

Research Report

Community Corrections in Colorado:  
A critical examination of harm reduction  
outcomes, successes, and gaps to address

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Colorado State University

# Community Corrections in Colorado: A critical examination of success measures

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## Executive Summary

The Colorado Community Corrections Coalition contracted with this Colorado State University research team to conduct a multistage project that will audit and assess their internal practices. This goal was born out of a number of factors including the Coalition’s desire to proactively consider ways to develop agency practices to enhance client and organizational success. This report reflects the first stage of this longer project and focuses on assisting the Coalition in considering diverse ways to assess and measure “success”.

Recidivism has historically been the standard measurement that researchers, agencies, and policymakers have relied upon to evaluate whether clients, programs, and organizations themselves are successful. While recidivism is used as the “gold standard”, we have detailed in this report that this is largely related to ease of obtaining recidivism data as opposed to it being a quality measure that clearly and accurately reflects the multilayered outcomes community corrections agencies seek.

Research that examines the work of community corrections agencies relies on a host of alternative measures that provide substantially greater insight and nuance than recidivism. In this report, we have detailed these evidence-based measures which include:

- Desistance: the process whereby people abstain from participating in behaviors defined as criminal and experience changed understandings of self
- Harm reduction: reducing adverse individual and community consequences associated with different types of criminalized behaviors
- Agency practices: meeting internal organizational practices and goals

This report also provides the results of a pilot study of leadership of community corrections agencies in other states to provide insight into the measures they are held accountable to by oversight agencies as well as measures leadership in these organizations believe best reflects the work they do. Reflecting historical practices, we learned these agencies are most commonly held to client program completion and recidivism as their central success metric and, when provided with a wide array of alternative measures reported believing that those same metrics best reflect the work of their agency. It is illuminative that oversight and local agencies in other states prioritize program completion and, especially, recidivism as valuable outcomes when many of the services offered by these agencies, like Colorado Community Corrections, focus on rehabilitation and reentry of clientele. Indeed, we think it is likely that agencies are so accustomed to reporting on recidivism related measures because there is a degree of cultural and institutional practice that creates a “gravitational pull” towards them.

Given the data and information provided in this report, the central recommendation we have for the Coalition at this stage of this project—as well as for policymakers who determine and use the metrics to which agencies are held accountable—is to include but expand beyond the use of recidivism as the primary metric to evaluate the success of community corrections clients and agencies. While recidivism is a cost-effective and efficient measure that provides some level of insight into both client success as well as effectiveness of individual agencies, agencies should prioritize identifying additional success outcomes that more holistically represent the goals of community corrections work. In order to accomplish this, public officials and the Division of Criminal Justice—as actors and agencies that oversee the work of this arm of the criminal processing system and determine funding—should provide agencies with a small number of additional outcomes they wish to use to assess their work as well as provide some level of discretion and support to each agency to determine additional measures they wish to use that better

represents their work. This type of expansive work is already being done to some extent given DCJ's recent adaptation of the Program Assessment for Correctional Assessment (PACE) tool.

Collecting, analyzing, and submitting any level of data can be an onerous task for community corrections agencies whose budgets do not always include substantial monies earmarked for such tasks or staff trained in research methods. As such, it may be prudent for local agencies to consider working alongside state universities to identify outcome metrics and institutionalize a plan to collect and analyze data regularly.

Considering how to measure "success" in the realm of community corrections is a critical task given that states—including Colorado—have come to rely on it to administer justice, enhance public safety, and accomplish rehabilitation and reintegration of its clientele in a much more substantial way over the last few decades. Moreover, this growth has occurred alongside increased public scrutiny of the work and effectiveness of the broader system as evidence of systemic racial injustice and other substantial inequities have become a focused topic. As such, the process of considering what it means to be a successful community corrections agency can coexist and align well in this context of calls for change and adaptation because when agencies are asked to realign their organizational practices to meet new or different success measures, their cultural and structural practices can also shift as they adapt to meet changing priorities.

## Background

The Colorado Community Corrections Coalition contracted with the Colorado State University research team to provide an objective and independent internal audit and assessment of their current success measures and internal practices. These goals were born out of a variety of factors including proposals to shift the state funding model to Performance-Based Contracting, recent incorporation of new program-level assessment measures and processes, and a research report authored by the Colorado Criminal Justice Reform Coalition (2021) examining the recidivism outcomes of state programs. Alongside these and other factors, the Coalition expressed a desire to think carefully and pragmatically about the state and direction of Community Corrections in Colorado. This report is the first part of a multi-stage research process designed to help the Coalition meet these goals.

The purpose of this report is to assist the Coalition in thinking about ways to assess organizational and client “success”. To this end, we begin by providing background on the state of community corrections in the U.S. and why thinking critically and systematically about “success” measures has value at multiple levels. We then provide the results of a deep dive into recent measures that researchers working within the realm of community corrections use to assess and evaluate successful outcomes to provide an understanding of both the different types of measures researchers find value in as well as their strengths and shortcomings. Then, to gain an understanding of success measures that agencies in other states are held accountable as well as aspirational measures they believe measure the work of their agencies, we present survey findings we gathered from community corrections directors in other states from a small pilot study.

## Setting the Stage: The value of considering “success”

In many states, the extent to which the state relies on community corrections to administer justice, enhance public safety, and accomplish rehabilitation and reintegration of its clientele has grown considerably. In fact, by 2016, the number of adults on community supervision reached more than 4.5 million, which is more than triple the size of the community corrections population in 1980 (Urahn et al. 2018). A handful of factors have created this growth including a fiscal crisis that forced states to limit their use of jail and prison as well as the progressive belief that community corrections could be a more just, efficient, and effective way to contend with the “crime problem”. In fact, the history of community corrections is one that emphasizes a focus on treatment and rehabilitation in its work with clients whether that occurs for justice-involved people who are experiencing community corrections as a diversionary route out of more severe criminal penalties (like prison) or, alternatively, as a reintegrative pathway back into the community post-incarceration.

One consequence of this increased use and interest in community corrections has been heightened government and public attention to how agencies do their work, receive funding, and evaluate organizational and client success. A standard measure of organizational success that agencies working within the criminal legal system collect and are typically held to is achieving reduced rates of future offending for the clients they work with. Although recidivism is used as a standard evaluatory measure, researchers working within the fields of criminology as well as other social sciences provide evidence that additional alternative conceptions and ways of measuring success may provide practitioners and policymakers a new perspective.

Developing measures that conceptualize the work of community corrections agencies as well as the progress of clients serving time in these spaces has perhaps never been more important or, at the very least, timely. As above, while its growth as a form of correctional supervision has created renewed interest from government officials and the public in its workings, this has occurred alongside an increased public awareness of the shortcomings of our criminal legal system. Criticism of our system of law has become more pronounced over the last decade as evidence of racial injustice and the broad inequities

that the system helps reproduce have become a focused topic of mainstream media sources. While the public diverges on how they believe the state should respond to these phenomena, there is increasing broad base support for some kind of organizational change.

The process of considering and reconceptualizing success measurements have significance in the context of these calls for change and adaptation because when agencies are asked to realign their organizational practices to meet new or different success measures, their cultural and structural practices may also shift as they adapt to meet changing priorities. As such, it is prudent for leadership in community corrections as well as other stakeholders who make decisions within and about the working and funding of community corrections to think through evaluation as they have direct impacts for on the ground practices.

The purpose of this report is to provide stakeholders who work in community corrections—as well as other leaders who are charged with evaluating or considering the effectiveness of community corrections and their practices—with the opportunity to think more expansively about how they conceptualize agency as well as client success. To accomplish this, we review some of the work of researchers who study community corrections with the goal of highlighting specific, evidence-based measurements that are and can be used to evaluate the work of community corrections as well as the progress of clients who serve time through these agencies. Additionally, we provide analysis of data that examines the perspectives of leaders working in the field of community corrections to illuminate the success standards to which they are held accountable as well as success standards they believe capture the work their agency is doing in addition to the outcomes of their clients. This work offers to the readers new perspectives on measurement that may provide specific opportunities for changes in “what matters” when considering evaluation of the success of agencies and the clients with which they work.

## Recidivism as a Measure of Success

### How to measure recidivism

Historically, researchers who study community corrections—as well as practitioners and policymakers—have used *recidivism* to evaluate client outcomes and recommend organizational changes in service delivery and agency practices. Generally, researchers define recidivism as the reduction of future offending behavior by justice-involved people and most often measure it by assessing whether someone has returned to prison or jail. However, researchers and policymakers rely on a variety of outcomes to assess recidivism and, thus, it can actually measure a variety of different things.

Table 1 provides information on the most common ways researchers working within community corrections measure recidivism in their research: rearrest, reconviction, and reincarceration. However, as they draw on these measurements to assess behavior and make recommendations about community corrections, programming, or services, researchers emphasize the importance of differentiating clearly between them given that they measure substantially different behaviors and indicate different things about the behavior of the justice-involved person as well as whether community corrections programming “works”.

Because of this, additional distinctions in measurement of recidivism are commonly drawn—especially in the case of community corrections. For instance, researchers emphasize the importance of distinguishing between justice system reengagements because of new offenses versus technical violations of parole or probation violations. Similarly, many scholars underscore the importance of differentiating the type of re-offense based on, for example, legal severity (like felony vs misdemeanor) or violent versus non-violent offense. These distinctions allow differentiation between seriousness of the reoffending. A final common measurement strategy is not just whether reengagement with the system has occurred but the length of time that passes between release and recidivism which illustrates how

long a particular community corrections intervention “worked” or, for example, when reintegrative challenges are more likely to occur and shape outcomes.

Each of these additional distinctions provide some level of nuance to a very blunt measure. However, researchers advocate for the use of even more fine-tuning especially when practitioners or policymakers use recidivism to make specific programmatic recommendations. For example, distinguishing between the rates of recidivism among different populations of justice-involved people is necessary to accurately assess programming outcomes and effectiveness. There are several ways to do this depending upon the way programming is organized including distinguishing between the rates of recidivism by client risk level, gender, or type of original offense.

<b>Table 1. Measures of Recidivism</b>	
<b>Rearrests</b>	
Number of rearrests	Bird & Grattet 2017; Blasko & Taxman 2016; Ostermann & Hyatt 2018; Zettler & Medina 2019
Number of days until rearrest	Barnes et al. 2010; Dickerson & Stacer 2015; Kennealy et al. 2012; Blasko & Taxman 2018
Number of rearrests within a given time frame	Aguiar & Levell 2017; Ostermann & Hyatt 2018
<b>Reincarceration</b>	
Number of times reincarcerated	Bird & Grattet 2016; Cullen et al. 2017; Dewey et al. 2020; Hollis et al. 2019; Miller & Khey 2017; Schrantz 2015
Number of days reincarcerated/in custody	Shannon et al. 2015; Weinrath et al. 2015
<b>Reconvictions</b>	
Number of reconvictions	Bird & Grattet 2017; Blasko & Taxman 2016; Ostermann & Hyatt 2018; Zettler & Medina 2019
Type of reoffence	Blasko & Taxman 2018; Boyle et al. 2018; Weinrath et al. 2015
Felonies vs Misdemeanors	Aguiar & Levell 2017; Gibbs & Lytle 2020;
Violent vs non-violent	Bonta et al. 2021
<b>Revocations</b>	
Technical violations	Barnes et al. 2017; Blasko & Taxman 2018; Boman et al. 2019; Campbell 2016; Hamilton et al. 2015; Lurigio et al.; Ostermann & Hyatt 2018; Shannon et al. 2015; Steen et al. 2013; Weinrath et al. 2015; Zettler & Medina 2019
<b>Self-reported Offences</b>	
Contact with law enforcement	Killias et al. 2010
Criminal behavior	Blasko & Taxman 2018
<b>Type of Offender</b>	
Violent vs non-violent	Zettler 2018
High-risk vs low-risk	Pearson et al. 2016
Sexual vs non-sexual	Bonnar-Kidd 2010



## The benefits and costs of using recidivism to assess outcomes

There are distinct benefits in using recidivism measurements to understand successful community corrections outcomes. The primary advantage of relying on this binary outcome includes (1) researcher, policymaker, practitioners, and even public familiarity with the term and (2) the fact that existing data collection tools make it an easy, quick, and affordable way to assess client as well as organizational success. While these are notable advantages, there are a variety of drawbacks and consequences of using this measure.

Although a strength of the measurement is indeed its simplicity this is also its central shortcoming. First and foremost, it reduces complex processes into a binary measurement where justice-involved people as well as organizational practices used to treat and reintegrate are defined only in relationship to criminal processing system outcomes. As some critics of the measure note, “using recidivism to exclusively measure the success of criminal justice interventions is like using school dropout rates to exclusively measure the success of teachers” (Bucklen 2021:3). In other words, the measure is reductive.

Another and related shortcoming is that recidivism—whether measured as a violation of a technical condition of parole or a rearrest—is often understood as a simple measure of client behavior but, in actuality, is also a reflection of broader organizational and system level variables. For example, rearrest for a new offense is not solely a reflection of the behavior of those who are justice-involved but is also a measure of how—for example—cities decide to distribute resources to police departments (Jackson & Carroll, 1981; Sever, 2001), what geographic areas police departments decide to focus their patrol efforts (Parker, Stults, & Rice, 2005; Rinehart-Kochel, 2011), or the types of offenses that departments concentrate given the demands of the local community or even federal funding priorities (Braga, Weisburd, & Turchan, 2018). Similarly, revocation of probation or parole for a technical condition is not just a function of client behavior (Steen et. al., 2013) but also results from a variety of external variables from parole release rates (Kassebaum 1999) to the internal practices or local culture of a community corrections agency (Viglione 2017).

An additional shortcoming of relying on recidivism to gauge success relates to the fact that substantial research has established the way social identities like age, gender, class, and race shapes one’s likelihood of contact with the system in addition to how actors working in the system respond to them. For instance, people with fewer economic resources and/or racially minoritized identities are more likely to have contact with police because of, for example, discriminatory behavior by police officers (Kempf-Leonard, 2007) or intensive police presence in specific communities (Kane, 2003). Research also provides substantial evidence that criminal legal decisions post-arrest are shaped by race and class. For example, poor people are less likely to be able to afford bail and pretrial detention has a direct effect on conviction likelihood (Menefee 2018). Thus, recidivism is also—in part—a measure of existing bias in the criminal legal system that amplifies the likelihood of contact in the first and subsequent place.

The implications of this research for practitioners and policymakers who use or value recidivism as an outcome measure is multilayered. Most importantly, while it *is* a straightforward measure that provides some value to practitioners and policymakers in understanding the impact of the criminal legal system on justice-involved people, relying on it as a sole or significant measure to assess success or failure is a problem. It is especially a problem when treated as a clear indicator of client behavior given—as described throughout this section—the other contextual factors that shape it. Acknowledging these complexities also means that comparing recidivism rates across people, communities, agencies, and even states is a project that requires substantial nuance from policymakers who wish to rely on recidivism as THE standard for assessing organizational success. As the rest of this report indicates, there are additional measures that researchers use to assess success among justice-involved people that provide greater nuance and may more accurately measure the outcomes the justice system is trying to achieve.

## Alternative Success Measures: Measuring intended outcomes

### Measure 1: Desistance

In their work on community corrections, researchers increasingly prefer and rely on “desistance” as a central way to assess the success of a justice-involved person and, thus, the efficacy of community corrections (and otherwise) programming and intervention. Recent research conceptualizes desistance as a process whereby people eventually abstain from participating in behaviors defined as criminal. A lynchpin of this definition is the word “process” as researchers who study the phenomenon emphasize that desistance is generally not linear or uniform and, instead, can be disrupted and disjointed. That is, people generally do not move quickly or completely from participating in criminal activity to no participation and, instead, reduce the frequency or severity of their participation in crime over time until perhaps complete (or near complete) cessation (see, for example, Bersani & Doherty 2018). Another important aspect of desistance is its association with a changing self-view whereby people who participated in crime come to think of and understand themselves as people who are law-abiding (Opsal 2012; Serin, Lloyd, & Hanby 2010; Weaver & McNeill 2010). Clearly, this concept is more ambiguous and difficult to measure than recidivism and it is surely at least partly because of that challenge that it has not become a common way to assess client or agency success. Again, though, researchers advocate for its use (Bucklen, 2021). Thus, how might community corrections practitioners and policymakers use desistance to measure the progress of their clients as well as assess agency success?

Table 2 and 3 provides information on the most common ways researchers who study community corrections outcomes measure desistance in their research. Ironically, as noted in Table 2, one common way researchers measure desistance is via recidivism; however, more complex recidivism measurements—like some of those discussed in the previous section—are preferred when this is the case. For example, as noted in table 2, Bucklen (2021) recently recommended that researchers and practitioners use recidivism outcomes that measure deceleration, de-escalation, and “reaching a ceiling” which are all proxies for desistance.

<b>Table 2. Measures of Desistance: Recidivism</b>	
<b>Deceleration: the slowing of frequency of participation in criminal behavior</b>	
Number of days until rearrest	Barnes et al. 2010; Dickerson & Stacer 2015; Kennealy et al. 2012; Blasko & Taxman 2018
Number of rearrests within a given time frame	Aguiar & Levell 2017; Ostermann & Hyatt 2018
<b>De-escalation: the reduction in the seriousness of criminal behavior</b>	
Type of reoffence	Blasko & Taxman 2018; Boyle et al. 2018; Weinrath et al. 2015
Felonies vs Misdemeanors	Aguiar & Levell 2017; Gibbs & Lytle 2020; Steinmetz & Anderson 2016
<b>Reaching a ceiling: complete cessation of participation in criminal behavior</b>	

*Adopted from Bucklen, 2021*

Given that researchers who study desistance ultimately wish to move away from strict recidivism-based measurements to evaluate client and community corrections agency success, alternative measures focus on client participation and/or investment in interventions or institutions that research establishes as related to increased desistance. These mechanisms are correlated with reduced or ceased participation in crime or, additionally, clients’ changing self-concepts (Klinge 2019; Harris 2011;

O’Sullivan et al. 2020; O’Sullivan et al. 2018). As table 3 indicates, on the one hand, researchers point to psychologically based interventions—like cognitive behavioral therapy or motivational interviewing—that focus on providing tools to clients that empower them to reshape their sense of self, coping skills, or intrinsic motivation to change. On the other hand, researchers emphasize the importance of the presence of “indicators of stability” that promote social integration and are better suited to addressing the structural barriers justice-engaged people experience that are often pathways into the system in the first place. These latter pathways, research shows, can be part of the desistance process because they aid client social integration via participation in interventions that promote or social institutions that help create social integration alongside economic and social stability. Table 3 notes specific examples of these mechanisms including, for example, employment, family, housing, or even civic participation.

