

COLORADO DEPARTMENT OF CORRECTIONS



**Budget Hearing
January 8, 2008**

**ARISTEDES W. ZAVARAS
EXECUTIVE DIRECTOR**

DEPARTMENT OF CORRECTIONS

JBC Budget Hearing

Tuesday, January 8, 2008

1:30 pm - 5:00 pm

1:30 – 2:15 **Introductions and General Overview**

2:15– 2:45 **Common Hearing Questions for All Departments**

Departmental Goals and Objectives

- 1. What are your department's principal goals and objectives? What are the metrics by which you measure success or failure?**

ANSWER: The Department has six goals that address the Department's mission and vision:

- 1. **Protection:** To protect the general public, staff and offenders by consistent confinement within appropriate facilities (including community and parole supervision of parolees) with adequate security, safety, treatment and programs corresponding to the offender's classification, assignment, and special requirements.*
- 2. **Professionalism:** The Department strives to serve the public through progressive and proactive achievement based on professionalism, organizational commitment, America Correctional Association (ACA) Accreditation standards, and collaboration with timely and concise communications with the public, policy makers, stakeholders, and offenders.*
- 3. **Operational Cost Effectiveness:** The Department maintains and improves management, operations, support services, and long-term private service partnerships through budgeting and performance analysis to ensure cost effective and efficient use of appropriated funds.*
- 4. **Offender Program Accountability:** The Department operates effective, efficient, and progressive offender programs for treatment, education, and work assignments with full accountability based on measured improvement in offender behavior and community re-entry through pro-social stabilization.*
- 5. **Physical Plant Efficiencies:** The Department will build, manage, and operate the physical plant of the Department Of Corrections (DOC) in an efficient and cost-effective manner consistent with applicable statutes, regulatory agencies, building codes, and ACA accreditation standards.*
- 6. **Information System Efficiencies:** The Department maintains superior customer service and improves internal DOC communication and information systems by upgrading and maintaining reliable data infrastructure, hardware, software, and network systems with implementation based on standardized Department-wide accessibility and operational efficiencies.*

Department-Level Performance Measures

1. **RECIDIVISM** – Improve successful re-integration into the community with pro-social stabilization by offenders released from Colorado prisons by a reduction in the rate of recidivism by 1% per calendar year to 47.7% over the 4-year period to 2010.

	PERFORMANCE MEASURE	Outcome	2006	2007	2008	2009
	Recidivism Rate - Offenders returned to a Colorado prison within 3 years of release	Benchmark ⁽¹⁾	49.8%	48.8%	47.8%	46.8%
		Actual	49.8%	N/A	N/A	N/A

⁽¹⁾ Benchmark established at 1% reduction annually using calendar year 2006 actual three-year rates (DOC Statistical Report 2006)

Note: Benchmark and actual figures differ from the November 1 Strategic Plan due to technical errors.

2. **INCIDENTS** – Maintain safety for staff and offenders within prison facilities by reducing the number of reportable incidents by 2% per year.

	PERFORMANCE MEASURE	Outcome	2006	2007	2008	2009
	Reportable Incidents ⁽¹⁾ per Calendar Year	Benchmark ⁽²⁾	2,229	2,184	2,140	2,097
		Actual	2,229	2,554	N/A	N/A

⁽¹⁾ Incidents include assaults, sexual assaults, fighting, self-inflicted injury, use of force, murders, suicides, and deaths.

⁽²⁾ Benchmark established at a targeted reduction of 2% of Reportable Incidents per year calendar year 2006 actual (DOC Statistical Report 2006)

Note: The 2007 actuals have been updated from the November 1 Strategic Plan due to new information.

3. **HIGH CUSTODY & SPECIAL-NEEDS** – Expand prison bed capacity to provide appropriately secure facilities, with adequate treatment programs proportionate to the number of male offenders classified as High Custody and/or Special-Needs.

	PERFORMANCE MEASURE	Outcome	FY 05-06 Actual	FY 06-07* Actual	FY 07-08 Appropriated	FY 08-09 Request
	Percent of Bed Need ⁽¹⁾ for High Custody & Special Needs ⁽²⁾ Male Offenders	Benchmark	100%	100%	100%	100%
		Actual	64.9%	61.1%	N/A	N/A

⁽¹⁾ “Bed Need” equates to the offender population served relative to the bed capacity (based on security and treatment needs).

⁽²⁾ “High Custody” (Admin. Segregation & Close Custody); “Special Needs” (high-need Medical and Mental Health).

4. **ACCREDITATION** – Achieve department-wide commitment to professional organization by compliance with ACA accreditation and standards.

