potential employers visited by the client.



**Non-Residential** - Applies to Direct Sentence clients who have successfully completed residential placement and are now living independently in the community under program supervision.

## O

**Operable** - In working order and suitable for use.

## P

**Parolee** - A DOC client released to the community by the Colorado State Parole Board before his/her sentence has expired.

**Pass** - Any non-work, non-job search sign out that is less than 18 hours.

**Pat Search** - The search of a client in an effort to detect contraband. Such searches require that the client empty all pockets. With empty pockets, authorized program personnel of the same gender (unless otherwise allowed by PREA) lightly pat the client's body over clothing from head to toe. A pat search also requires that the client remove shoes, socks, jackets, hats/bandanas, gloves, and belts. A pat search does not require the removal of pants or shirts. A pat search also requires the presentation of personal items for inspection, including but not limited to purses, wallets, backpacks and other items that could readily be used to conceal contraband. If personnel of the same gender are not available, the patting down of a client's body is not required.

**Personal Contact** - A face-to-face contact between the client and a staff person.

**PREA** - Prison Rape Elimination Act.

**Prescribed Medications** - Medication prescribed by a licensed healthcare professional.

**Probation** - Agents of the court responsible for the referring and monitoring of Direct Sentence clients to community corrections.

**Program / Facility** - The agency contracting with the local community corrections board to provide community corrections services.

**Program Administrator** - Anyone responsible for supervising overall daily operations (e.g. Program Coordinator, Program Director, and Executive Director).

**Program Staff** - Those employees or agents who are involved in the supervision and/or provision of services to clients, such as client monitoring, case management, assessment, educational or skills building groups or treatment. In addition, any employee responsible for providing training related to offender supervision and/or service delivery.

**PSIR** - Pre-Sentence Investigation Report.

## R

**Random** - The event is conducted in a method that is not patterned or predictable.

**Referral Agency** - The agency with legal authority to refer clients for placement.

**Reinforcement** - To reward a desired response in order to encourage its repetition.

**Restitution** - Court ordered compensation.

**Risk Need Responsivity (RNR)** - Prioritize supervision and treatment resources for higher risk clients, target interventions to criminogenic needs, and be responsive to temperament, learning style, motivation, culture, and gender when assigning programs.

**Room Search** - A search of the area where a client sleeps and stores personal property. Thorough searches may include client bedding, personal property, room furnishings, fixtures, decorations, closets, attached bathrooms, and other places where contraband may be hidden.

## S

**Savings** - Earnings set aside to meet financial obligations upon community re-integration.

**Screening** - The use of specific criteria to evaluate potential community corrections placements.

**Self-Administration** - The ability of a person to take medication independently without any assistance from another person.

**Service Type** - The billing classification of a client (e.g. transition residential, diversion residential, diversion non-residential).

**SOA-R** - Standardized Offender Assessment (Revised).

**Special Condition** - Additional or unusual placement requirements.

**Staff Initiated Monitor** - The program staff placing a call to the client's sign out location, observing a client in the community, etc. for the purpose of verifying the client's present location.

**Staff Selection** - A hiring process that focuses on the identification of appropriate knowledge, skill sets, and abilities of staff for the purpose of building a competent workforce.

**Subsistence** - Established fee the client may be charged by the program in order to reside in the residential facility.

**Successful Job Search Verification/Contact** - This follow up can be a documented phone call or email sent to the employer. Successful contact with a potential employer via phone requires that the potential employer acknowledge contact with that client either through having met him or her, or through having received an application from the client. Successful email follow-up requires a response from the potential employer, acknowledging either that they met the client in person or received an application from the client.

## T

**Telephone Contact** - A staff initiated telephone call to the client.

**Transition** - A client placed in the community corrections program who is under the jurisdiction of the Colorado Department of Corrections (DOC).

## V

**Verification** - Establishment or confirmation of the truth.

**Volunteer** - All unpaid staff not otherwise defined as an intern.

# Appendix

## Audit Appeals

The Division of Criminal Justice affords programs with the right to appeal audit report Findings or Requirements that it considers manifestly inaccurate or inconsistent with state law, contract provisions or the *Colorado Community Corrections Standards*. Disagreement with the published provisions of the *Standards* is not in itself considered a justification for appeal.