<b>Table 3. Measures of Desistance: Mechanisms correlated with desistance</b>	
<b>Psychological Intervention Examples</b>	
Cognitive behavioral therapy	Barnes, Hyatt, and Sherman, 2017; Hsieh et al., 2021; O’Sullivan et al. 2018
Motivational interviewing	Clark, Roberts, & Chandler, 2020; Lin 2018; Spohr et al, 2016
<b>Indicators of Stability</b>	
Housing/Accommodation	Geller 2011; Gunnison & Helfgott 2017; Gunnison, Helfgott, & Wilhelm 2015
Employment	Bain & Parkinson 2010; Bain 2019; Chin & Dandurand 2012; Gunnison & Helfgott 2013; Gunnison, Helfgott, & Wilhelm 2015; Harding, Siegel, & Morenoff 2017; Opsal, 2012
Familial Support or Reunification	Gunnison, Helfgott, & Wilhelm 2015; Harris 2011; Lloyd, Perley-Robertson, & Serin 2020; McKiernan et al. 2013; Wallace et al. 2016; Youssef et al. 2017
Civic Engagement (Voting, Community Engagement, Jury Service)	Binnall 2018; Fox 2012; Glavin 2012
Access or Participation in Services (eg: mental health services, drug treatment services)	Lattimore & Visher 2013; Matheson, Doherty, & Grant, 2011; Unnithan, Prelog, Hogan, and Progrebin 2017; Visher, Lattimore, Barrick, & Tueller 2017

As noted above, a shortcoming and thus challenge to using desistance as a measure to gauge client or agency success is that it is a less straightforward measurement than recidivism given that researchers do not typically measure it in a binary way. Additionally, especially in the case of indicators of stability, researchers use a variety of measures to assess whether the intervention is present. For instance, regarding employment researchers have used successful completion of job training, being hired for a job, working part-time versus full-time, and client satisfaction with job as measures of “employment”. In other words, there is not a standard way to measure desistance which can be frustrating to community corrections practitioners and policymakers who often do not have resources to examine multiple outcomes. Despite these notable shortcomings, desistance does offer a more nuanced and complex understanding of client and agency success/failure. Moreover, these outcomes are in line

with many of the goals of community corrections that focus on actual reintegration of justice-involved peoples into their communities.

### Measure 2: Harm reduction

Researchers have also identified “harm reduction” as another insightful outcome measure useful to assess community corrections’ client and agency success. In broad terms harm reduction means reducing the adverse individual and community consequences associated with different types of criminalized behaviors. As illuminated in Table 4, researchers draw on a handful of outcomes to measure harm reduction. Perhaps the most common measurement is a reduction, over time, in a risk-needs-responsivity (RNR) assessment score like the LSI-R or, in the case of Colorado, the CARAS score. Next, recidivism measures that indicate a change in risk posed like—for example—time to failure, an individual’s average number of arrests over a period of time, or a reduction in offense severity—can all be used to assess harm reduction. Similarly, researchers have used reduction or abstinence from substance use to measure harm reduction and, thus, success.

Table 4. Alternative Measures – Harm Reduction	
Recidivism measures: Time to failure, average number of arrests over time, reduction in offense severity, residential stability (time in the community)	Gibbs & Lytle 2020; Harding et al. 2013
Reduced use/abstinence from substances	Boman et al. 2019; Hollis, Jennings, & Hankhouse 2019; Midgette, Kilmer, Nicosia, & Heaton 2021
Risk-needs-assessment/risk-management data	Andrews & Bonta 2010; Cullen 2013; Ricciardelli & McKendy 2021; Scott-Hayward 2011; Viglione, Rudes, & Taxman 2015; Wodahl et al. 2015

A strength of using harm reduction approaches for community corrections agencies is that, similar to measuring recidivism, RNR tools are commonplace across states and agencies and have become standard practice across many stages of the criminal-justice process, including at intake, during case management as well as to inform treatment referrals and monitor client compliance (Viglione, Rudes, & Taxman 2015). Notably, however, some researchers take a critical stance towards RNR tools for a variety of reasons including that they communicate static snapshots of risk and are not dynamic across time (Douglas & Skeem 2005; Lloyd et al. 2020; Serin, Chadwick, & Lloyd 2019); are unable to take into account the broader structural variables that complicate client and agency success (Helmus, Thornton, Hanson, & Babchishin 2012; Prins 2019); promote unidimensional treatment of clients (Miller & Maloney 2013; Oleson et al. 2012); and do not adequately take into account client identities—especially gender—that shape outcomes (see Grattet, Lin, & Petersilia 2011; Opsal 2014; Schinkel et al. 2010). Thus, while research does indicate that RNR tools have a variety of values including as a measure of harm reduction, their use—especially as solo indicators of any kind of outcome—should be approached with thoughtfulness.

### Measure 3: Agency practice measures

A final way that the work of researchers who study community corrections indicates that “success” might be assessed is through different agency practices. As Table 5 indicates, considering outcomes or practices like: use of evidence-based practices, collaboration with external community agencies, or fidelity of programming may be useful ways to assess, especially, agency success because research indicates they are associated with decreased recidivism, increased desistance, or other positive

outcomes. Notably, Colorado already institutionalizes this type of assessment via the Program Assessment for Correctional Excellence (PACE) tool.

Table 5. Alternative Measures - Internal Measures & Agency Practices	
Presence of Evidence-Based practices, Strengths-Based Practices	Hamilton, Kigerl, & Hays 2015; McNeill, Farrall, Lightowler, & Maruna 2012; Schlager 2018; Schrantz 2015
Collaboration with outside agencies/resources	Costanza, Cox, & Kilburn 2015; Frisman et al, 2010; Gunnison & Helfgott 2017; McKiernan et al. 2013
Client-provider relationship measures (rapport, communication, etc.) & Treatment fidelity	Andrews & Bonta 2010; Chamberlain et al. 2017; Hughes & ten Bonsel 2021; Jonson & Cullen 2015; Lowenkamp et al. 2010;
	(But see Morash et al 2016; Scott-Hayward 2011).

Across these measures, research provides evidence—for example—that the presence of evidence-based practices like those that are strength-based, emphasizes empowerment of clients and collaboration between client and officer, and draws on community agency resources promote law-abiding behaviors (Shalager 2018). Additionally, some research provides evidence that parole and probation officer communication styles that focus on rapport-building help shape recidivism outcomes. Whether officers or treatment specialists carry out programming with fidelity also shapes agency outcomes indicating the importance of hiring qualified staff and, especially, engaging them in ongoing training. Research also indicates that collaboration and engagement with resources and agencies external to the criminal justice system can enhance client success; this is especially the case given that community corrections agencies are increasingly tasked with assisting clients who experience extensive trauma, mental health, and addiction histories, as well as community marginalization in the form of, for example, homelessness. Thus, assessing the extent of authentic collaboration that exists with external agencies can help community corrections agencies understand the extent to which they are able to meet the increased complex needs of the population they work with.

A strength of these types of measures, then, is that they encourage community corrections agencies to stay abreast and incorporate evidence-based practices that research indicates can help produce successful outcomes. As a result, they should also encourage agencies to stay up to date on staff training. On the other hand, while tracking different internal agency practices can be quite useful in determining agency—and even client—success, a drawback of standardizing these measurements across agencies can lead to a cookie-cutter approach to programming (Gill and Wilson 2017). This is a problem given that community corrections agencies provide services to and surveil a diversity of clientele with different identities, needs, and risk-levels. Moreover, as in the case of Colorado, local community stakeholders help shape the direction and focus of community corrections. Thus, while standard measurements might be useful to assess some outcomes across agencies, these measures would likely be most fruitful when they result—at least in part—from collaboration between local and oversight agencies.

### Pilot Survey Results: An examination of community correction leaders’ attitudes

Up to this point, we have shown that recidivism is a common measure of success for community corrections agencies, highlighted benefits and costs of this measure, and provided alternative conceptions of success that are evidence-based. Next we turn to the results of a pilot study. The goal of

this study was to gain insight into the measures of success that (1) community corrections agencies outside of Colorado are held accountable and (2) leaders of these agencies believe best reflect their work.

The data for this pilot study was collected from a survey developed by the researchers. The survey asks community corrections agency directors to provide information regarding: (1) the population(s) that their agency serves; (2) the extent of programming offered through the agency; (3) the goals and metrics used to measure success for an external oversight agency, and (4) the goals and metrics of success used internally.

The survey was distributed to a non-random sample of community corrections agency directors in five states: Pennsylvania, Ohio, Minnesota, Tennessee, and Florida. On two separate occasions, e-mails were sent out to agency directors with a link to an internet-based survey. After two weeks, paper surveys with an accompanying cover letter were mailed to agencies that had not yet responded. We sent surveys to 203 agencies and received survey responses from 18 total agencies with a response rate of 9%.

The first set of findings reflect broad characteristics of the agencies who responded to the survey. Table 6 illustrates the populations the agencies in our sample serve. Seventy-two percent of agencies reported that diversion represented their client populations, while 56% reported that re-entry represented their client populations. Most agencies, then, were focused on providing an alternative to incarceration. We also asked whether the agencies served residential or non-residential populations, or both. Most (44%) reported they serve non-residential population, 28% of the agencies reported that they served residential population, and 28% reported that they serve both. These results fit with the diversion focus that was reported by most agencies, in that nearly half of them worked with non-residential populations.

<b>Table 6. Client Population Statistics</b>	
<u>Population</u>	<u>Percentage</u>
Diversion (in lieu of incarceration)	72.22%
Re-Entry (transition to community)	55.56%
Non-Residential Population	44.44%
Residential Population	27.78%
Both Residential & Non-Residential	27.78%

Table 7 shows the types of staff members sample agencies employed to better understand the kind of services they deliver to their clients: probation officers, parole officers, therapists, and re-entry specialists. Over seventy-two percent of responding agencies reported staffing probation officers, 22% reported staffing therapists, and 33% reported having re-entry specialists on staff. In addition to this, several agencies reported staffing case managers, while others mentioned support staff, treatment court coordinators, administrative staff, and clinicians. Thus, the composition of the agencies in our sample indicates an organizational focus on keeping clients out of facilities and to rehabilitate them in non-traditional ways.

<b>Table 7. Types of Staff Members Employed by Agency</b>	
<u>Staff Type</u>	<u>Percentage</u>
Probation Officers	72.22%
Re-Entry Specialists	33.33%
Therapists	22.22%
Parole Officers	0%

We were also interested in the type and extent of programming offered by agencies either through their own or community-based services. Table 8 shows the extent to which programming commonly found in Colorado community corrections agencies was not at all available, available to some extent, present with a moderate focus, or with a strong focus. Work release and religious programming were the least likely to be offered, as the focus for these types of programming was rated as “Not at all” most frequently. Just under 53% of agencies reported that work release was not at all a focus, and 82% reported that religious programming was not at all a focus. On the other hand, programming related to alcohol and drugs and educational programming were more common. Over sixty-one percentage of agencies reported a strong focus on alcohol & drug monitoring and treatment, while 39% reported a strong focus on educational programming. Mental health programming was also well-represented, in that 33% reported a strong focus on this type of programming, with an additional 28%% reporting a moderate focus. The strong focus on substance monitoring and treatment suggests that substance use and offending may often co-occur.

<b>Programming</b>	<b>Strong Focus</b>	<b>Moderate Focus</b>	<b>To some extent</b>	<b>Not at All</b>
Alcohol & Drug Monitoring	61.11%	5.56%	22.22%	11.11%
Alcohol & Drug Treatment	61.11%	5.56%	5.56%	27.78%
Educational Programming	38.89%	16.67%	11.11%	33.33%
Mental Health Programming	33.33%	27.78%	16.67%	22.22%
Cognitive Behavioral Therapy	33.33%	22.22%	11.11%	33.33%
Employment Programming	27.78%	33.33%	11.11%	27.78%
Work Release	17.65%	17.65%	11.76%	52.94%
Parenting Skills or Family Reunification	16.67%	22.22%	38.89%	22.22%
Religious	5.88%	5.88%	5.88%	82.25%

We also wanted to get a sense of the over-arching goal of the agency. To do this, we asked both about the agency’s primary goal in terms of the oversight agency (i.e., the entity that the agency reports to) and the agency itself. Table 9 shows that while leadership of the agencies in our sample believe that the oversight agency views their central goal as reducing recidivism the same leaders view achieving public safety as the goal of their agencies work. Only 17% identified rehabilitation of clients as the primary goal (again, in the eyes of the oversight agency), and no agencies identified enhancing re-entry of clients as a primary goal. Clearly, agency leaders believe oversight agencies prioritize controlling crime while agencies themselves view their work only somewhat differently. While the most common response was that public safety was the primary goal of the agency (from the perspective of the agency itself), leaders viewed rehabilitation as more important to the agency than they believed it was for oversight agencies. Indeed, 41% of agencies reported public safety as the primary goal, while 29% reported that rehabilitation of clients was a primary goal.

<b>Goal</b>	<b>Oversight Agency</b>	<b>CC Agency</b>
Reduce Recidivism	38.89%	17.65%
Public Safety	33.33%	41.18%
Rehabilitation of Clients	16.67%	29.41%
Reduce Prison Population	5.56%	0%
Cost Savings to the State	5.56%	5.88%
Enhance Reentry of Clients	0%	5.88%

Given the focus of the broad inquiry of this white paper was to provide insight into traditional and alternative ways that community corrections agencies and policymakers can think about measuring the success of agency and client work, we also asked a series of questions about the success measures agencies in our sample were held accountable to as well as reflected the work of their agency. Table 10 shows the outcomes the agencies in our sample reported out to oversight agencies. Leadership reported being required to report out, most commonly, program completion (78%) and client recidivism (72%) followed by client participation in treatment/services (44%), and changes in risk assessment scores (39%). These findings suggest that the most common measures are the ones used to traditionally evaluate how successful community corrections agencies are: recidivism and program completion. Notably, measures consistent with desistance (client employment, education, earnings) were among the least reported outcomes.

<b>Table 10. Percentage of Agencies Reporting Specific Outcomes to Oversight Agencies</b>	
<b>Measure</b>	<b>Percentage</b>
Client Program Completion	77.78%
Client Recidivism	72.22%
Client Participation in Treatment or Services	50.00%
Client Reduction in Risk/Need Measures	44.44%
Client Changes in Risk Assessment Scores	38.89%
Client Absconsions	27.78%
Client Reconviction	27.78%
Client Technical Violations	22.22%
Client Employment	22.22%
Client High School Diploma	22.22%
Client Earnings	11.11%
Staff Retention	5.56%

Finally, we asked agencies to identify the top 3 measures that they, as leaders of those agencies, best reflect the work that the agency is doing. Results from this question are presented in Table 11. The most common response was that program completion best represented the work that these agencies are doing, as 41% of agencies reported this as the best measure. An additional 24% identified program completion as the 2<sup>nd</sup> best measure, and 18% identified it as the 3<sup>rd</sup> best measure. Another common response to this question was that client recidivism represented the best measure (35%) with an additional 6% rating it as the second-best measure, and another 35% rating it as the third best measure. Client participation in treatment or services was another common response, with 12% rating it as the most important measure, 29% rating it as the second-best measure, and another 12% rating it as the third best measure. Interestingly, very few agencies identified staff retention as an important measure (6% rating is as the best and another 6% rating it as third best). Also, no agencies identified client employment as either the best or second-best measure, and only 6% rating it as the third best measure. No agencies rated client education or client earnings as a top 3 measure representing the work that the agency is doing. It is interesting to note the level of agreement between the measures that are required by oversight agencies (Table 10) and the measures that community corrections agencies themselves identify as the best reflectors of the work that they do (Table 11). In both cases, program completion and recidivism rates were among the most common.



<b>Table 11. Top 3 Measures that Reflect Agency's Work</b>			
<b>Measure</b>	<b>Best</b>	<b>Second</b>	<b>Third</b>
Client Program Completion	41.18%	23.53%	17.65%
Client Recidivism	35.29%	5.88%	35.29%
Client Participation in Treatment or Services	11.76%	29.41%	11.76%
Client Changes in Risk Assessment Scores	5.88%	5.88%	5.88%
Staff Retention	5.88%	0%	5.88%
Client Technical Violations	0%	17.65%	17.65%
Client Reduction in Risk/Need Measures	0%	11.76%	0%
Client Absconsions	0%	5.88%	0%
Client Employment	0%	0%	5.88%
Client Reconviction	0%	0%	0%
Client High School Diploma	0%	0%	0%
Client Earnings	0%	0%	0%

We also wanted to give the agencies an opportunity to tell us anything that we had not asked about. While most agencies did not provide additional information, a handful did give insightful comments that reflected the work the agencies are doing for their clients. For example:

- One agency noted that they are working with a local university to study client outcomes. They have found that barriers to client success include continued care post release, housing, and employment.
- Another agency indicated that they use motivational interviewing and cognitive skill building in their treatment modalities.
- Lastly, an agency told us that their focus areas include evaluating client stability and harm reduction, and that staff retention would help them improve as an organization.

To summarize results from the pilot study survey, the majority of responding agencies were focused on diversion. Overall, these agencies provided some level of tools research indicates enhances rehabilitation in ways other than jail and prison incarceration. To do this rehabilitative work, agencies in the sample were most likely to offer substance monitoring and treatment. Finally, there was significant overlap across what leadership of agencies in our sample believed the focus of their organizational efforts included as both most commonly pointed to achieving reduced recidivism and enhanced public safety. However, an important difference here was that leadership responding to the survey believed that rehabilitation of clients was a more important goal for their organization than they saw oversight agencies advancing this goal. Interestingly, many of the success measures oversight agencies required the community corrections agencies to report were similar to the measures survey respondents believed best reflected the work they do (specifically, program completion, client recidivism). While it could be that oversight agencies have identified the most important measures of success, we believe it is likely the case that community corrections agencies may be so used to reporting these metrics that there is some degree of “gravitational pull” toward these measures.

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## Statement of Independence

As researchers at a public university, funders do not determine our research findings, insights, or recommendations.

## References

- Aguiar, C. M. & Leavell, S. (2017). A statewide parenting alternative sentencing program: Description and preliminary outcomes. *Smith College Studies in Social Work*, 87(1), 78–93.
- Andrews, D. A., & Bonta, J. (2010). Rehabilitating criminal justice policy and practice. *Psychology, Public Policy, and Law*, 16(1), 39–55.
- Bain, A. (2019). Skills for success: Understanding routes to desistance. *Journal of Offender Rehabilitation*, 58:7, 644–660.
- Bain, A. & Parkinson, G. (2010). Resettlement and social rehabilitation: Are we supporting success? *Probation Journal*, 57(1):63–74.
- Barnes, G. C., Ahlman, L., Gill, C., Sherman, L.W., Kurtz, E., & Malvestuto, R. (2010). Low-intensity community supervision for low-risk offenders: a randomized, controlled trial. *Journal of Experimental Criminology*, 6(2), 159–189.
- Barnes, G. C., Hyatt, J.M., & Sherman, L.W. (2017). Even a little bit helps. *Criminal Justice and Behavior*, 44(4), 611–630.
- Bersani, B.E., & Doherty, E.E. (2018). Desistance from offending in the Twenty-First Century. *Annual Review of Criminology*, 1(1), 311–334.
- Binall, J. (2018). Felon-jurors in Vacationland: A field study of transformative Civic Engagement in Maine. *Maine Law Review*, 71, 71–101.
- Bird, M., & Grattet, R. (2016). Realignment and recidivism. *The Annals of the American Academy of Political and Social Science*, 664, 176–195.
- Bird, M., & Grattet, R. (2017). Policy change and recidivism: The effects of California’s realignment and local implementation strategies on rearrest and reconviction. *Criminal Justice Policy Review*, 28(6), 601–623.
- Blasko, B. L., & Taxman, F.S. (2018). Are supervision practices procedurally fair? Development and predictive utility of a procedural justice measure for use in community corrections settings. *Criminal Justice and Behavior*, 45(3), 402–420.
- Boman, J. H., Mowen, T.J., Wodahl, E.J., Miller, B.L., Miller, J.M. (2019). Responding to substance-use-related probation and parole violations: are enhanced treatment sanctions preferable to jail sanctions? *Criminal Justice Studies*, 32(4), 356–370.
- Bonnar-Kidd, K. (2010). Sexual offender laws and prevention of sexual violence or recidivism. *American Journal of Public Health*, 100(3), 412–9.
- Boyle, D. J., Ragusa-Salerno, L.M., Lanterman, J.L., Marcus, A.F. (2013). An evaluation of day reporting centers for parolees. *Criminology & Public Policy*, 12(1), 119–143.