	PERFORMANCE MEASURE	Outcome	FY 05-06 Actual	FY 06-07* Actual	FY 07-08 Appropriated	FY 08-09 Request
	Number of DOC facilities or agencies accredited by American Correctional Association	Benchmark ⁽¹⁾	32	32	32	32
		Actual	22	25	N/A	N/A

⁽¹⁾ Benchmark established at 100% ACA Accreditation (only five States nation-wide as of 2007).

5. ENERGY CONSERVATION – Operate essential correctional facilities 24/7/365 in an energy efficient and cost effective manner relative to public resources.

	PERFORMANCE MEASURE	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Appropriated	FY 08-09 Request
	Annual Energy Use Electricity & Natural Gas in British Thermal Units (BTUs)					
		Benchmark ⁽¹⁾	15,000	15,000	14,400	13,824
		Actual	15,000	15,000	N/A	N/A

⁽¹⁾ Benchmark established based on FY 06-07 actuals with 4% reduction per year ending in FY 11-12 in accordance with Governor’s Energy Office directives. Numbers adjusted in accordance with weather fluctuations. (Energy Program Annual Report)

2. Given the change in the Administration, have there been any changes to your department's principal goals and objectives since last year?

ANSWER: No dramatic changes have occurred to the Department’s goals or objectives. The Department continues to evaluate programs to provide the best opportunities for pro-social stabilization and re-entry. The Department’s commitment to positively impact recidivism is reflected in the FY 08-09 Decision Items.

3. What progress did you make during the last year in achieving your goals?

ANSWER:

Goal 1: Protection

- *Implemented additional double bunking of 200 male offenders in existing prison facilities (additional double bunking offenders placed in FY 07-08).*
- *Hired 49.4 Community Parole Officers, Supervisors and support staff for the Parole and Community subprograms to maintain current caseload ratios, providing increased public safety and an initial step toward reducing recidivism.*
- *Completed filling LaVista Correctional Facility female beds and bringing the facility online.*

Goal 2: Professionalism

- *Implemented comprehensive succession training for staff as a mentoring tool for upcoming leaders.*
- *Hired and professionally trained 1,196 staff during FY 06-07.*
- *Designed and implemented the Field Training Manual for Community Parole Officers.*

Goal 3: Operational Cost Effectiveness

- *Expansion of Parole services within existing regions for better coverage and increased programs to offenders on parole.*
- *ACA/Security auditing instruction provided throughout the state raised the level of understanding of safety and security within the facilities and developed a larger pool of prospective auditors for the DOC.*

- *Successfully negotiated a competitive per diem rate with the private prison in Oklahoma, providing additional public safety as well as increased cost effectiveness for the Department.*

Goal 4: Offender Program Accountability

- *Created new Youthful Offender System program Phase IIIA which provides a step-down approach to assist offenders being released from the facility that may need additional community programming and support.*
- *Used additional funding in the Drug and Alcohol subprogram to treat a total of 2,214 offenders.*
- *Provided sex offender treatment to over 800 offenders.*
- *Put systems in place to identify and track offenders for eligible benefits (SSI, Medicaid, Medicare) as required in HB02-1295. 1,149 offenders have been identified to date as having received social program benefits (including social security, Medicaid, Medicare) prior to incarceration, as identified through self-reporting or social security benefit interception.*

Goal 5: Physical Plant Efficiencies

- *The Department completed \$4.1M in Controlled Maintenance during FY 06-07.*

Completed Controlled Maintenance Projects

 - *LaVista Correctional Facility (LVCF) window replacement*
 - *Arkansas Valley Correctional Facility (AVCF) security system controller and door replacement*
 - *Fremont Correctional Facility (FCF) utility tunnel roof replacement*
 - *Buena Vista Correctional Complex (BVCC) cell front and lock replacement in the segregation unit*
 - *Colorado Territorial Correctional Facility (CTCF) security system replacement*
 - *CTCF/BVCF/FCF fire detection, alarm, and suppression system upgrade design*
 - *Skyline Correctional Center fire alarm and suppression system improvements*

Controlled Maintenance Projects in Process in FY 06-07

A partial project list includes the following:

 - *CTCF/BVCF roof replacements, Phase 1 and 2 (82% complete)*
 - *BVCF upgrade of fire detection and alarm system (74% complete)*
 - *FCF Administration Building fire detection and alarm system (60% complete)*
 - *CTCF Perimeter Security Improvements (20% complete)*
 - *CTCF sanitary sewer and storm sewer distribution systems (12% complete)*
 - *AVCF Warehouse and housing fire suppression system (5% complete)*
 - *CTCF upgrade of fire detection, alarm and suppression systems (1% complete)*
- *In its ninth year of operation, the Energy Management Program (EMP) saved, avoided or reduced costs by approximately \$1.6M, using such measures as upgrading gymnasium lighting to more efficient fixtures, winter chiller shut down programs, electrical service “buy backs”, electrical service agreements for lower rates and metering changes, implementing transportation contracts and monitoring gas purchase agreements, and a laundry ozone program at Limon Correctional Facility (recirculates used laundry water after cleaning it first, which avoids reheating water), in addition to*

smaller projects for ballast replacements and bulk propane purchases. The avoidance funds are invested back into the program for implementing new EMP projects or program improvements.