A program may appeal specific Findings or Requirements in a final audit report to its local community corrections board within 10 days of the issuance of that final report. Such appeal shall be in writing and shall set forth reasons and supporting documentation why each disputed Finding or Requirement should be affirmed or disaffirmed. The program shall provide the Office of Community Corrections (OCC) with a full copy of its appeal so that the OCC may provide information to the board regarding the disputed Findings or Requirements. The local board receiving the appeal may either consider the appeal or refer the matter to the Director of the Division of Criminal Justice. The local board must determine whether it will consider the appeal within 10 days of the date the appeal is received. If the local board considers the appeal, it shall issue within 10 days of its next meeting a written response that either affirms or disaffirms each Finding or Recommendation that is the subject of the appeal. The local board shall forward a copy of its response to the OCC and the program. The program and the OCC may choose to accept the local board's response as a final disposition of the matter. If the board's response affirms the disputed Findings or Requirements, the audit report shall remain as written. If the board's response disaffirms any of the disputed Findings or Requirements, the audit report shall be amended accordingly and reissued to all parties.

Within 10 days of the local board's response, either the program or the OCC may choose to further appeal the matter to the Director of the Division of Criminal Justice or such person acting in that capacity within the Colorado Department of Public Safety. Such further appeals shall be in writing and shall set forth reasons and supporting documentation why each disputed Finding or Requirement should be affirmed or disaffirmed.

The Director of the Division of Criminal Justice or such person acting in that capacity shall consider the matter and issue a letter within 10 days that affirms or disaffirms the Findings or Requirements that are the subject of the appeal. If the Director's response affirms the disputed Findings or Requirements, the audit report shall remain as written. If the Director's response disaffirms any of the disputed Findings or Requirements, the audit report shall be amended accordingly and reissued to all parties.

If the program is still in disagreement with the outcome, it may appeal to the Executive Director of the Colorado Department of Public Safety (CDPS). The CDPS Executive Director, or a designee, shall consider the matter and issue a letter within 30 days that affirms or disaffirms the specific Findings or Requirements that are the subject of the appeal. The decision by or on behalf of the Executive Director is considered final.

## **2022 C.C.C.S. Review**

Stakeholders were engaged in a *Standards* review process of the 2017 *Standards* from January to April 2022. As a result, the Office of Community Corrections removed six *Standards*, added three new *Standards*, and reviewed all *Standards* for revision and clarification. Final recommendations were presented to the Governor’s Advisory Council in October 2022.

# Variations from the *Standards*

## Board Authority to Create More Stringent Requirements

Individual communities may need to refine program requirements in response to unique local circumstances or program characteristics. By statute, local boards have the authority to impose requirements that are more stringent or are in addition to those contained in the applicable statutes and contracts, and in the *Colorado Community Corrections Standards*.

## Waiver Requests

Similarly, a program may need to request an exemption from particular provisions of the *Colorado Community Corrections Standards*. Such exemptions may be sought for good cause through the waiver request process.

A waiver request shall first be submitted in writing to the program's local board. While no specific format is required, each waiver request shall reflect, at a minimum, the specific *Standard(s)* for which an exemption is sought, a description of the desired exemption (for example, whether exemption is sought from the entire *Standard* or only a portion thereof) and a statement of why the requested exemption will not adversely impact public safety, offender treatment, offender management or the administration of the community corrections system.

The local board shall determine whether the requested exemption should be granted in whole or in part, or be denied. Such determination shall be in writing. If the board denies the request for a waiver, the matter is considered closed.

If the local board approves all or part of a waiver request, it shall transmit that approval and all supporting materials from the original waiver request to the Office of Community Corrections of the Division of Criminal Justice. The OCC may approve the request, as submitted by the local board, and may so notify both the board and the program that the exemption has been granted.

In the alternative, the Office of Community Corrections may determine that an exemption approved by the local board should not be granted. If it intends to deny a waiver request that has been approved by the local board, the Manager of the OCC shall first consult with the Director of the Division of Criminal Justice or such person acting in that capacity. If the Director concurs, the Office of Community Corrections shall communicate to the local board and the program that the waiver request is denied. The matter is then considered closed.

## **Amendments to the *Standards***

DCJ is the agency charged by statute with the promulgation of the *Colorado Community Corrections Standards*. Periodically, DCJ may publish revisions or amendments to the *Standards*, often to ensure that programs are in compliance with statutory or other changes. While DCJ will typically sponsor a comprehensive vetting process for changes to the *Standards*, it must reserve the right to effect such changes immediately, if circumstances warrant.