- Braga, A. A., Weisburd, D., & Turchan, B. (2018). Focused deterrence strategies and crime control: An updated systematic review and meta-analysis of the empirical evidence. *Criminology & Public Policy*, 17(1), 205-250.
- Bucklen, K.B. (2021). Desistance-focused criminal justice practice, NCJ 301501, in *Desistance From Crime: Implications for Research, Policy, and Practice* (Washington, DC: U.S. Department of Justice, National Institute of Justice, 2021), NCJ 301497.
- Campbell, C. M. (2016). It's Not Technically a Crime. *Criminal Justice Policy Review*, 27(7), 643–667.
- Chamberlain, A.W., Gricius, M., Wallace, D.M., Borjas, D., Ware, V.M. (2017). Parolee-parole officer rapport: Does it impact recidivism? *International Journal of Offender Therapy and Comparative Criminology*, 62(11):3581-3602.
- Chin, V., & Dandurand, Y. (2012). Introductory handbook on the prevention of recidivism and the social reintegration of offenders. Criminal Justice Handbook Series, New York: United Nations.
- Clark, M. D., Roberts, T. A., & Chandler, T. (2020). Motivational interviewing for community corrections: Expanding a relationship-based approach with exemplar implementation. *Federal Probation*, 84, 35.
- Costanza, S. E., Cox, S. M., & Kilburn, J. C. (2015). The impact of halfway houses on parole success and recidivism. *Journal of Sociological Research*, 6(2), 39-55.
- Cullen, F. T. (2013). Rehabilitation: Beyond nothing works. *Crime and Justice*, 42(1), 299–376.
- Cullen, F. T., Jonson, C. L., & Mears, D. P. (2017). Reinventing community corrections. *Crime & Justice*, 46(1).
- Dewey, S., Codallos, K., Barry, R., Drenkhahn, K., Glover, M., Muthig, A., Roberts, S. L., & Abbott, B. (2020). Higher education in prison: A pilot study of approaches and modes of delivery in eight prison administrations. *Journal of Correctional Education (1974-)*, 71(1), 57–89.
- Dickerson, J. G., & Stacer, M. J. (2015). Participants and those who opted out: An exploratory recidivism study of the Vanderburgh County (Indiana) Treatment Court. *International Journal of Arts & Sciences*, 8(8), 455–466.
- Douglas, K. S., & Skeem, J. L. (2005). Violence risk assessment: Getting specific about being dynamic. *Psychology, Public Policy, and Law*, 11, 347-383.
- Fox, K. J. (2012). Redeeming communities: Restorative offender reentry in a risk-centric society. *Victims & Offenders*, 7(1), 97-120.
- Frisman, L. K., Swanson, J., Marin, M. C. & Leavitt-Smith, E. (2010) Estimating costs of reentry programs for prisoners with severe mental illnesses. In H. A. Dlugacz (Ed.), *Reentry planning for offenders with mental disorders: Policy and practice*. (pp. 4-1-4-11). Kingston, New Jersey: Civic Research Institute.
- Geller, A., & Curtis, M. A. (2011). A Sort of Homecoming: Incarceration and the housing security of urban men. *Social Science Research*, 40(4), 1196–1213.

Gibbs, B. R., & Lytle, R. (2020). Drug court participation and time to failure: An examination of recidivism across program outcome. *American Journal of Criminal Justice*, 45(2), 215-235.

Gill, C., & Wilson, D. B. (2017). Improving the success of reentry programs: Identifying the impact of service–need fit on recidivism. *Criminal Justice and Behavior*, 44(3), 336–359.

Glavin, M. (2012). Reintegrative community service teams: Developing key practice dimensions of the civic engagement model of offender reentry. *Justice Policy Journal*, 9(2), 1-47.

Grattet, R., Lin, J., & Petersilia, J. (2011). Supervision regimes, risk, and official reactions to parolee deviance. *Criminology*, 49(2), 371–399.

Gunnison, E., Helfgott, J. B., & Wilhelm, C. (2015). Correctional practitioners on reentry: A missed perspective. *Journal of Prison Education and Reentry*, 2(1), 32-54.

Gunnison, E., & Helfgott, J. B. (2017). Critical keys to successful offender reentry: Getting a handle on substance abuse and mental health problems. *The Qualitative Report*, 22(8), 2152-2172.

Hamilton, Z., Kigerl, A., & Hays, Z. (2015). Removing release impediments and reducing correctional costs: Evaluation of Washington State’s housing voucher program. *Justice Quarterly*, 32(2), 255–287.

Harding, D.J., Morenoff, J.D., & Herbert, C.W. (2013). Home is hard to find: Neighborhoods, institutions, and the residential trajectories of returning prisoners. *The Annals of the American Academy of Political and Social Science*, 647, 214–236.

Harding, D. J., Siegel, J. A., & Morenoff, J. D. (2017). Custodial parole sanctions and earnings after release from prison. *Social Forces*, 96(2), 909–934.

Harris, A. (2011). Constructing clean dreams: Accounts, future selves, and social and structural support as desistance work. *Symbolic Interaction*, 34(1), 63-85.

Helmus, L., Thornton, D., Hanson, R. K., & Babchishin, K. M. (2012). Improving the predictive accuracy of Static-99 and Static-2002 with older sex offenders: Revised age weights. *Sexual Abuse: Journal of Research and Treatment*, 24, 64–101.

Hollis, M. E., Jennings, W. G., & Hankhouse, S. (2019). An outcome evaluation of a substance abuse program for probationers: Findings from a quasi-experimental design. *American Journal of Criminal Justice*, 44(3), 395-408.

Hsieh, M. L., Chen, K. J., Choi, P. S., & Hamilton, Z. K. (2021). Treatment combinations: The joint effects of multiple evidence-based interventions on recidivism reduction. *Criminal Justice and Behavior*. DOI 00938548211052584.

Hughes, M. H. & ten Bensel, T. (2021). “Stuck in their ways”: Examining parole officers’ perceptions on guiding older offenders through the reentry process. *American Journal of Criminal Justice*. <https://doi.org/10.1007/s12103-021-09613-0>

- Jackson, P. I., & Carroll, L. (1981). Race and the war on crime: The sociopolitical determinants of municipal police expenditures in 90 non-southern US cities. *American Sociological Review*, 290-305.
- Jonson, C. L., & Cullen, F. T. (2015). Prisoner reentry programs. *Crime and Justice*, 44(1), 517-575.
- Kane, R. J. (2003). Social control in the metropolis: A community-level examination of the minority group-threat hypothesis. *Justice Quarterly*, 20(2), 265-295.
- Kassebaum, G. (1999). Survival on parole: A study of post-prison adjustment and the risk of returning to prison in the state of Hawaii. Hawaii: Social Science Research Institute and Department of the Attorney General State of Hawaii.
- Kempf-Leonard, K. (2007). Minority youths and juvenile justice: Disproportionate minority contact after nearly 20 years of reform efforts. *Youth Violence and Juvenile Justice*, 5(1), 71-87.
- Kennealy, P. J., Skeem, J. L., Manchak, S. M., & Louden, J. E. (2012). Firm, fair, and caring officer-offender relationships protect against supervision failure. *Law and Human Behavior*, 36(6), 496-505.
- Killias, M., Gilliéron, G., Kissling, I., & Villettaz, P. (2010). Community service versus electronic monitoring – what works better? Results of a Randomized Trial. *The British Journal of Criminology*, 50(6), 1155-1170.
- Klinge, C. (2019). Measuring change. *The Journal of Criminal Law and Criminology*, 109(4), 769-817.
- Lattimore, P. K., & Visher, C. A. (2013). The impact of prison reentry services on short-term outcomes: Evidence from a multisite evaluation. *Evaluation Review*, 37(3-4), 274-313.
- Lin, J. (2018). Program evaluation in the context of supervision regime change: Motivational interviewing in Colorado. *Justice Quarterly*, 35(5), 895-918.
- Lloyd, C. D., Perley-Robertson, B., & Serin, R. C. (2020). Age and strengths in a community corrections sample. *International Journal of Forensic Mental Health*, 19(3), 215-226.
- Lowenkamp, C. T., Makarios, M.D., Latessa, E.J., Lemke, R., P, Smith. (2010). Community corrections facilities for juvenile offenders in Ohio. *Criminal Justice and Behavior*, 37(6), 695-708.
- Lurigio, A. J., Epperson, M. W., Canada, K. E., & Babchuk, L. C. (2012). Specialized probation programs for people with mental illnesses: a review of practices and research. *Journal of Crime & Justice*, 35(2), 317-326.
- Matheson, F. I., Doherty, S., & Grant, B. A.. (2011). Community-based aftercare and return to custody in a national sample of substance-abusing women offenders. *American Journal of Public Health*, 101(6), 1126-32.
- McKiernan, P., Shamblen, S. R., Collins, D. A., Strader, T. N., & Kokoski, C. (2013). Creating lasting family connections: Reducing recidivism with community-based family strengthening model. *Criminal Justice Policy Review*, 24(1), 94-122.

McNeill, F., Farrall, S., Lightowler, C., & Maruna, S. (2012). Reexamining evidence-based practice in community corrections: Beyond “a-confined view” of what works. *Justice Research and Policy*, 14(1), 35-60.

Menefee, M. R. (2018). The role of bail and pretrial detention in the reproduction of racial inequalities. *Sociology Compass*, 12(5), e12576.

Midgette, G., Kilmer, B., Nicosia, N., & Heaton, P. (2021). A natural experiment to test the effect of sanction certainty and celerity on substance-impaired driving: North Dakota’s 24/7 Sobriety Program. *Journal of Quantitative Criminology*, 37(3), 647–670.

Miller, J. M., & Khey, D. N. (2017). Fighting America's highest incarceration rates with offender programming: Process evaluation implications from the Louisiana 22nd judicial district reentry court. *American Journal of Criminal Justice*, 42(3), 574-588.

Miller, J., & Maloney, C. (2013). Practitioner compliance with risk/needs assessment tools: A theoretical and empirical assessment. *Criminal Justice and Behavior*, 40(7), 716–736.

Morash, M., Kashy, D.A., Smith, S.W., Cobbina, J.E. (2016). The connection of probation/parole officer actions to women offenders’ recidivism. *Criminal Justice and Behavior*, 43(4), 506-524.

Oleson, J.C., Van Benschoten, S., Robinson, C., Lowenkamp, C.T., & Holsinger, A.M. (2012). Actuarial and clinical assessments of criminogenic needs: Identifying supervision priorities among federal probation officers. *Journal of Crime and Justice*, 35(2), 239-248.

Opsal, T. (2012). ‘Livin’ on the straights’: identity, desistance, and work among women post-incarceration. *Sociological Inquiry*, 82(3), 378-403.

Opsal, T. (2014). It’s their world, so you’ve just got to get through: Women’s experiences of parole governance. *Feminist Criminology*, 10(2), 188–207.

Ostermann, M. & Hyatt, J.M. (2016). Is something better than nothing? The effect of short terms of mandatory parole supervision. *Justice Quarterly*, 33(5), 785–810.

Ostermann, M. & J.M. Hyatt (2018). When frontloading backfires: Exploring the impact of outsourcing correctional interventions on mechanisms of social control. *Law & Social Inquiry*, 43(4), 1308–1339.

O’Sullivan, R., Hart, W., & Healy, D. (2020). Transformative rehabilitation: Exploring prisoners’ experiences of the Community Based Health and First Aid programme in Ireland. *European Journal on Criminal Policy and Research*, 26(1), 63-81.

O’Sullivan K, Williams, R., Hong, X. Y., Bright, D., & Kemp, R. (2018). Measuring offenders’ belief in the possibility of desistance. *International Journal of Offender Therapy and Comparative Criminology*, 62(5), 1317-1330.

Parker, K. F., Stults, B. J., & Rice, S. K. (2005). Racial threat, concentrated disadvantage and social control: Considering the macro-level sources of variation in arrests. *Criminology*, 43(4), 1111-1134.



- Pearson, D. A. S., McDougall, C., Kanaan, M., Torgerson, D.J., Bowles, R.A. (2016). Evaluation of the Citizenship Evidence-Based Probation Supervision Program Using a Stepped Wedge Cluster Randomized Controlled Trial. *Crime and Delinquency*, 62(7), 899–924.
- Prins, S. J. (2019). Criminogenic or criminalized? Testing an assumption for expanding criminogenic risk assessment. *Law and Human Behavior*, 43(5), 477–490.
- Rinehart Kochel, T. (2011). Constructing hot spots policing: Unexamined consequences for disadvantaged populations and for police legitimacy. *Criminal Justice Policy Review*, 22(3), 350-374.
- Ricciardelli, R., & McKendy, L. (2021). A Qualitative Analysis of Parole Suspensions among Women on Parole. *Canadian Journal of Criminology and Criminal Justice*, 63(1), 89-105.
- Scott-Hayward, C.S. (2011). The Failure of Parole: Rethinking the Role of the State in Reentry. *New Mexico Law Review*, 41(2), 421-465.
- Schinkel, M., Atkinson, C., & Anderson, S. (2010). 'Well-kept faces': Policing persistent offenders and the possibilities for desistance. *The British Journal of Criminology*, 59(3), 634–652.
- Schlager, M. D. (2018). Through the looking glass: Taking stock of offender reentry. *Journal of Contemporary Criminal Justice*, 34(1), 69-80.
- Schrantz, D. (2015). What Works to Reduce Crime, Recidivism, and Prison Populations? Seven Lessons Learned in Michigan. *Federal Sentencing Reporter*, 28(2), 92–95.
- Serin, R. C., Lloyd, C., & Hanby, L. J. (2010). Enhancing offender re-entry: An integrated model for understanding offender re-entry. *European Journal of Probation*, 2(2), 53-75.
- Serin, R. C., Chadwick, N., & Lloyd, C. D. (2019). Integrating dynamic risk assessment into community supervision practice. *The Wiley International Handbook of Correctional Psychology*, 725-743.
- Sever, B. (2001). The relationship between minority populations and police force strength: Expanding our knowledge. *Police Quarterly*, 4(1), 28-68.
- Shannon, L. M., Hulbig, S.K., Birdwistell, S., Newell, J., & Neal, C. (2015). Implementation of an enhanced probation program: Evaluating process and preliminary outcomes. *Evaluation and Program Planning*, 49, 50–62.
- Steinmetz, K. F., & Anderson, J.O. (2016). A probation profanation. *Race and Justice*, 6(4), 325–349.
- Spohr, S. A., Taxman, F. S., Rodriguez, M., & Walters, S. T. (2016). Motivational interviewing fidelity in a community corrections setting: Treatment initiation and subsequent drug use. *Journal of Substance Abuse Treatment*, 65, 20-25.
- Steen, S., Opsal, T., Lovegrove, P., & McKinzey, S. (2013). Putting parolees back in prison: Discretion and the parole revocation process. *Criminal Justice Review*, 38(1), 70-93.

- Unnithan, N. P., Prelog, A. J., Hogan, M. J., & Pogrebin, M. R. (2017). Surviving parole reentry: Examining the impact of prerelease, postrelease, and boundary-spanning programs. *Corrections*, 2(3), 149-164.
- Urahn, S.K., Thompson, M., Horowitz, J., Utada, C., & Fuhrmann, M. (2018). Probation and parole systems marked by high stakes, missed opportunities. *The Pew Charitable Trusts*, 24.
- Viglione, J. (2017). Street-level decision making: Acceptability, feasibility, and use of evidence-based practices in adult probation. *Criminal Justice and Behavior*, 44(10), 1356-1381.
- Viglione, J., Rudes, D.S., Taxman, F.S. (2015). Misalignment in supervision. *Criminal Justice and Behavior*, 42(3), 263–285.
- Visher, C.A., Lattimore, P.K., Barrick, K. & Tueller, S. (2017) Evaluating the Long-Term Effects of Prisoner Reentry Services on Recidivism: What Types of Services Matter?, *Justice Quarterly*, 34(1), 136-165
- Wallace, D., Fahmy, C., Cotton, L., Jimmons, C., McKay, R., Stoffer, S., & Syed, S. (2016). Examining the role of familial support during prison and after release on post-incarceration mental health. *International Journal of Offender Therapy and Comparative Criminology*, 60(1), 3-20.
- Weaver, B. & McNeill, F. (2010). “Travelling hopefully: desistance theory and probation practice”, in J. Brayford, F. Cowe, & J. Deering (Eds.) *What else works: Creative work with offenders*. (pp. 36-60). Cullompton, Devon: Willan Publishing.
- Weinrath, M., Doerksen, M., & Watts, J. (2015). The impact of an intensive supervision program on high-risk offenders: Manitoba’s COHROU Program. *Canadian Journal of Criminology and Criminal Justice*, 57(2), 253–288.
- Wodahl, E.J., Boman, J.H., & Garland, B.E. (2015). Responding to probation and parole violations: Are jail sanctions more effective than community-based graduated sanctions? *Journal of Criminal Justice*, 43(3), 242-250.
- Youssef, C., Casey, S., & Birgden, A. (2017). Potential underpinnings for community maintenance programs for sexual offenders. *Aggression and Violent Behavior*, 36, 108-117.
- Zettler, H. R. (2018). Exploring the relationship between dual diagnosis and recidivism in drug court participants. *Crime and Delinquency*, 64(3), 363–397.
- Zettler, H. R., & Medina, J. C. (2019). Missed officer–probationer contacts and its influence on rearrest. *Criminal Justice Policy Review*, 31(3), 374–394.

# Community Corrections in Colorado: A critical examination of harm reduction outcomes, successes, and gaps to address

Phase 3: Interviews and focus groups with community corrections  
staff and leadership

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**Colorado State University**

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## Introduction

In the summer of 2021, the Colorado Community Corrections Coalition (CCC) contracted with the Colorado State University research team to conduct the *Community Corrections in Colorado: A critical examination of harm reduction outcomes, successes, and gaps to address* research project. The purpose of this project is to provide the CCC with an independent audit and assessment of their current success measures and internal practices. The project takes a multiphase approach, with a total of four phases. In November of 2021, the Colorado State University research team began Phase 3 of the research project which included interviews and focus groups with community corrections stakeholders. The goal of Phase 3 was to conduct 20 interviews with employees from community corrections agencies throughout Colorado and supplement the interviews with four focus groups, three consisting of agency employees and one consisting of agency leadership. In the interviews and focus groups, participants were asked questions related to harm reduction outcomes, successes, and barriers in community corrections programs in Colorado. This report presents the findings of the interviews and focus groups for Phase 3 of the research project.

## Methods

The research team solicited feedback from the CCC on the interview and focus group guides and collaborated with the CCC to select interview and focus group participants via a purposive sampling framework. Specifically, the research team sought to recruit participants that represented different geographic locations within Colorado, including both Front Range and non-Front Range communities. The research team recruited potential participants by emailing a cover letter to agency directors, which included information related to the study and the research activities. Agency leadership distributed the cover letter via email to their staff to solicit study volunteers. Interested staff then contacted the research team to schedule a time for their interview or focus group.

The research team scheduled and conducted a total of four focus groups with community corrections personnel, including three focus groups with agency staff and one focus group with agency leadership. A total of 17 agency staff attended across the three staff focus groups, and seven people attended the leadership focus group. Leadership represented four agencies and staff represented four agency locations (see Table 1). Participants in the staff focus groups represented security staff, case managers, supervisory staff, and treatment staff. Due to an interest in achieving representation across the state, the research team used purposive sampling in recruitment efforts for the 20 individual interviews. Interviews were completed with staff only, no leadership, and represented 13 agency locations including 13 Front Range locations and seven non-Front Range locations. Participants in the individual staff interviews represented security staff, case managers, supervisory staff, compliance managers, and administrative assistants.

All interviews were conducted virtually, recorded, and audio was transcribed. The research team analyzed the transcripts using inductive coding to identify emergent themes from the interviews related to the research topics identified by the research team:

- The complex story of client outcomes: how interviewees define client/program success
- Programmatic successes: identification of client and organizational practices (especially those that are evidence-based) that participants believe are connected with agency and client success
- Programmatic gaps: identification of evidence-based practices that participants see as difficult to implement with fidelity

- Areas of change: identification of practices and directions that participants hope community corrections engages to enhance outcomes
- Broader strengths and gaps: identification of broader criminal justice and community-level gaps participants view as instrumental to client reintegrative outcomes

Findings from the interviews and focus groups are discussed in detail in the sections below. The staff interview and focus group findings are presented as the primary findings, representing 37 individual staff members in total. The charts in each section below represent the frequency of themes from the individual interviews with staff members.<sup>1</sup> Focus group frequencies in the text reflect the occurrence of a theme in a focus group as a whole; the frequencies do not reflect how many participants commented on the theme. For example, if *Theme A* occurred in one out of three staff focus groups, that means at least one participant from one focus group provided a response that fit within the theme. Findings from the leadership focus group are synthesized and incorporated into each of the sections below addressing the five research topic areas.

Table 1. Focus Group Participants		
Participant Type	Agency	Count
Leadership	CoreCivic Arapahoe Community Treatment Center	1
Leadership	CoreCivic Dahlia	1
Leadership	GEO - Community Alternatives of El Paso County	2
Leadership	ICCS Kendall	1
Leadership	ICCS Weld	1
Leadership	Independence House	1
Staff	Arapahoe County Residential Center	1
Staff	ICCS Lakewood	1
Staff	Larimer County Community Corrections	10
Staff	ICCS Weld	5

Table 2. Individual Interview Participants	
Agency	Count
ATC Alamosa	1
ComCor Colorado Springs	2
CoreCivic Commerce Transitional Center	1
CU Haven	2
Denver EMBARC	2
Garfield County Community Corrections	1
GEO Arapahoe County Residential Center	1
ICCS Adams	1
ICCS Boulder	2
ICCS Lakewood/Jefferson	1
ICCS Pueblo	1
Mesa County Community Corrections	2
SWCCCC Hilltop House	3

<sup>1</sup> The following agencies were contacted in recruitment efforts, but were not represented in either the focus groups or interviews: Advantage Treatment Center – Lamar; Advantage Treatment Center – Montrose; Advantage Treatment Center – Sterling; CoreCivic – Adams Transitional Center; CoreCivic - Centennial Community Transition Center; CoreCivic - Longmont Community Transition Center; University of Colo. Health Sciences, ARTS - Peer I

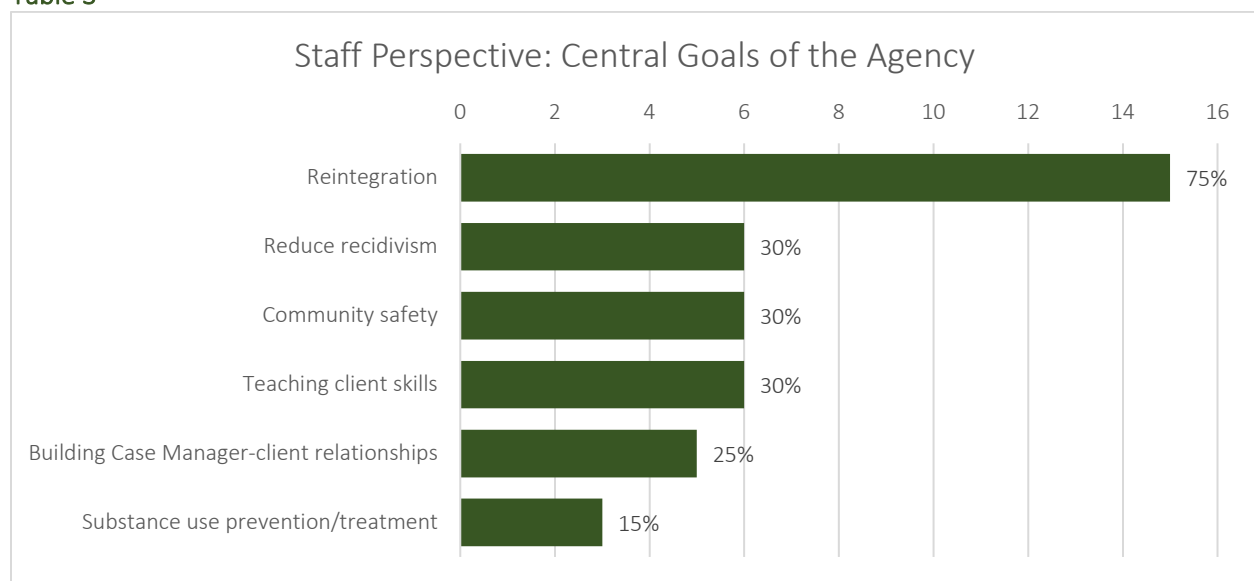
## Findings

### How can we define client and agency success?

In order to understand how community corrections stakeholders define client and program success, as well as the variety of ways in which to measure success, the research team asked agency staff and leadership questions related to the central goals of their agencies from their perspectives, the central goals of their agencies from the perspective of the Department of Criminal Justice (DCJ), and the importance of recidivism and other measures in defining client success.

Staff were asked what they view as the central goal of their agency. Responses to this question for the staff individual interviews were categorized into six main themes, as show in the chart below.

Table 3



Three quarters of the staff interviewed (75%) said that reintegration is the primary goal of their agency. One participant described this goal, saying

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*“[Clients] can go from court or jail or DOC, and they can actually go back to their families, and they can get jobs, and they become people that you would be proud to have as your neighbors.”*

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Relatedly, the second most common goal that staff identified was reducing recidivism (30% of interviews). In the staff focus groups, these two themes (recidivism and reintegration) were discussed in conjunction with one another, and two of the three staff focus groups discussed reintegration and reducing recidivism as the central goal of their agency. Staff also discussed community safety as a goal of the agency (30% of interviews, two of three focus groups). This includes clients engaging in prosocial behavior post-release or ensuring the safety of others in the community. Staff also discussed teaching clients skills as a central goal of the agency (30% of interviews, two of three focus groups). In the

leadership focus group, these four themes – reintegration, reducing recidivism, community safety, and teaching client skills – were all identified as central goals of the participants’ agencies.

Regarding less commonly identified goals, staff (25% of interviews) said that building relationships between clients and case managers is a central goal, and some staff (15% of interviews, one of three staff focus groups) stated that addressing substance use is a central goal of their agency. Staff focus group participants also said that fulfilling orders from the court (one of three staff focus groups), maintaining a safe facility (one of three staff focus groups), and generally connecting clients to resources (one of three staff focus groups) were central goals of their agencies. The leadership focus group included creating an atmosphere of stability for clients as an additional central goal of agencies.

Leadership participants were asked an additional question, which was to describe what they believed was the central goal of their agency according to the DCJ. Leadership said they felt that the DCJ places a high value on standards, as revised in the 2017<sup>2</sup> *Colorado Community Corrections Standards* and some explained this was not always in line with what they identify as their programs’ goals, as stated above. Leadership also spoke of a disconnect between the goals of the DCJ, as outlined in the Standards, and the goals of the clients, with one leadership participant saying,

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*“It seems that the introduction of the concept of performance-based contracting, the revision of standards from 2017... can sometimes become a barrier for us to be able to get to the success of the client. What the client believes to be their goals are different than what I believe the DCJ sees as goals. What the client needs and wants to achieve is stability, employment, sobriety, rebuilding relationships and those sorts of things.”*

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Leadership would also like to see the DCJ move from a “check the box” approach to standards to an approach that captures more details within an outcome measure. For example, one participant explained that if staff neglects to write “stepped in a residence” in their case notes, even if they share details on the cleanliness of the home, they are not in compliance with the standards. Related to the DCJ’s focus on standards and lack of flexibility on those standards, participants expressed a desire for the DCJ to solicit their feedback on the standards and how they can be improved.

Beyond staff and leadership discussing what they believe their agency to hold as the central goal or the DCJ’s goal, leadership also discussed recidivism as a measure of client success. Leadership said that in terms of how state agencies or legislators assess the success of their agency, recidivism is very important, in part because the general public is interested in recidivism rates. However, leadership discussed the need to have a clear definition of what recidivism means and what it should mean in the context of community corrections. They also spoke of the difficulty involved in measuring client success given the variety of possible outcomes that *could* be of value and shared a desire for community corrections to move away from a pass/fail measurement to a scale focused on client improvement.

Leadership went on to discuss what they felt were other measures, aside from recidivism and program completion that they would like to use to assess client success. Participants said they feel that a decrease

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<sup>2</sup> Office of Community Corrections, *Colorado Community Corrections Standards (2017)*: [https://cdpsdocs.state.co.us/dcj/DCJ%20External%20Website/OCC/2017%20Colorado%20Community%20Corrections%20Standards\\_Revised%20July%202021.pdf](https://cdpsdocs.state.co.us/dcj/DCJ%20External%20Website/OCC/2017%20Colorado%20Community%20Corrections%20Standards_Revised%20July%202021.pdf)



in a clients' Level of Supervision Inventory (LSI) score is an important indicator of client success. They also discussed a desire to use more holistic measures that take a more whole-person view on success. For example, leadership discussed the idea of tracking the number of treatment hours clients undergo while in the program, any periods of sobriety, restitution or child support payments they make while in the program, or moving from the use of high-risk to lower-risk substances. One leadership participant described it this way,

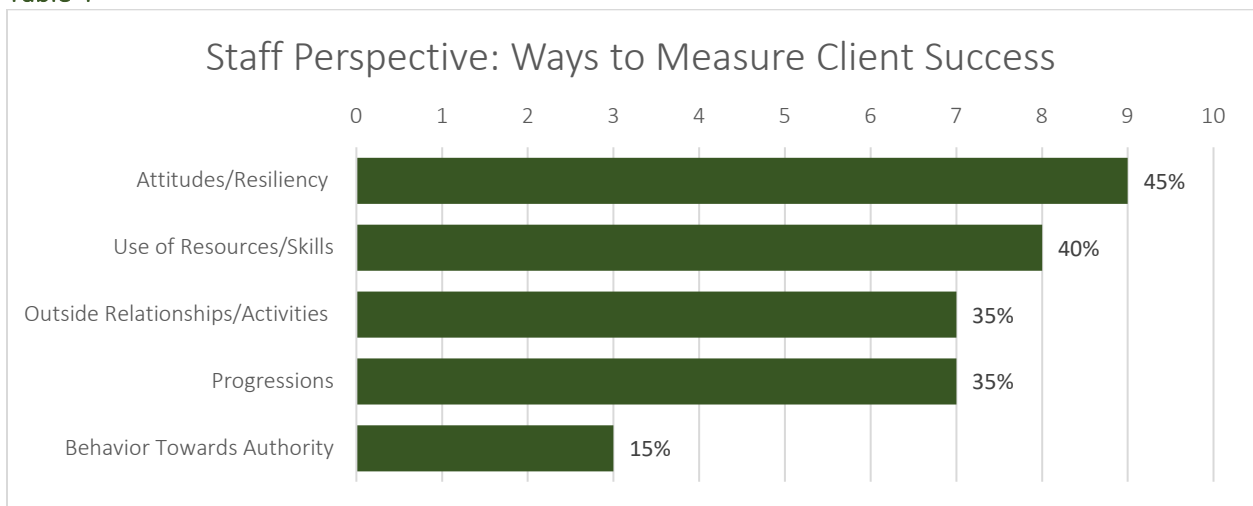
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*“[W]hen they come in, maybe they were using Fentanyl or a major drug, and now they’re using THC. That’s a huge win. That is a major win to us. Instead of them having monthly hot UAs, maybe they go six months and get a hot UA, so I think the measurement needs to be different. It needs to be...improvement, and not completely abstaining, because we know that’s setting everybody up for failure when we do that. It’s not just about recidivism. It’s about change and change with high-risk individuals is in small increments.”*

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As with leadership, staff participants in both the individual interviews and focus groups were also asked to share what they thought were some ways to measure client success beyond the typical outcome measures such as recidivism. Staff individual interview responses to this question were categorized into five primary themes, as shown in the chart below.

**Table 4**



One reported measure staff in both interviews and focus groups discussed was client change in attitude or resiliency (40% of interviews, two of three staff focus groups). One interview participant described this as measuring,

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*"How do they feel about themselves? I would ask a client, 'how do you feel now that you've done this and you've completed this program? How does that make you feel?'...That's important to me, to know how they feel, because we're here with them and trying to make those changes with them, and are they going to feel like a better person, because they completed it?"*

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A second common measure that staff said should be used to measure client success was a client's use of the skills they learned in the program, resources they learned about or gained access to, or inquiries they made about such resources (35% of interviews, one of three staff focus groups). One staff interviewee described this as measuring "what sort of skills did they learn? What different things? Success; there's lots of different areas of success. Did they grow, and they are now taking care of their mental health where they never had before?" Agreeing with leadership sentiments described above, staff in interviews and focus groups also said they felt that client success should be measured by incremental changes in client behavior (35% of interviews, two of three staff focus groups) or changes in how clients engage in the community after they are released, for example, the kinds of relationships or activities they take part in (35% of interviews, one of three staff focus groups). A staff from a Front Range facility captured this sort of incremental progress in the following way:

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*"I would say in achievements. When you've got a client that's been using their entire life, and the longest they've ever gone is maybe six months sober, and this time now that they're out, they've gone a year sober, then that to me is a success. Even if they eventually relapse or eventually commit a new crime, or maybe they do commit a new crime, but this time it wasn't drug-related, again, I still think that that's a success, because that's a significant behavior change that they accomplished."*

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A less commonly discussed way that staff in the individual interviews thought client success could be measured were changes in their behavior toward authority (15% of interviews), specifically how clients treat a corrections officer or an employer. In general, staff participants in focus groups and interviews and leadership overwhelmingly present a desire for a more nuanced approach to measuring client success—one that takes into account the complex story of client outcomes beyond what recidivism is able to capture.

## **What facilitates client and agency success?**

### *Evidence-Based Practices*

Community corrections staff in both interviews and focus groups were asked to reflect on programmatic successes both in the context of evidence-based practices (EBPs) used at their agency and the most common reason they believe that clients successfully complete their programs. Related to EBPs, staff were asked what they knew of EBPs within the corrections agency settings and which EBPs they thought work well for their clients. In general, staff were familiar with EBPs and discussed various types of EBPs used at their agency, including: positive reinforcement strategies like motivational interviewing and the Behavioral Shaping Model and Reinforcement Tool (BSMART) (50% of interviews, two of three staff focus groups); individualized client plans (45% of interviews, three of three staff focus groups); standardized

approaches such as the use of a progression matrix, a generic case plan, scores from standardized exams, and criminogenic risk factors (45% of interviews, three of three staff focus groups, leadership focus group); and various types of therapies (20% of interviews). Two staff that were interviewed did not immediately understand the term Evidence Based Practice, but once they were given examples of EBPs, they were familiar with those practices.

When discussing which types of EBPs that staff believe work well for clients, a majority in both interviews and focus groups (70% of interviews, one of three staff focus groups) said that those that focus on holding clients accountable for their behavior, like positive reinforcement and incentives, as well as basic life skills in the context of accountability work well. This approach includes examples such as saving money and caring for plants. Related to incentive programs, several participants discussed the BSMART program, with one participant sharing,

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*“[We have] our BSMART program where the clients are able to earn points. It can be through completing case plan steps, case plan-oriented things, or it can even be if they’re out in the dayroom and you look out there and you see them doing a good deed such as helping a new client learn things about the program...They can use the points to purchase extra hours on their passes, simple things like coming in and buying a candy bar, and that seems to actually be working, in my opinion, with the BSMART program, because these clients are very motivated to earn these points. It seems important to them.”*

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Leadership discussed incentive-based strategies as beneficial to client success, as well.

While not necessarily citing specific EBPs, staff also commonly reported that interactional practices that focus on building client-staff rapport (45% of interviews, two of three focus groups) and those that humanize the client (45% of interviews) are important for successful client outcomes. Related to humanization, staff explained that interactional strategies that also built intrinsic motivation like empathizing with clients, discussing prosocial behavior, and discussing what their relationship to the community could look like upon release all accomplished this,

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*“Helping them to engage in that community support so that they’re not just relying on the system all the time. They’re building that prosocial support for themselves out in the community and just really, again, digging out that intrinsic motivation, the why. Why do you want to change?”*

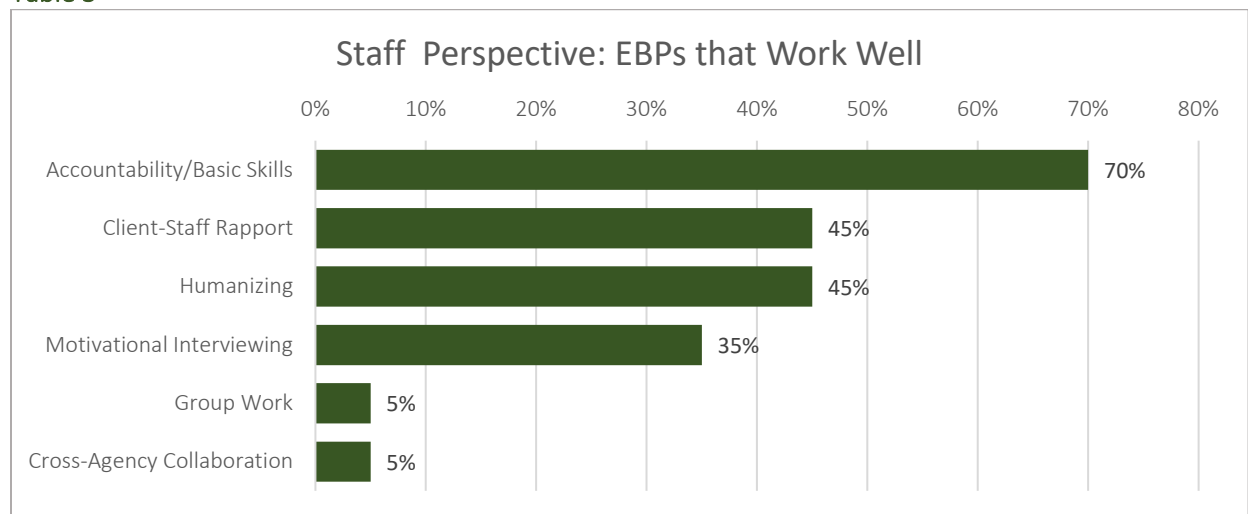
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In a similar vein, leadership discussed that in order to implement EBPs successfully, strong client/case manager relationships were critical.

A number of staff specifically mentioned motivational interviewing as an EBP that works well for clients (35% of interviews). This EBP was also discussed in the leadership focus group as beneficial. Less commonly cited EBPs were group-based work (5% of interviews) cross-agency collaborations (5% of

interviews), and restorative justice circles and facility walk-throughs (leadership focus group). A discussion of EBPs that staff reported to be less helpful is included in the next section.

**Table 5**



### *Client-Related Factors*

Also related to programmatic successes, staff were asked what they thought was the most common reason that clients successfully complete their program. The two most common reasons that staff identified for successful completion were intrinsic motivation (70% of interviews, three of three staff focus groups) and external factors that can strongly shape client behavior in the community (55% of interviews, three of three staff focus groups). Speaking of internal motivation, one staff member said,

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*“I think that a lot of it has to do with personal determination. One thing that I tell clients every day is that their program is only going to work as well as they want it to work, so if they’re not willing to put in the work and not willing to change their behaviors or their thought processes, there’s only so much that we can do. I think the biggest reason for clients to successfully complete the program is because they have the determination to do so.”*

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Regarding external factors, one staff member explained:

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*“It is finding the positive prosocial community. It takes a village, and it always takes a village. You can’t do some of these things by yourself, but who’s in your village?”*

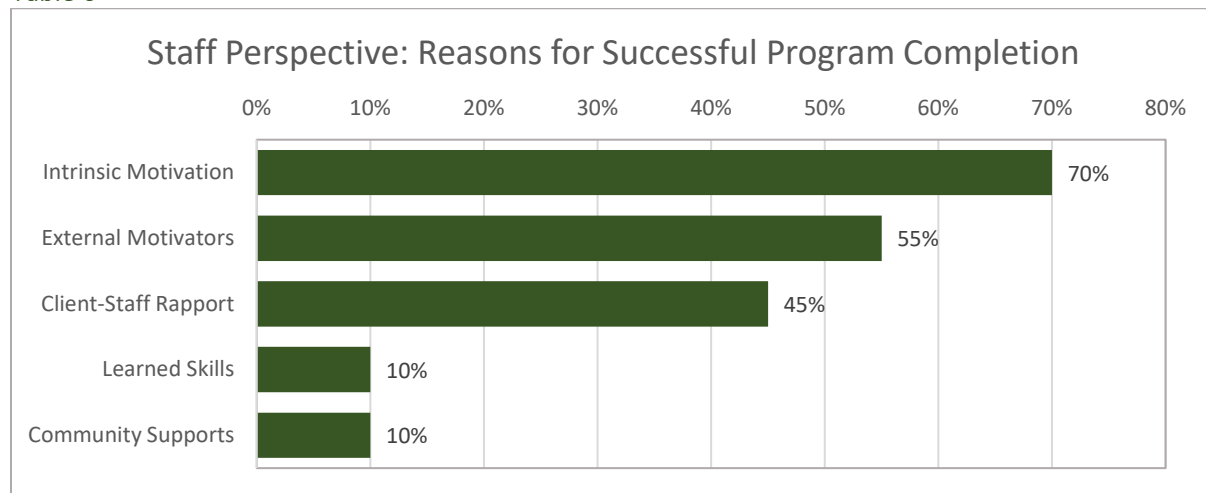
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### *Client-Staff Rapport*

Staff also discussed client-staff rapport as a major factor for success (45% of interviews), skills clients learn within the program (10% of interviews, one of three staff focus groups), and community supports such as the resources their family provides or community resources (10% of interviews). Staff focus group

participants also said that the medical treatment clients access through their community corrections programs or referred services are another reason why clients successfully complete their program (one of three staff focus groups). The overwhelming majority of staff interview participants (80% of interview participants) shared two or more of the above reasons why clients do successfully complete their program. Although it was not explicitly stated by interview participants, the fact that they gave multiple reasons as “the most common reason” for client success suggests they believe that it is a combination of factors rather than a single factor alone that improve a client’s chances for success.

**Table 6**



*Community Services*

Community corrections stakeholders also discussed the central role community services play in client and agency success. For instance, the majority of staff pointed to a variety of organizations to which they send their clients that are imperative to their programming. About this staff generally shared positive experiences about those partnerships, with one staff from a non-Front Range community saying, “We’re very fortunate to live in the community that we do and have these resources.” Staff interviewed (65% of interviews) most commonly cited substance use disorder services as a resource they send clients to that helps with reintegrative success. Substance use disorder services were also discussed in one of the three staff focus groups. Staff also frequently cited services providing basic needs such as housing and meals (45% of interviews) for clients. These types of services were discussed in two of the three staff focus groups. In speaking of the variety of services that they refer clients to, one focus group participant shared that,

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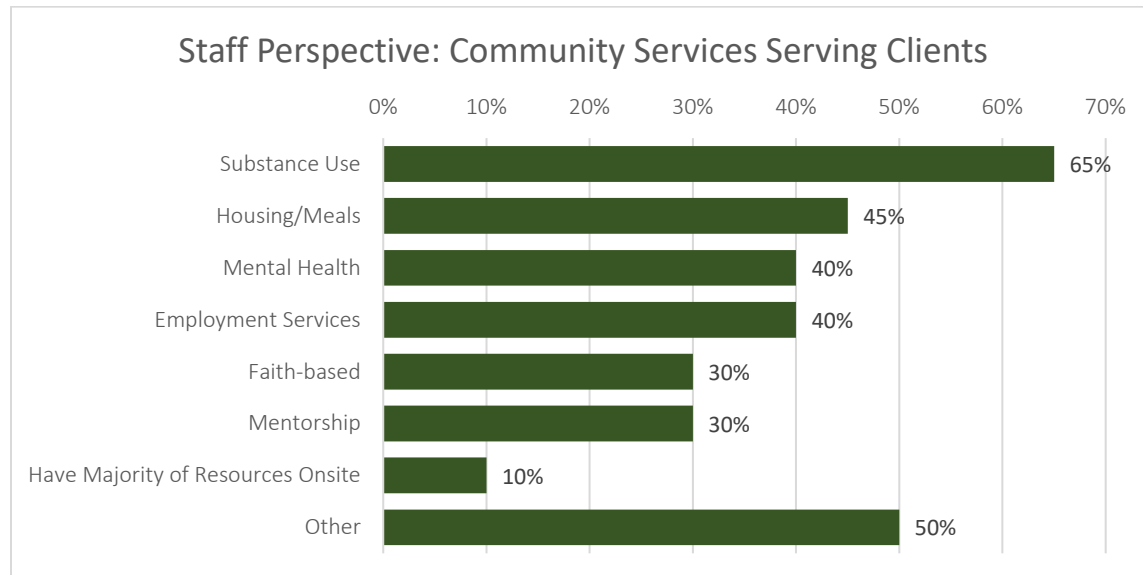
*“We are brokers as far as resources go. Honestly, we could probably talk about all the places and resources we use or refer clients to or partner with. We could probably spend an hour talking about that, just because there’s such a wide variety.”*

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Staff (40% of interviews) as well as focus group participants (three of three staff focus groups) discussed mental health services other than substance use disorder services as services they refer clients to. Other community services discussed by staff include: employment-related services (40% of interviewees, two of three focus groups), faith-based services (30% of interviewees, one of three focus groups), and

mentorship services (30% of interviews, two of three focus groups). A couple of staff, one from a Front Range community and one from a non-Front Range community, said they provide the majority of services on site. Staff in both focus groups and interviews also cited a variety of other less common services they occasionally connect to clients to such as veteran services, family services, women-specific resources, health insurance resources, and offense-specific services.

**Table 7**



## What are barriers to client and agency success?

### *Programmatic Barriers*

Community corrections staff and leadership discussed the ways in which gaps in their facility’s programs impact a client’s ability to succeed both in the program as well as after their program is complete. In eight of the 20 staff interviews (40% of staff interviews), staff members provided specific reasons why clients do not succeed in the program or after program completion that were specifically program- or facility-related. Two staff interviewees from non-Front Range communities said that client-staff rapport is a factor that impacts client success. When asked, “what do you think is the most common reason that you think clients in your program don’t complete the program successfully?” one staff member responded, “a lot of it has to do with the relationship of the case managers, and then the whole team. How are you treating these people? What are you doing with them to motivate them to be a better person?” This suggests that a lack of rapport could negatively impact a client’s ability to succeed in the program.

Staff interviewees gave other specific examples of how programmatic gaps impact client success, such as facility challenges related to client escapes, program curriculums that are too elementary for clients, insufficient length of programs, inadequate preparation for reintegration, outdated program policies, and negative influences from other clients. Each of the above reasons were provided by one staff interviewee each.

In two of the three staff focus groups, program-related issues were also discussed as impacting client success in the program. For example, staff cited that the high level of structure and accountability in the corrections programs can actually be a barrier for clients. One staff member reported,

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*“I see clients being unsuccessful due, in part, just to the level of structure and accountability that a program like community corrections offers to them when they come or are placed here...the accountability and structure at this facility is the first time many of them have had structure or accountability, and it is very unfamiliar to them, and there’s a lot of growing pains with that. It all seems very, very overwhelming.”*

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Focus group participants also discussed the need to prepare clients to access community resources once they leave a program to boost client success. One staff focus group participant said that what distinguishes clients that recidivate from those that do not, is a program strategy of,

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*“[E]mpowering our clients to know how to find the resources or how to access the resources. Over time we get them started, and then by the time they leave [the program], they should have a pretty good awareness of what their own cycles are. Maybe they did a relapse prevention plan through treatment, and they know how to know the signs and symptoms, and then how to act to notify resources.”*

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### *Individual-Level Barriers*

Staff in all three of the staff focus groups as well as 85% of staff interviewed talked about clients’ internal motivation as a barrier for not achieving success in the program or after completion. For example, staff said that clients may lack motivation or self-control, some are immature, others lack a sense of self-worth or confidence, and others are unable to or choose not to utilize the skills they learn in the program. One staff interviewee explained the importance of internal motivation this way: “If they can teach themselves self-accountability and hold themselves accountable, that’s going to be the biggest thing [that impacts success].”

Over half of the staff interviewed (55%) discussed challenges with substance use disorder, in particular, as a key barrier to client success both within the program and after they leave the program. Staff discussed clients having access to drugs within the facility as well as when they are out in the community. A staff member from a Front Range facility explained the barrier that drugs create for clients in the community, saying “in the summer, we have a lot more clients who will go out into the community, unfortunately, [and] make the decision to use substances and just won’t return.” Challenges related to substance use disorder were also mentioned in one of the three staff focus groups as a reason why clients do not successfully complete their program.

### *Evidence-Based Practice Gaps*

As discussed above, while staff discussed a number of strengths associated with EBPs as facilitators of client success while in program but they also described how EBPs could serve as potential barriers to that outcome. Some staff reported that incident reports and the structured sanctions provided by the Behavioral Shaping Model and Reinforcement Tool (BSMART) were less helpful toward client success (20% of interviews). As noted in the section above, some staff did find BSMART to be a valuable EBP for client success; however, other staff acknowledged the tool’s shortcomings, which staff attributed to the fact that those methods are difficult to implement consistently and with fidelity. Staff brought up the

challenges of consistent implementation regarding other EBPs and how this may impact the utility of the practice and client success (10% of interviews). For example, staff explained that an unintended consequence of BSMART can be to focus on problematic behavior rather than good. One staff interviewee described the issues with BSMART this way:

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*“I think that BSMART is a great example of a double-edged sword. It can be very beneficial, but also be negative if used incorrectly. And one way that I see it used incorrectly consistently is write-ups or incident reports that are meant to hold clients accountable for negative behaviors and actions. And I’ve noticed that there’s a lot of staff, including myself at times, that notice the negative behaviors a lot more, which tend to break the clients down, and without the positive reinforcement of positive changes they are making, it just continues the vicious cycle.”*

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Staff in one of the three staff focus groups also mentioned BSMART, saying that the process of implementing the tool has been slower than expected, but they envision that process smoothing out eventually.

Related to incident reports, several staff interviewees (15% of interviews) said the reports do not improve client behavior, but rather negatively impact client attitude in the program because they become discouraged—especially when they receive multiple incident reports that come with consequences like restriction days or extra duty hours. Staff suggested using incident reports as a last resort after conversations with the client prove to be ineffective.

Staff also said that strategies that restrict client autonomy, such as restrictions on movement, finances, and their case plan, can end up being less helpful to clients because they inhibit client buy-in to the program and have the unintended consequence of inadequate preparation for reentry (20% of interviews).

Staff suggested that the use of EBPs should be determined based on the specific client and their background and needs (10%), and some EBPs such as motivational interviewing are time consuming for staff (10% of interviews). One staff interviewee shared the following related to motivational interviewing:

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*“Motivational interviewing takes a lot of patience and intentional and active listening, and sometimes we just do not create the time or space for that. We are sometimes just running crazy, and our schedules are nuts, and we’re so overloaded, and we have a lot to do, and so we just kind of put motivational interviewing on the back burner.”*

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Leadership also noted the challenges of motivational interviewing due to the time-burden required. Like staff, leadership also discussed the importance of flexibility in implementing EBPs, noting that it is quite challenging to implement them in a uniform way across all contexts.

In one of the three staff focus groups, staff said that buy-in on the part of the staff was crucial for implementing EBPs especially in ways that would enhance client success. Leadership also commented on



staff-related issues with implementation noting that staff turnover presents a challenge for maintain consistency and fidelity in implementation. One leadership participant described the staffing situation this way: “For some of our facilities, we’re seeing length of employment being six months. I would say it’s just become increasingly difficult to ensure that those things [EBPs] are happening as often as they need to be happening and are being practiced as well as they need to be practiced by our staff.” Some staff participants also mentioned that group work is not always helpful for clients because there are too many groups offered or skills groups are too “dumbed down” for clients (10% of interviews). A portion of staff (20% of interviews) said that they did not have any specific practices they could point to as being particularly unhelpful for clients.

### *Community-Level Factors*

In the previous section, staff explained that relationships and the ability to refer clients to community organizations played a central role in client success. Relatedly, staff explained that *not* having these kinds of agencies or resources in their communities was an important gap in achieving reintegrative success. Staff most frequently cited community resources related to basic needs, such as clothing, housing, and transportation, as kinds of services they wished they could send their clients to (45% of staff interviews). Related to housing, one interview participant said, “There used to be years ago, for lower-income housing and stuff, [an organization] that we had a partnership with, and then they closed down, but [they] would start helping getting our clients on different lists and stuff like that, because, of course, housing and those things are huge barriers.” Basic needs services such as housing resources and transportation services were discussed in one of the three staff focus groups, as well.

The second most frequently cited type of community resource staff explained was needed was those related to teaching clients life skills such as budgeting, parenting skills, and how to read and fill out applications and forms related to insurance, housing, or other needs (35% of staff interviews).

A quarter of staff interviewed (25%) said they wished they could send more clients to community health services including both mental health and substance use disorder treatment services. Staff in two of the three staff focus groups discussed wanting more mental health community services for their clients, while staff in one focus group also discussed more medical community services for clients particularly those with HIV/AIDS.

Staff also cited job-related services (10% of interviews) and legal services (10% of interviews) as important to client reintegrative success. Staff pointed out that while referrals to these types of community services are important, it is also important that all community services provide an acceptable level of support and have appropriate availability for clients to adequately access them. This was particularly an issue with staff from non-Front Range agencies, with three of the four staff interviewees to identify limitations coming from non-Front Range communities. One non-Front Range staff member shared their perception of services in their community, saying “we don’t really have a homeless system.”

Beyond the specific community services that staff discussed wanting their clients to have access to, they talked about other society-level factors that impact clients’ success both with the program and after program completion. Staff from both interviews (70%) and focus groups (three of three staff focus groups) commonly cited a positive post-program environment as a factor that impacts client success. Staff spoke about clients experiencing difficulties related to both finding a new positive community outside of corrections and disengaging with negative social relationships such as with family, friends, or gang members. A staff member from a Front Range facility spoke of social impacts on client success in this way,

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*“I think really having a strong community support system; having people that you can go to that won’t put you back on [the wrong] track is one of the most important things, and if residents don’t have that they are kind of going through all this alone. And that could be really hard for someone who doesn’t have anyone and is trying to stay sober. I think that’s definitely one of the hardest things.”*

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One staff interviewee also spoke about challenges that clients face related to securing jobs or housing as felons or feeling judged by medical doctors for substance use disorder. Housing issues were also mentioned in one of the three staff focus groups and the leadership focus group, and employment was discussed as a barrier in the leadership group. Leadership also noted that financial debt is a barrier for client success with clients immediately beginning to accrue debt upon entering the program. This was discussed as both a financial barrier and as a mental barrier for clients. Leadership also noted that mental health posed a barrier for some clients and that sexual offenders face especially unique barriers.

Additionally, a quarter of the staff interviewed for this project (25%) discussed a desire for more awareness within the community about the work that community corrections agencies do. Specifically, staff talked about the need to share the importance of community corrections to the community and relay information about programs to other agencies, judges, officers, and clients. One staff interviewee described the community lack of knowledge about community corrections in this way,

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*“Community corrections is a very wonderful place that can be really helpful to turn people’s lives around, and I think it’s not recognized as much in the community. Even before I got into this field, I had no idea that community corrections was a thing...I think that just getting the message out there can help even with our clients in the program so that way the community understands a little bit more what they’re doing and the programs that they’re in.”*

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Staff see the lack of awareness of the community corrections along with the other societal aspects discussed above act as barriers for clients to succeed both in their community corrections program and stay out of the corrections system once they complete the program.

#### *Gaps Created by the Pandemic*

Beyond the community-level barriers discussed above, community corrections staff shared ways in which the COVID-19 pandemic created or exposed gaps either within programs or at the community level, which impacted client reintegrative success. Staff said that the pandemic created a lack of access to client treatments or certain program activities they normally would access (55% of interviews, two of three staff focus groups). For example, some programs that would typically take staff into the community to prepare them to reintegrate were no longer able to do so because of COVID-19-related restrictions. One staff focus group participant characterized the loss of services due to the pandemic:

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*“[The pandemic] reduced the access to services that our clients need, which has been catastrophic. A lot of our treatment providers went to no in-person anything.”*

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Staff also discussed how the pandemic led to staffing shortages and instances where staff were asked to take on tasks, such as nasal swabbing patients, that they were not trained adequately to perform (30% of interviews, three of three focus groups). Staff also discussed how the pandemic exacerbated or created challenges for clients, such as mental health challenges or loss of income (40% of interviews, two of three focus groups). One staff member also mentioned that the state law decriminalizing escapes changed during the pandemic, which put more stress on community corrections facilities.

In addition to staff sharing how the pandemic impacted client success, they also discussed the ways in which the pandemic impacted their ability to do their jobs well. Staff said that adhering to restrictive and changing COVID-19-related protocols was particularly challenging (20% of staff, three of three staff focus groups). The COVID-19 pandemic was unforeseen event with vast societal impacts beyond community corrections, but its impacts created or exacerbated some preexisting issues within community corrections, such as staffing limitations and limitations related to access to services in some communities.

### **What are ideas for change that would enhance client and agency success?**

Staff and leadership that participated in interviews and focus groups identified practices and directions they hope community corrections engage to enhance the outcomes of their clients as well as agency success. Staff typically provided ideas that focused on altering organizational practices that addressed or improved client or staff experience.

#### *Client Experience Changes*

Staff in both focus groups and interviews as well as leadership talked about various client experience-related changes they would like to see at their agency. For staff interviewees, this included: removing work release clients from their programs (one staff interviewee), reducing restrictions on clients within the program (one staff interviewee), improving client-staff relations (two staff interviewees), making the disciplinary process more transparent (one staff interviewee), giving clients higher access to the community (one staff interviewee), incorporating a relationship curriculum that focuses on building healthy relationships (one staff interviewee), and removing more high-risk offenders from community corrections facilities (one staff interviewee).

Staff interviewees also discussed a desire for various types of transition support including more programs and resources related to social supports (four staff interviewees) and job searching (one staff interviewee). Both leadership and staff discussed the need to ease the referral process for clients to receive treatment and to provide more mental health resources to clients in general (six staff interviewees, leadership focus group). Staff focus group participants also mentioned incorporating a restorative justice approach in their program (one staff focus group), creating a client advisory board (one staff focus group), and implementing an intensive outpatient program for clients (one staff focus group).

#### *Staff Support Changes*

Related to staffing support changes within their agency, staff discussed wanting increased accountability and compassion from their colleagues (three staff interviewees), more access to mental health care for staff and other ways to combat staff burnout and turnover (three staff interviewees), more staff to reduce current staff workload (two staff interviewees), and more training including refresher courses and specialized training for staff around topics such as domestic violence (three staff interviewees). Related to staff access to mental health care, one staff interviewee said, "I think that something that also can be incentivized to us is maybe free therapy. Sometimes I can see a lot of burnout, and if the pay isn't going to be there, at least offer mental and emotional support from exposure to secondhand trauma and things of that nature."

Leadership also discussed the need to better support the mental health of staff and other means to address staff happiness and turnover rates. Staff burnout was sometimes tied to the pandemic, with one leadership participant saying “I think that our staff saw a lot of burnout and, quite frankly, bitterness, for lack of a better term, through the pandemic where everyone else in this field seemed to be working from home, and community corrections was not.”

Staffing-support changes were also brought up in two of the three staff focus groups. Focus group participants discussed a desire to hire more staff (one staff focus group), have more specialized training for current staff (one staff focus group), and to employ in-house medical/mental health specialists to provide emergency care to clients (two staff focus groups). Additionally, leadership discussed the need to maintain adequate staff as well as meet the needs of current staff, this includes providing training. Regarding maintaining staff with better pay, one leadership focus group participant said, “If you compare what nonprofit community corrections organizations make to parole or to probation, it’s astoundingly disappointing. That’s why every single case manager that walks through these doors has the intention of eventually going to parole or probation, despite how much they find to love the work here.”

### *Agency Processual Changes*

Staff discussed desired process-related changes at their agencies. This was of particular concern for staff from non-Front Range communities, with 71% of those staff citing this as a desired area of change and 8% of Front Range staff citing this area. Process-related changes included updating systems to be technology-based and improving communication between staff members to increase the consistency of information exchanged between individuals at the agency. Speaking of communication issues, one staff interviewee shared, “A lot of times, security will know of a change, and here we are three weeks later saying, ‘oh, we didn’t know this, because it was communicated with one department and not the other.’” Leadership also discussed the need improve communication between staff and clients. Management-staff communication was also discussed in one of the three staff focus groups, with staff saying they would like decision-making to be done with more input from staff that work directly with clients. A staff focus group participant shared,

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*“I think sometimes decisions are made without considering our take on it. I think that we should be listened to a little bit more and realize we deal with them [clients] extensively every day, and sometimes decisions are made by people who don’t deal with them at all. So I think giving frontline staff a little bit more of a stake in the decision-making, or at least hearing us out would be really helpful for me.”*

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### *Supervisor-Level Changes*

In addition to agency-level changes staff would like to see, they also shared supervisor-level changes they desire within the community corrections setting. One of the most commonly cited area where staff would like to see supervisors change was related to creating a more supportive work environment (40% of staff interviews). Staff would like to see supervisors help to create a healthy work environment by encouraging strong work ethics and being approachable and providing consistent and accurate feedback. In speaking of the importance of a supportive supervisor one staff interviewee described it as:

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*“[Supervisors] just letting us know, ‘hey, that it is really stressful. I know everyone is under a lot of pressure. But you are doing your best.’ Just reiterating positive feedback. Just showing whoever is under you that you can understand where they are coming from. That you’ve been there. Rather than, ‘I am your supervisor, I am perfect. I don’t get upset by certain things and whatnot.’ I definitely think being more approachable is one of the biggest things.”*

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The other most commonly cited area of change for supervisors was improved staff communication (40% of staff interviews), including providing clear and consistent communications among staff, clients, and other stakeholders. Related to communication one staff member said, “I think that improving communication or opening up avenues where we can have team-building or different communication channels, I think that’s one way that could at least impact a facility on its own.” Staff also want supervisors to focus on creating a cohesive and knowledgeable workforce, which includes ensuring consistency in processes among staff and more training for staff (35% of staff interviews). Staff would like to see supervisors address workflow issues as well (20% of staff interviews) so that staff have a reasonable workload and feel empowered to make decisions around delegating tasks among staff. These same areas of change were also discussed in the three staff focus groups. Related to creating a cohesive and knowledgeable staff, one interviewee said, “I think one change I could see is making sure that staff is more familiarized with community corrections in general and the purpose of why we’re here and making sure that everyone works well as a team, because while case management or security can be individualized, they very much are a team effort.”

Staff acknowledged that to see many of these changes adapted additional funding was needed. Related to this, on staff focus group participant said,

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*“There’s a lot of people with big ideas and think outside the box in our agency, and we just simply don’t have enough resources to pull off a lot of the big ideas that we have.”*

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## Statement of Independence

As researchers at a public university, funders do not determine our research findings, insights, or recommendations.

## Appendix A: Staff Interview Protocol

### Questions:

I'd like to start by getting to know a little bit about you.

1. Can you please share a little about yourself and your role within Community Corrections?

Now I would like to switch gears a little and talk a bit about your agency.

2. If you had a magic wand, what would you change about your agency that would help you do the difficult work you do?
3. What would you describe as the central goal of your agency?
  - a. Why would you describe it in this way?

As you think about client success, I am curious to learn about some of the practices or directions that you think impact how well clients are doing in this program.

4. DCJ (Dept. of Communities & Justice) requires Colorado Community Corrections agencies to use what are called "evidence-based" practices. What do you know about evidence-based practices?  
*[Some examples of EBPs in community corrections: use of the LSI to assess client risk/need; use of positive reinforcement techniques; targeting intervention strategies based on client risk level]*
5. Tell me about some of these practices that your agency uses.
  - a. Which practices work well for your clients and why?
  - b. Which practices do you think are less helpful for your clients and why?
    - i. Can you tell me about any challenges you face with implementing this practice?
    - ii. Do you think these practices would be valuable if you or your organization was able to adequately implement them?
6. Thinking about factors like program size or approaches that are specific to a group of clients (like taking into account gender or a history of trauma), what are some practices you would like your agency to adopt to improve client and program success?
  - a. What would be difficult about implementing these practices?
  - b. Why do you think these practices could help your clients to succeed?
7. Think about your supervisor— What changes could your supervisor make that you think would improve client outcomes?

Now let's talk about client success now:

8. What do you think is the most common reason that you think clients in your program don't complete the program successfully?
9. What do you think is the most common reason that you think clients in your program do complete the program successfully?
10. What about after program completion? What do you think distinguishes those who stay out of the system versus those end up back in?
11. What are some ways you think client success or failure could be measured, beyond the typical outcome measures such as recidivism?
  - a. **Important probe:** Why do you think these other measures are valuable?
    - i. What might they show that recidivism doesn't?

Now we are going to switch gears and talk for a minute about agencies outside of corrections that your agency might partner with.

12. What community agencies do you send clients to (homeless services, substance use disorder services, etc.)?
  - a. Why those agencies/services?
13. What kinds of community agencies do you wish you could send clients to that you think would be helpful to them?
  - b. Why those agencies/services?
14. How has the pandemic affected your work?
15. Thank you for your thoughts. As you're the expert here, what else should I know about community corrections client and program successes or barriers that I have not asked about?

## Appendix B: Staff Focus Group Protocol

### Questions:

1. I'd like to start by going around and having everyone introduce yourselves by sharing your first name.

Thanks, everyone. I'd like to switch gears now and talk a little about your agencies.

2. How would you describe the central goal of your agency?
  - a. Why would you describe it in this way?

As you think about client success, I am curious to learn about some of the practices or directions that you think impact how well clients are doing in this program.

3. **[SCREENER QUESTION**, if participants are not familiar with Evidence Based Practices, skip to question 8]  
DCJ (Dept. of Communities & Justice) requires Colorado Community Corrections agencies to use what are called "evidence-based" practices. What do you know about evidence-based practices?  
*[Some examples of EBPs in community corrections: use of the LSI to assess client risk/need; use of positive reinforcement techniques; targeting intervention strategies based on client risk level]*
4. Tell me about some of these practices that your agency uses.
  - a. Which practices work well for your clients and why?
  - b. Which practices do you think are less helpful for your clients and why?
    - i. Can you tell me about any challenges you face with implementing this practice?
    - ii. Do you think these practices would be valuable if you or your organization was able to adequately implement them?
5. Thinking about factors like program size or approaches that are specific to a group of clients (like taking into account gender or a history of trauma), what are some practices you would like your agency to adopt to improve client and program success?
  - a. What would be difficult about implementing these practices?
  - b. Why do you think these practices could help your clients to succeed?
6. Think about your supervisor—what could they do that would allow you to do your job better?
  - a. What changes could your supervisor make that you think would improve client outcomes?

Let's talk about client success now:



7. What do you think is the most common reason that you think clients in your program don't complete the program successfully?
8. What do you think is the most common reason that you think clients in your program do complete the program successfully?
9. What about after program completion? What do you think distinguishes those who stay out of the system versus those end up back in?
10. What are some ways you think client success or failure could be measured, beyond the typical outcome measures such as recidivism?
  - a. **Important probe:** Why do you think these other measures are valuable?
    - i. What might they show that recidivism doesn't?

Now we are going to switch gears and talk for a minute about agencies outside of corrections that your agency might partner with.

11. What community agencies do you send clients to (homeless services, substance use disorder services, etc.)?
  - a. Why those agencies/services?
12. What kinds of community agencies do you wish you could send clients to that you think would be helpful to them?
  - a. Why those agencies/services?
13. If you had a magic wand, what would you change about your agency that would help you do the difficult work you do?
14. How has the pandemic affected your work?
15. Thank you for your thoughts. As you're the expert here, what else should I know about community corrections client and program successes or barriers that I have not asked about?

## Appendix C: Leadership Focus Group Protocol

### Questions:

2. I'd like to start by going around and having everyone introduce yourselves by sharing your first name.

I'd like to switch gears now and talk a little more about your agencies.

3. What do you think is the central goal of your agency?
  - a. Why would you describe the central goal in this way?
4. How do you think DCJ (Dept. of Communities and Justice) would describe the central goal of your agency or what your agency is supposed to be accomplishing?

Now I'd like to hear your thoughts on what client success looks like and how that can and should be measured.

5. In your experience, how important is recidivism in understanding how well the clients you work with are doing?
6. How important is recidivism data in terms of how state agencies or legislators assess the success of your agency?
7. What are other measures that you would like your agency to be held accountable to outside of recidivism or even program completion?

As you think about client success, I am curious to learn about some of the practices or directions that you think impact how well clients are doing in this program.

8. Please explain whether your agency places a focus on evidence-based practices or not.
  - a. What is useful about the focus on evidence-based practices in your agency?
  - b. What is not useful about the focus on evidence-based practices?
9. What is an example of one evidence-based practice your organization uses that you think best contributes to effective outcomes for your agency?
  - a. Why do you think this practice is most important?

10. What are some of the evidence-based practices that your agency tries to implement that are difficult to implement or you've found to be not a very valuable practice in comparison to others?
  - b. What are the barriers to implementing these practices?
  - c. Do you think these practices would be valuable if your organization was able to adequately implement them?
  
11. Thinking about factors like program size or approaches that are specific to a group of clients (like taking into account gender or a history of trauma), what are some practices you would like your agency to adopt to improve client and program success?
  - c. Why do you think these practices could help your clients to succeed?
  - d. What would be difficult about implementing these practices?
  
12. What are some of the community-level or society-level issues you see as barriers to client reintegrative success?
  - b. What community partners does your agency work (for example, homeless shelters, reentry services, nonprofits, etc.) that help produce greater levels of success for your clients?
    - i. If there are not community partners, why not?
  - c. What partnerships would you like to see within the community? Why?
  - d. Where do you see potential for addressing these barriers?
  - e. Are there any communities you see as particularly impacted by these barriers?
  
13. If you had a magic wand, what would you change about your agency that would help you do the difficult work of leadership in Community Corrections?
  
14. What would you change about the oversight you receive from DCJ that you think would help enhance the work of your agency?
  
15. How has the pandemic affected your work?
  
16. Thank you for your thoughts. As you're the expert here, what else should I know about community corrections client and program successes or barriers that I have not asked about?

# **Community Corrections in Colorado: A critical examination of harm reduction outcomes, successes, and gaps to address**

Phase 4: Interviews with clients

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**Colorado State University**

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## Introduction

In the summer of 2021, the Colorado Community Corrections Coalition (CCC) contracted with the Colorado State University research team to conduct the *Community Corrections in Colorado: A critical examination of harm reduction outcomes, successes, and gaps to address* research project. The purpose of this project is to provide the CCC with an independent audit and assessment of their current success measures and internal practices. The project takes a multiphase approach, with a total of four phases. In the summer of 2022, the Colorado State University research team began Phase 4 of the project which included interviews with residential clients currently serving a diversion or transition sentence at five different facilities around Colorado. In the interviews, participants were asked questions related to their experiences with and perceptions of community corrections programming, treatment, supervision, and staff (see Appendix A). This report presents the findings of the client interviews for Phase 4 of the research project.

## Methods

The research team solicited feedback from the CCC on the client interview guide and collaborated with the CCC to select facility site locations. The research team used a purposive sampling framework to ensure geographic representation of agencies, including both Front Range and non-Front Range agencies, representation of both public and private agencies, as well as agencies that provided services to women.

<b>Agency</b>	<b>Interviewees</b>
The Haven	6
ACRC	5
ICCS Pueblo	5
Mesa County Community Corrections	5
Larimer County Community Corrections	5

Three client recruitment strategies were used depending on facility. At The Haven, all clients who were present at the time of the interviews participated. At ACRC, Pueblo, and Mesa County, the Director of each facility provided Dr. Opsal with a list of all current residential clients. Dr. Opsal used a random sampling framework to select clients to participate in the interviews. Selected clients that were present at the facility during Dr. Opsal's site visit were invited to participate in the research. At Larimer County, a convenience sampling framework was used. All potential interviewees were recruited in a private room through face-to-face interactions with Dr. Opsal with no staff present. Clients that agreed to participate were then interviewed by Dr. Opsal on site. Dr. Opsal conducted a total of 26 interviews with community corrections clients representing five agencies (see Table 1). Participant demographics are shown in Table 2.

Table 2. Participant Demographics	
Attribute	Count
Women	13
Men	13
Diversion Clients	16
Transition Clients	10
Median Days in Residence	163

All interviews were conducted in-person, recorded, and audio was transcribed. The research team analyzed the transcripts using deductive coding, categorizing data using both question and data driven themes that arose during the interviews. This report is structured based on the following topic areas from the interview:

- Therapeutic programming
- Programming meeting client needs
- Supervision
- Staff interactions
- Facility environments
- Client perspectives on their program success or failure
- Office typology in connection to client perceptions

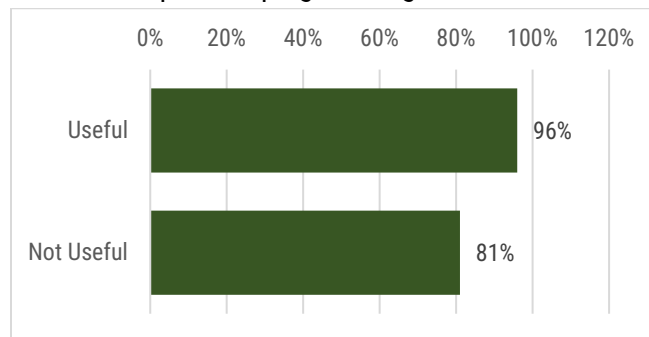
Findings from the client interviews are discussed in detail in the sections below. The charts in each section represent the frequency of themes from the interviews.

#### Findings

#### How do clients view the usefulness of participating in community corrections programming?

A central focus of each interview was to understand how clients perceived the utility of the programming they were receiving as residential community corrections clients. Clients across all program sites identified clear examples, to be discussed in this section, of ways that they experienced programming as both useful and meeting their needs—as well as ways programming did not achieve these ends. Broadly, of the 26 clients interviewed, 25 (96%) identified aspects of their programming that they found to be useful, and 21 (81%) identified aspects of their programming that they found to be not useful.

Chart 1. Are there aspects of programming that are useful or not useful?



What do clients view as useful about their therapeutic programming?

One central focus of Colorado Community Corrections programs statewide is providing clients with therapeutic interventions that focus on mental health, drug addiction, or cognitive reasoning. Clients generally spoke favorably about these programs to which all interviewees had participated in to some extent. Of the 26 interviewees, 19 clients (73%) expressed that the therapeutic programs or curriculums they were required to participate in were useful. Table 3 illustrates a typology of programming clients found as most useful.

<b>Program Type</b>	<b>Count</b>
Onsite Individual or Group Therapy/Classes	13
Onsite Treatment for Substance Abuse and Mental Health Disorders	8
Offsite Individual or Group Therapy/Classes	3
Offsite Treatment for Substance Abuse and Mental Health Disorders	4

As presented in Table 3, thirteen clients identified onsite individual or group therapy programs as useful most often mentioning cognitive based therapeutic approaches like Seeking Safety, Thinking for Change, or Moral Recognition Therapy. Clients said that these particular interventions were useful because they offered opportunity for reflexivity, empowered clients to take responsibility for their actions, and taught clients tools to consider one’s actions prior to acting. Speaking of their experience with one of these programs, one client stated,

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*“I just love how just all the steps were different, about trust and honesty, and it was all about yourself. It had nothing to do with anybody else. It was pointing the finger at you, but also patting you on the back for your success, and it reminded you of where you came from, where you’re at, and where you want to be.”*

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In addition to these onsite CBTs, eight clients identified onsite treatment for substance abuse and mental health disorders as useful; examples of this included IRT (Intensive Residential Treatment) and RDDT (Residential Dual Diagnosis Treatment). Clients found these types of programs useful because, similar to the onsite therapy or group classes, these programs taught clients to be self-reflective and provided them with tools to make better choices. One client shared their experience with RDDT and explained,

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*“It’s the longest treatment here, but I have a good time in class, participate, and enjoy it. We do meditation sessions and paintings and go out for walks when it’s nice, go throw the football, so it’s not all sit-down bookwork; [we] watch TED-talk videos... It helps you learn about yourself and helps correct your thinking.”*

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Of the offsite programs that clients found useful, three clients mentioned individual or group therapy programs whereas four clients identified offsite treatment programs for substance abuse and mental health disorders. Clients found the offsite programming useful in the same ways that onsite programs were useful: they helped clients to self-reflect on their lives, experiences, and choices. Also for the



substance abuse programs, those programs assisted clients with getting treatment for substance use disorders and prevent relapses but had the benefit of occurring outside the facility sometimes with individuals who were not involved in the criminal legal system.

Notably, substantially more clients explained they had experience participating in on-site programming than off-site programming. Thus, the data presented here and in Table 3 should not be considered reflective of whether on or off-site programming was viewed by clients as qualitatively *more* useful; indeed, participants overwhelmingly spoke favorably about their off-site programming and often explained they wished they had more time in the community as this client described,

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*“I’ve been here eight months, and I go out in the community for doctors’ appointments and stuff and things like that, but my amount of time going out and trying to get reintegrated back into the community hasn’t been that much, and I’m kind of disappointed in that aspect.”*

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While almost all the clients interviewed explained that therapeutic programs were useful, a significant minority (n = 9, 35% of interviewees) also pointed to problems they experienced that made the interventions, they explained, less useful. Most commonly, clients explained that classes were unhelpful because they were repetitive in their focus (n = 5),

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*“I’ve gone through a lot of these classes, and they’re all pretty much the same. I don’t feel like anything has helped me.”*

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or that the requirements of participation in the program interfered with potential job opportunities (n = 3).

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*“I was in the class twice a week, and I had to tell my boss, hey, so I can’t work on this day, because I have my case manager meeting, or I have to leave early on this day, and then I have to do the class on this day and this day. It’s always the middle of the day, like 10:00, that you have to do this class. I don’t know. That’s frustrating sometimes, but I think they try to put you where they think would be the most helpful for you. But, like I said, sometimes it’s just, well, we need to put her in a class.”*

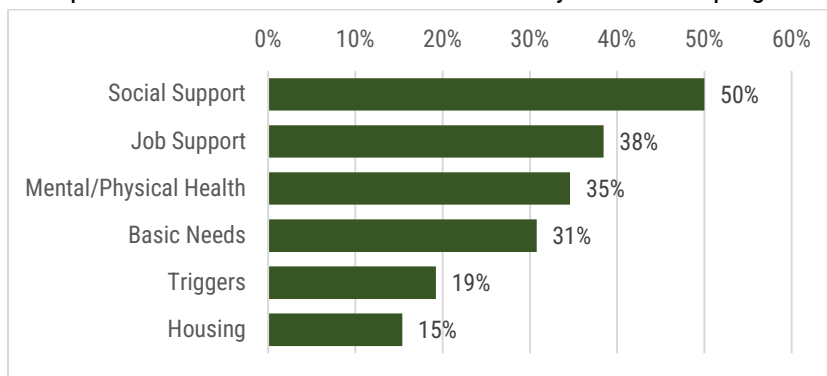
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### **How do clients perceive the usefulness of community corrections programming in meeting specific needs they have?**

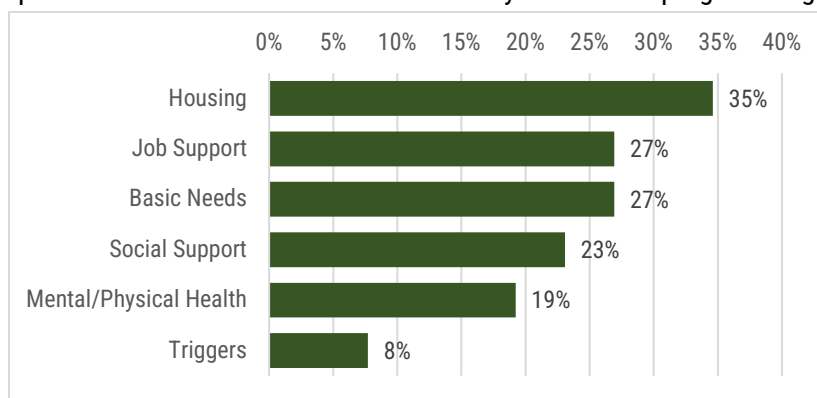
Community Corrections programming also emphasizes using other types of programming as well as case management to meet specific needs of clients serving a sentence so that they are better situated to return to their communities successfully. Clients were asked whether the array of programming they received or were connected to through the agency were helpful or not related to six specific needs: social

support, job support, mental or physical health, basic needs, triggers, and housing. Charts 2 and 3 identify the needs clients identified as being met—or not—through agency efforts.

**Chart 2. What specific needs do clients believe community corrections programming meets?**



**Chart 3. What specific needs do clients believe community corrections programming does not meet?**



These findings are discussed in greater detail using interview data next.

*Does community corrections meet social support needs?*

Clients most frequently identified programming as helpful with addressing social support needs (13 clients, 50% of interviewees). These clients identified specific courses or programs that are meant to improve personal relationships as helpful (six clients) and also pointed to support they received from their case managers reconnecting with family and friends in healthy ways (three clients). Speaking of the ways in which programming helped with social support, several clients pointed to the role of matrix questions in addressing this:

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*“Going through my matrix, certain questions, I have to consult with my brothers about them and see how they feel about my sobriety and me and my abstinence from drugs. They’re all for it. They back me up 100%. They help a lot with support.”*

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Other clients explained how staff were instrumental in helping them repair or reestablish connections with loved ones:

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*“They just helped me reconnect with her [my daughter]. I don’t think if it was for the Haven that wouldn’t have happened. They reestablished that connection. My sister knows that I’m here. I’m safe, and the consistency in those calls calls is what’s key. It’s something I look forward to the most. It gets me through every single week. That’s what drives me, and it’s amazing. Even through the Zoom visits, the connection that I’ve created with my daughter, it’s amazing. She’s only five, but, still, just hearing that first ‘I love you’ and calling me ‘Mommy’, it’s just amazing.”*

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Clients also provided examples of ways their programming was not helpful in meeting social support needs. Six clients (23% of interviewees) stated that they had to establish social support on their own, without program assistance or that they had not been able to think about establishing social support on the outside because case managers and other staff did not prioritize it in their program.

In these conversations about ways that programming did not meet social support needs, clients explained an important improvement would be to remove restrictions on how many people they could connect with. They also explained that passes did not often provide enough time to develop meaningful in-person connections. For example, one client explained that while case managers and other staff encouraged her to take steps to have communication with “healthy contacts” there were obstacles to actually creating these kinds of relationships through her programming,

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*“I wish that we could have more contacts, because I’m allowed to have one letter and one phone call a week when I’m not in a behavioral assignment, of course. When I have all of my privileges, one phone call and one letter I can write every week; doesn’t seem like enough to me.”*

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#### *Does community corrections meet job support needs?*

The second most frequently identified area where clients said community corrections was useful in meeting their needs was with job support (10 clients, 38% of interviewees). These clients most commonly shared experiences about staff being generally supportive around clients prioritizing job seeking and occasionally helping connect them to open jobs calls (four clients). Clients also discussed programmatic support around building resumes and cover letters and having access to a computer to find jobs (three clients):

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*“They helped me build a resume, which I’ve never done, and they help you get on the computer. You do applications and they let you call them back—I got [my job] like that.”*

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Clients that shared ways in which the program was *not* helpful around job support (seven clients, 27% of interviewees) talked about how clients are restricted with how soon they can start applying for jobs and sending out their resumes. Other clients said they received no help in the job search process once they built their resumes. Relatedly, a number of clients who were employed explained they found these jobs

on their own or, alternatively, through other clients or—less often—through family connections rather than through program support. As described in the previous section, some clients also talked about program rules and restrictions that impeded their ability to work. One client discussed that issue, saying,

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*“Sometimes I feel like they don’t care about us keeping our jobs, because they do that thing where it’s like, oh, we’re on lockdown. You can’t leave, and then I’m, what, an hour or two late for work... It makes it look like you don’t care about the job, but, really, it’s them that don’t care about your job.”*

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#### *Does community corrections meet mental or physical health needs?*

A total of nine clients (35% of interviewees) said that being in community corrections was helpful with dealing with specific physical or mental health needs. These individuals most frequently talked about how their program supported offsite physical or mental health care (eight clients). Clients also shared how their program provided support around gaining medical insurance (three clients), and that staff generally seemed to care for clients’ health (three clients). About these dynamics one client explained,

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*“They’ve made time for me to go to my primary care physician and get my meds continued... They’re pretty motivated here to keep people with the correct meds because a lot of the programs have to do with mental health, and so they pretty well just make a way for you to do that.”*

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Five clients (19% of interviewees) said that their program did not help with physical or mental health needs. These individuals talked about issues such as their case managers not helping them file for disability or placing restrictions on certain medications that had previously been prescribed to them but that they could not take as a client. Some clients also said, when explaining how their needs were not met, that they were required to go through the program to access health care instead of finding personal primary physicians which felt challenging for those with specific chronic health conditions. On the flipside, some explained they were required to find physicians or meet medical needs on their own without assistance which felt challenging given restrictions on phone time, computer time, and travel.

#### *Does community corrections meet basic needs?*

A total of eight clients (31% of interviewees) identified ways they found being a client helpful in terms of meeting their basic needs. These clients most often discussed how their programs helped them with financial needs (seven clients) and explained how their program required they engage in paid work, emphasized saving money while in the program, or provided financial support through budgeting. About the useful financial aspects of their program one client explained,

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*“A lot of people get mad about the [required] budgeting and stuff like that, but because of them, I’m getting out with money. I’m not going to be out broke. A lot of people just get out on parole from prison, and they’ve got nothing. I do. It gave me the building blocks for my next chapter, which is my three years of parole.”*

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Seven clients (27% of interviewees) identified ways programming was not helpful with meeting basic needs. These clients most frequently discussed lack of access to appropriate and high-quality food (five clients) as an issue. One client with medical needs spoke of their issues related to food, sharing,

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*“They have contracts with a food service company. I’m a diabetic, so I should be on a specific nutritional guideline, and my doctor sent a paper over saying that I needed to be on an ADA, American Disabilities ACT, diet. Well, they have no control over these people that do our food, so they feed me peanut butter, peanut butter, peanut butter, peanut butter, peanut butter, peanut butter three, four times a day... They need to get control over the food service here.”*

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Other basic needs that at least one client pointed to included: clothing (that fits); transportation; help seeking or securing disability; and access to hygiene products like toilet paper.

*Does community corrections address triggers?*

A total of five clients (19%) said that the program has helped them address their major triggers. These individuals said programming helped them to learn the root causes of their surface behavior and how to address their triggers. Clients also said that their programs keep them accountable. For example, urinalysis helped some clients abstain from substance use. One client explained,

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*“I have a UA [urinalysis] today. I just woke up. They do that. I don’t even think about it...my goal is to stay clean, and this is going to help me. I know it is. I don’t want to just go back.”*

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Two clients (8% of interviewees) said that the program did not help with their triggers or in fact exacerbated triggering events. These individuals discussed that other clients brought illicit drugs into facilities, which they said can be triggering to those with substance use disorders.

Notably, most clients did not identify as having triggers.

*Does community corrections address housing needs?*

Clients also talked about the ways in which programming helped or did not help with meeting potential housing needs. This is the only area where clients more frequently identified ways in which transition planning was unhelpful rather than helpful, with 9 clients (35% of interviewees) identifying not helpful aspects and just four clients (15% of interviewees) identifying helpful transition-related programming related to housing needs. Clients that said they found programming helpful for housing shared that staff helped them find outside housing resources and provided them support through housing-related processes like applying for grants or assistance.

Nine clients (35% of interviewees) explained that programming was not helpful in relation to housing support. Clients most frequently said they did not find programming helpful for housing needs because staff was unable or unwilling to help in that area (five clients). These clients mentioned issues such as case managers being uninformed of community resources or having an expectation that clients should

figure out future housing plans themselves. Some clients also talked about the general issues with finding affordable housing (two clients). About some of these issues, one client explained,

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*“I want to be fair to him [my case manager]. I want to be fair. I think he empathized with me... [but] I think he could have helped more... Maybe better informed, the case manager could be better informed [about housing].”*

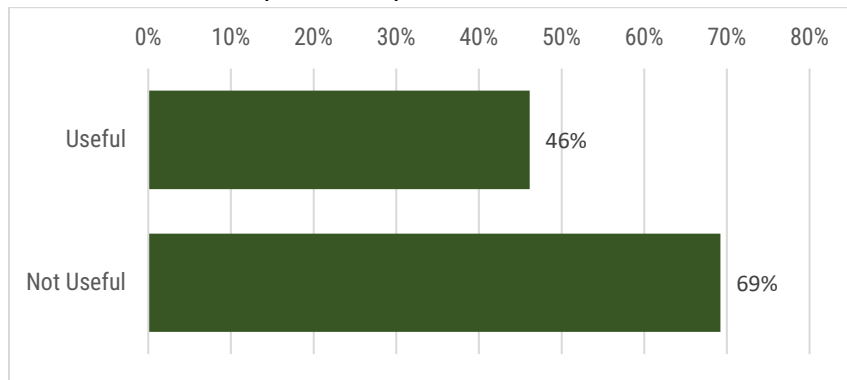
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Because of this, when asked about housing plans post-residential sentence, the vast majority of clients offered up nothing specific or, alternatively, quite undeveloped ideas about potentially living with family or friends.

### How do clients view supervision rules?

Clients discussed aspects of supervision that they found to be useful or not. Clients more frequently identified non-useful aspects (69% of clients, or 18 interviewees) of supervision than useful aspects (46% of clients, or 12 interviewees).

Chart 4. Are there aspects of supervision that are useful or non-useful?



### Useful aspects of supervision

When clients discussed useful aspects of being under supervision they most frequently pointed to the utility of community corrections providing structure to their lives (six clients). These clients felt that the structured lifestyle in their programs created a process of gradually becoming independent. They felt that the gradual independence and connection to the outside community allowed them to focus on themselves and what they genuinely wanted to accomplish without outside distractions. One client shared their appreciation for the process of gradual exposure to the community in this way,

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*“When you start, you only get four-hour passes, and we’re not allowed to drive here, so four hours is quick. I hated that at first, but now I understand a little more of why they do that. You have to take those steps. Once you’re here a month or two, you get six hours, and then once you’re here three months, you get 12 hours, so they limit you, and that’s what helps us all. It could help us all if we take advantage of it.”*

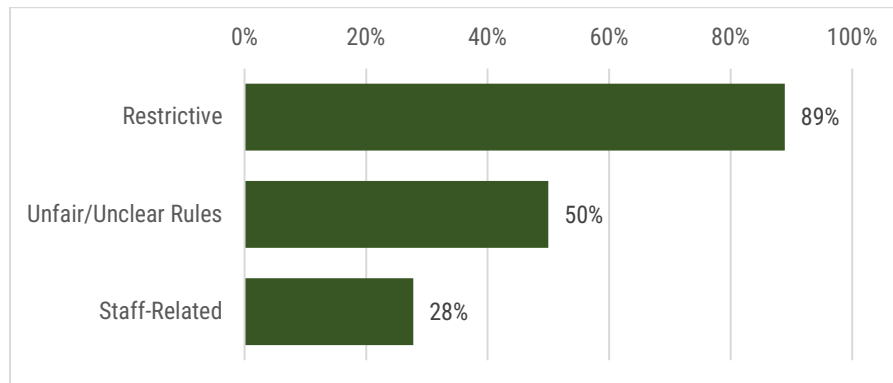
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Clients also discussed the supportive nature of the staff as a useful aspect of supervision, which is discussed in greater detail in the Staff section to follow. A couple of clients also mentioned the fact that supervision created a safe and healthy environment for clients (two clients) and that this was an element of supervision they valued.

#### Non-useful aspects of supervision

A total of 18 clients (69%) identified aspects of the supervision they received in their programs as not useful.

**Chart 5. Ways in which supervision is non-useful**



Most commonly, clients said that the restrictive nature of supervision was what made it not useful, with 16 of the 18 clients (89%) identifying restrictions as producing important unintended consequences. These clients most frequently identified restrictions around passes and cell phones as problematic (seven clients each). As described earlier, clients pointed out that restrictions on both phone access or passes can affect job opportunities. As one client stated,

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*“So many people have been denied jobs, lost out on so many opportunities, because their case manager was busy and couldn’t put a pass in. No, that’s not the way it should be.”*

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Some clients also discussed the impact that restricting passes or phone use had on their social support system. These individuals said that restrictions related to the length of time they are not allowed to speak to family or the limitation on the number of family or friends that can be contacted for support were not useful aspects of supervision. In addition to restrictions related to phones and passes, four clients identified restrictive schedules as unhelpful, and three clients said that restrictions on basic needs including food, clothes, and money, were unhelpful aspects of supervision. For example, clients said that without access to more personal money, those without family supporting them had a challenging time accessing higher quality food, hygiene products, or being able to do pro-social integrative activities in the community.

The second most frequently discussed theme among clients related to the non-useful nature of supervision was related to the fact that they saw the rules as unclear or inherently unfair (nine clients, 50%). Specifically, seven clients talked about the lack of clarity or consistency surrounding rules. Most

commonly, clients said they felt the rules were unclear because they changed depending on the staff member enforcing them (23% or six interviewees). One client explained the issue this way,

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*“I think that sometimes [the rules] are [clear] and sometimes they’re not, and sometimes it’s up to interpretation by whoever the staff is, and then it’s really inconsistent.”*

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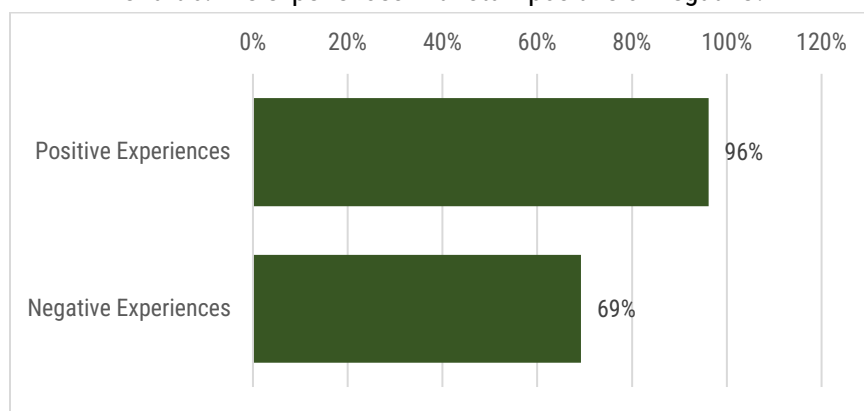
Three clients (12%) that said that rules were unclear explained it was because rules were constantly changing and did not match what was written in the agency rulebook. Clients said that these types of inconsistencies related to rules created tension between clients and staff as well as between clients who believed staff played favorites. Clients also said that inconsistencies in rules can lead to writeups that feel unfair and impede their progress in the program. These themes are developed more in the Staff section below.

In addition to the more commonly cited issues around supervision, some clients also stated they had compliance issues because they forget about rules or there was miscommunication related to the rules. For example, one client in their 70s discussed their struggle to remember and adhere to rules due to their cognitive ability impacted by age.

#### How do clients view and experience staff?

Staff were a central defining element in how clients perceived and experienced their time at community corrections. Indeed, regarding each of the elements discussed so far, clients pointed to the critical role that staff had in creating and ensuring that therapeutic programming, supervision, and client needs were met in a way they found to be useful and effective.

Chart 6. Are experiences with staff positive or negative?



#### Positive Staff Experiences

Nearly all of the clients interviewed described having had positive experiences with staff (25 clients, 96% of interviewees). Clients defined “positive” staffing by repeatedly mentioning key characteristics including: compassion and support; fair and consistent; and responsive.

Positive experiences included staff having an interactional style that was compassionate, supportive, and approachable (18 clients). About this, one client explained,



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*“All of the staff is great. Like I said, they all genuinely care. I can say that there’s not one that doesn’t take the time out of their day to actually spend time with us. They can just look at us and our demeanor, in our mannerisms and know if something’s wrong. They spend that much time with us. We can say, oh, we’re fine, and they can know that something’s not fine, and they’ll take us aside and let us know we’re here if you need to talk. A couple of them can just sit there and just look at us and get it out of us, even if we don’t want it to talk about it... They’ll get it, because they just care so much, and we know that. That’s a great feeling to know that they genuinely care.”*

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Clients were often likely to provide examples of staff being supportive in the face of (1) physical or mental health issues or (2) familial struggles (8 clients). For instance, one client spoke of a positive experience with a compassionate staff member, saying,

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*“I had a seizure, and one of the staff, all I could remember is her touching my arms and telling me it’s okay, I’m here with you. Everything is going to be okay, and just her just helping me stay calm, and I barely opened my eyes, and I could just see her silhouette and just hear her voice. Her voice was so calming, and they just know how to comfort you.”*

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Clients also commonly described supportive interactions by pointing to day-to-day casual interactions they shared with staff that built rapport:

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*“Just friendliness, being kind, and not being treated like you’re in jail, because that over there sucks.”*

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*“The first thing that really comes to mind is when shift change comes in the afternoon and they’re coming around and doing roll call, like say, we’ll be outside smoking or something, and they’ll come around and just kind of chit-chat with everybody; not so much as far as the program or anything, but just in general... You know they’re the authority figure, but, at the same time, it comes back to being approachable. When you make that connection with people and you kind of form that bond, then you can say, ‘hey, can I pull you aside? I really need to talk to you about something’, and you know you can, so that’s super important. Staff is really good; case manager, great. I can go knock on her door at any time.”*

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Clients also identified “positive relationships” with staff by pointing to times when staff provided them with resources that helped meet an acute or future need. Notably, this theme is woven into the sections

above where clients signaled the importance of staff to their experience with therapeutic services as well as whether they felt their needs were being supported and met via other programming. Here, clients explained that staff provided explicit support in connecting them to resources that mediated a physical or mental health struggle (eight clients) or providing extra support around getting or keeping a job (four clients).

A final way that clients defined compassionate or supportive staff was by providing examples of when staff prioritized the people over enforcing the rules. One client, for example, explained how she was not supposed to be able to leave the facility when her father died but that staff allowed her to attend the funeral:

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*“My dad passed away when I was here.... I was able to say goodbye the right way, so they were super supportive around all that.”*

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Another client described how his case manager provided him opportunities to have his treatment needs met even when he was not supposed to leave because he had violated a facility rule:

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*“My case manager, actually she’s really supportive. She’s helped me out a lot. She could have been a way dick. She could have been way worse than what she was about it all. When I lost my job, you’re not supposed to go out on passes, but she was letting me go to treatment. As long as I was going to treatment, she would let me go home from my personal passes too, trying to get me to do better, try to fight for that.”*

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Last, clients talked about positive experiences with staff in terms of the level of skill or experience they brought to their role within community correction (four clients). Some clients discussed the value of staff members having lived experiences that allowed them to relate to staff (two clients). For example, one client talked about a staff member at a community organization at which she participated in programming and explained that person served as a role model for her because they had shared experiences with the criminal legal system, addiction, and trauma:

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*“Hearing her story of how she was in the same position I was then now, and she made it, and she’s successful. She has a family. She got custody of her kids back. She’s married. She’s doing what she loves, so it’s just a prime example of that it’s possible.”*

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### Negative Staff Experiences

Clients also highlighted negative experiences with staff (18 clients, 69% of interviewees). Occasionally clients pointed to very specific conflicts or incidents with staff to illustrate what they meant by “negative”. However, more often they pointed to general attitudes of staff members where they experienced staff judgement. Clients explained these staff were “on a power trip, “judged them”, act superior”. These interactions left clients feeling judged, powerless, or discouraged as one client

explained, “They can make our life worse. They can make it better in here.” and another explained “there’s always judgement that comes with being in this position.” While another client described it this way,

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*“We’re on the other side of the fence where we can’t really say anything, because they’ve pretty much got our, I guess you could say, actions and everything else all in their hands, so they can say what goes and what doesn’t. That makes it harder for us.”*

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The second way that clients commonly discussed negative experiences with staff was related to their application of rules which felt inconsistent, unclear, or unfair (11 clients). These clients talked about staff giving unjustified or surprising write-ups (seven clients) or not clearly explaining the rules of the facility (four clients). Clients said that experiencing these rules as inconsistent or unfair created tension between clients and staff as well as among clients due to beliefs in favoritism. About this dynamic, one client explained,

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*“Yeah, see, and it would be hard to be like, oh, that’s definitely retaliation, because, like I said, if they wanted to, they can make these rules fit, so I can’t go and be like, ‘oh, that was retaliation’, because they’re like, ‘oh, well, I’m just following the rules’, but they’re just making it interpret what they wanted to do, and then the person right next to you is getting nothing from the same thing. I wish there was more consistency around. That would always be a good thing.”*

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Clients also reiterated that unjustified write-ups made them feel as though staff did not support their success in the program:

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*“They say they’re here to help you, but most of them aren’t. Most of the staff here security-wise pull everything they can to give you a write-up, set you back.”*

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Notably, in the previous section clients also explained that they appreciated when staff *did* use discretion in application of rules because it was evidence that staff were treating clients as people rather than just “doing their job”. This tension can be managed, in part, by using principles that enhance procedural justice—this is described in recommendations.

### **What are client perspectives of BSmart?**

Clients were asked to comment on their experiences with the BSmart (Behavioral Shaping Model and Reinforcement Tool) program. Incentives were an aspect of programming that clients more often felt was useful rather than not, with 14 clients (54%) saying the incentive program at their facility was useful and eight clients (31%) saying it was not. Clients at The Haven did not talk in depth about their experiences with incentives either negative or positive, while clients at the rest of the facilities generally shared both positive and negative experiences, with positive experiences tending to outweigh the negative. ACRC

clients had particularly positive experiences, with three of the five interviewees sharing useful aspects of incentives. Mesa and Larimer County Community Corrections agencies also skewed positive related to client perceptions of incentive programs, while Pueblo was equally split between negative and positive experiences.

Interestingly, clients did not typically talk about the function of BSmart as incentivizing or rewarding behavior but, instead, as a system that provided them an opportunity to meet needs they had and generally could not meet well with their limited means. Of the 14 clients that said they found incentive programs useful, the majority (10 clients) talked about the importance of being able to purchase items they wanted or needed including food, clothing, or other types of day-to-day supplies. The second most popular reason clients gave for finding the program useful was the opportunity it provided to earn passes (five clients). One client explained how the benefits associated with earning passes helped them to “feel normal.” A client shared their positive experiences with an incentive program, saying,

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*“It allows people to buy sodas and energy drinks and hygiene products and just different little things. So I think it’s pretty cool for the people that when they first get here and don’t have a job or any money, it’s a way to fill that need or void from developing any kind of envy or jealousy, because they’re able to buy a soda. That helps. The BSMART points help.”*

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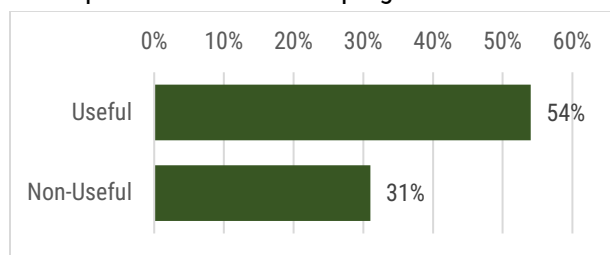
Of the eight clients that described the incentive system as not useful, most (four clients) said the program was implemented inconsistently, which led to feelings of frustration or confusion about what they actually had to do in order to receive BSmart points. Another common theme was that clients felt that the reward items cost too many incentive points, which felt unfair or like those items were unattainable (three clients). Speaking of their perception of program inconsistency, one client shared,

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*“You pretty much have to ask them for points, and if they’re nice sometimes they’ll give you points for this or that, but pretty much you have to think of something to do, and then ask for points for it or something. Sometimes you can come up and be like, hey, is there anything I can do for some points? They’ll be like, I don’t know, maybe, or sometimes they will give you something to do. It’s up to the staff discretion of how much something is worth.”*

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**Chart 7. Are there aspects of the incentive program that are useful or non-useful?**



## What other specific themes did clients point to as shaping their community corrections experiences?

### Other Clients

Of the 26 clients interviewed, 22 (85%) of them discussed having positive experiences with other clients in the program, while 15 (58%) clients also discussed negative experiences. Clients that discussed positive experiences most often explained how clients had each other's backs in terms of meeting basic needs:

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*"Basically, we provide help to each other, sitting here and just talking to one another, or if I'm really stressing, I just ran out of smokes, I can [ask others to] help me out. At the same time, I give people hygiene, because if I have enough or I have way too much of it, because they keep telling me I can't have OTC items [then I] give stuff away, and mostly these dudes, they do the same thing in return. Say if I need laundry soap, boom, they'll let me use their laundry soap or they'll just give me my own. We tend to help each other a lot."*

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In addition to finding support through helping one another out by meeting material needs, clients who discussed positive experiences also pointed to the role of emotional or social support that other clients provided to them:

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*"It's always supportive to be around women that are going through the same thing as you. Even on the inside, I met so many great women, these women that had horrific crimes, but they have so much trauma, and they went through so much."*

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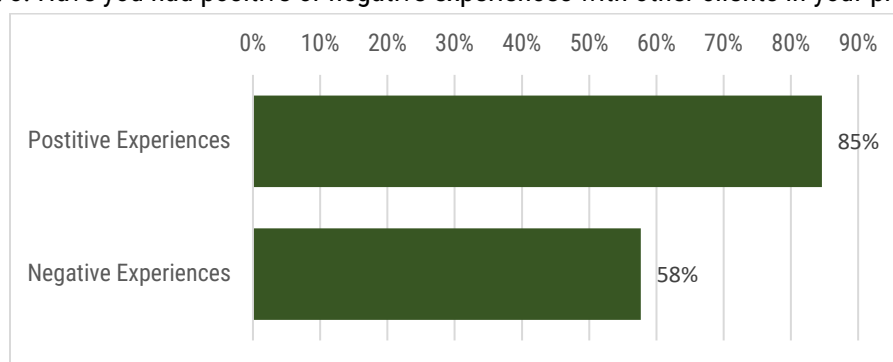
Clients who described the negative aspects of having to do their program alongside other clients most often pointed to dealing with the drama or negativity of others who were not "not ready" for a change. One client explained,

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*"Sometimes it can be a negative experience, just because not everybody has the same end goal. When you're trying to focus on one thing and you've got somebody over here, somebody over here who aren't—I'm not saying everybody's goals are the same, but when somebody might be wanting to go get high or go off location, that can be discouraging, but as long as I focus on myself and the end goal and what I know I'm here to do, I feel like it's going to be okay. It's hard. It is hard at times. I'm not going to lie, but I think if you're strong-willed and strong-headed and you don't get involved in the drama, then you're able to focus on yourself."*

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**Chart 8. Have you had positive or negative experiences with other clients in your program?**



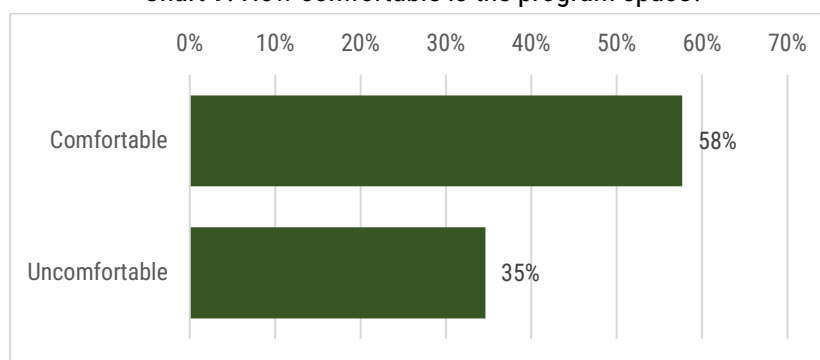
Ten clients (38% of interviewees) talked about the ways in which they needed to create boundaries when dealing with peers to have a more successful experience in the program. These boundaries included not feeling the need to share all personal details about their lives even in therapeutic spaces that required that, remaining uninvolved with others' criminal activity, and focusing on themselves, as the client above indicates.

#### Physical Spaces of Agencies

Clients discussed how they felt about the physical space of their facility. Fifteen clients (58% of interviewees) said they felt their space was comfortable, while nine (35% of interviewees) said it was uncomfortable. Clients that described spaces as comfortable said their rooms were satisfactory, there were good boundaries around personal space, and they liked the food. Other clients talked about the facility creating a sense of community. Clients that described the space as comfortable typically compared the space to the place they resided before, including homelessness and jail.

Participants that said that the program space was uncomfortable talked about spaces having a sterile, institutional look. Other clients discussed the amount of emotional tension within the facility. Some clients talked about rooms—especially at Pueblo—being rundown and having leaks, sewer, and electric problems.

**Chart 9. How comfortable is the program space?**



#### Why did clients believe they would successfully complete their programming?

Clients talked about the factors that they believed lead to success within the program. The most frequently discussed factor was intrinsic motivation, with ten clients (38% of interviewees) identifying this as a reason for success. Clients identified feelings of confidence in themselves, a desire to make a change

in their lives, and connections to a higher power as internal motivating factors that lead to success. Speaking of intrinsic motivation, one participant shared,

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*“Mine was my relationship with God and me wanting a different life, and now that I want it, it’s easy. But before I didn’t want it and I didn’t care. So just loving myself and loving the people that were there for me no matter what. Until people want it, they’re not going to [succeed]. That’s how I view it.”*

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The second most common factor clients identified as a reason for success was the support they received through the program, with eight clients (31% of interviewees) identifying this factor. Types of support identified by clients included counseling around trauma, addiction, and general behavior change; educational and job supports; sobriety support; the general environment within their program; and supportive staff. One client characterized this type of success factor saying,

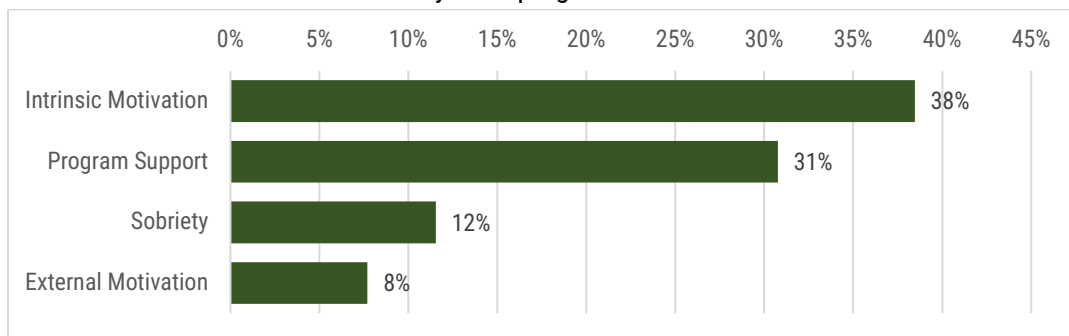
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*“That’s why [the program] has such a success rate, because they accept the fact that you’re human, that they’re not expecting you to be perfect, to not make any mistakes. They allow you to make mistakes, but they also pay attention to when those mistakes are being consistently made and to where your mental state is at.”*

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Two other factors identified by clients as success factors included their sobriety (12% or three interviewees) and external motivating factors, namely family members (8% or two interviewees). These findings largely mirror findings from the interviews conducted in the Spring of 2021 with community corrections staff who most commonly identified intrinsic motivation as being a success factor (70% of interviewees). Staff also identified program support factors (client-staff rapport, 45% of interviewees) and learned skills (10% of interviewees) and external motivation as being success factors (55% of interviewees).

**Chart 10. Why does program success occur?**



In terms of why clients do not succeed in their programs, participants talked about feeling negatively targeted by staff, struggling with addiction, a lack of relationships with the staff or counselors, and not being ready for growth and change as factors leading to failure.

### How did agency shape client perceptions?

Across agency locations, clients often shared both positive and negative perceptions of the programming and treatment they received. However, there was some variation in several of the themes described above:

- Staff/Client Relationships: Clients at The Haven had particularly positive experiences to share related to their relationships with staff providing more and lengthier examples of emotionally supportive and materially supportive relationships.
- Client/Client Relationships: Pueblo County Community Corrections (ICCS Pueblo) and Arapahoe County Residential Center (ACRC) clients shared more positive experiences with other clients than negative experiences, where the rest of the facilities were more evenly split in their perceptions of client-client relationships.
- Client needs: There were several areas within programming where clients interviewed provided evidence that certain facilities excelled. Specifically, clients were significantly more likely to explain their social support needs were being met if they were serving time at The Haven or Larimer County Community Corrections. Larimer County Community Corrections, clients explained, was also particularly strong at ensuring the health needs of clients were met—in particular physical health needs. Clients at The Haven were much more likely to feel positively about both the job support as well as housing support they received in their facility. ACRC clients were less likely to talk about programmatic supports they received than in other programs and more likely to point to being in the community and working as central to their program.
- Agency space: Pueblo was the only facility where clients had more negative perceptions to share about the facility space than positive perceptions as described above.



## Appendix A: Client Interview Protocol

### Programming

Tell me about the programming that you've participated in since you've been here.

- Across the programs or treatments that you've participated in, which so far have been most important or useful to you?
- Across the programs or treatments that you've participated in, which so far do you think has been the least important or useful to you?

### Transition Planning

I'd like to hear your perspective on what role you believe the programming or your case manager is responding to specific needs you might have.

- Your major triggers? What role has the agency had in helping you think about this? What resources or help do you wish you were receiving?
- Physical and mental health issues? What role has the agency had in helping you think about this? What resources or help do you wish you were receiving?
- Social support? What role has the agency had in helping you think about your support system? What resources or help do you wish you were receiving?
- Housing plans? What role has the agency had in helping you think about this? What resources or help do you wish you were receiving?
- Meeting your basic needs? What role has the agency had in helping you think about this? What resources or help do you wish you were receiving?
- What do you wish you were getting here that you're not that you believe would be most helpful to you?

### Other Clients

Tell me about what it's like do your own program while living with other clients.

### Supervision Requirements

Tell me about some of the supervision requirements that you have to follow.

- Do the conditions feel clear?
- Are they easy or difficult to follow?
- Have you struggled to comply with the conditions? What has happened?
- What about the fees you have to pay to be here?

### Incentives

Tell me about the incentive program.

- What do you think about what you have to do to earn points?
- What other kinds of things do you think might be useful things to earn points?
- What do you think about the motivators?
- What would be other kinds of meaningful motivators for you?

**Staff**

Tell me about the staff here.

- Can you pick one positive experience/interaction you've had and describe it to me?
- Can you pick one specific negative experiences/interactions you've had with staff and describe it to me?
- What do you think are some of the most important qualities for staff to have?
- If you had a safety concern about something happening here at the facility, with another clients, or with a staff member do you feel like you'd be able to tell someone here at the facility about that?

**The Space**

Are there any spaces here where you feel comfortable or at home?

Are there any spaces here that have sort of the opposite effect? Spaces that make you feel uncomfortable?

**Considering Success**

Do you believe you'll be able to be complete your program successfully here? Why/not?

Outside of thinking about program completion or compliance, how have you been successful here?