Goal #6: Information System Efficiencies

- *Developed and implemented web reports for Incident Tracking and Reportable Incidents. These reports are a tool used by DOC to spot incident trends in facilities and to enhance the safety of staff and inmates.*
- *Enhanced the Colorado Web-Based Integrated Support Environment (C-WISE), an electronic database specifically designed for the Division of Adult Parole, Community Corrections, and YOS, adding the following:*
 - *ISP service processes and billing*
 - *ISP enrollment process*
 - *Mail tracking process for Writs, Intent to Sue, Summons, Orders, Citizen Complaints, Time Computation, Referrals, Grievances*
 - *Telephone tracking system*
 - *Photo Upload capability*
 - *Next Office Visit information*
 - *A database which allows staff to query caseload reports in real-time*
- *Implemented the 800 MHz Digital Trunk System throughout DOC, including all Parole Offices and facilities.*

4. How is the additional money provided to your department in FY 2007-08 being used to achieve your goals? What improvements is your department making in its outputs?

ANSWER: The General Assembly generously provided funding to help the Department achieve their goals in FY 07-08. The Department received \$11.4M in External Capacity and Private Prison Monitoring Unit (PPMU), \$3.2M and 35.2 staff in Parole and Community to maintain current offender to officer caseload ratios, \$1.5M in personal services for correctional officers, and \$2.7M in Medical and Drug and Alcohol subprograms for treatment, providing the initial step to help reduce recidivism and to address growing caseloads throughout the Department. These resources will assist the Department in maintaining its primary goal to provide public safety.

- *External Capacity caseload increases and 1.5 FTE for additional private prison monitors - \$11,466,346*
- *Parole and Parole ISP caseload increases and 28.1 FTE - \$2,466,471*
- *Community and Community ISP caseload increases and 7.1 FTE - \$749,972*
- *Housing and Security personal services - \$1,528,405*
- *Parole Board for contract hearing officer caseloads - \$75,000*
- *Medical Per Offender Per Month (POPM) cost increases - \$2,249,147*
- *Drug and Alcohol caseload increases - \$330,000 plus \$124,000 in additional TASC funding*
- *Maintenance operating restoration - \$400,000*
- *IT Support for maintenance and support - \$400,000*

The General Assembly also provided \$37M for CSP II expansion and in-cell services, and \$14.9M for the DRDC expansion and renovation, providing funding for critical needs in addressing offender management. Even with the additional funding, current prison facilities are not sufficient to meet increasing mental health needs of growing populations.

Capital Construction Funding:

- **CSP II Expansion \$36,911,874**
- **IT CSP II In-Cell Services \$1,249,500**
- **DRDC Expansion/Renovation \$14,966,051**
- **CI Minor Construction Cash Funds \$650,000**

5. **Please identify your department's 3 most effective programs and your 3 least effective programs. Explain why you identified them as such. Explain how your most effective programs further the department's goals.**

ANSWER: All DOC programs serve a purpose, and because they are targeted to specific needs and specific offenders, the programs are a mix of opportunities for habilitation and pro-social stabilization. The Department's FY 08-09 decision items (DI's) outline where the Department believes resources are needed to improve effectiveness of the programming element in each area: parole wraparound services (DI #3), mental health (DI #4), education (DI #7), and Therapeutic Communities (DI #8).

Most Effective:

Inmate Education & Training Programs Numerous studies suggest there is a strong relationship between education and success upon release from incarceration. Adult Basic Education (ABE) classes are designed for offenders through sixth grade ability levels, while General Education Development (GED) classes are for offenders in the seventh grade and above ability levels. In FY 06-07, offenders received passing grades in over 6,100 GED tests, while 983 offenders completed the entire 5-test battery to receive their GED. Over 4,000 offenders attended education classes (academic and vocational) during FY 06-07.

It is intuitive that a released offender with a vocational skill can gain work faster and expect a better wage above the minimum pay scale. Vocational skills taken with the offender upon release are meeting one of the greatest obstacles of success, that of having a job quicker than other non-skilled offenders. Over 1,350 offenders completed vocational certificate courses or programs in FY 06-07.

Parole and Community Corrections Services Studies suggest there is a strong relationship between Parole and Community services and the success of the offender while transitioning into the community. The Division of Adult Parole, Community Corrections and YOS provides an essential public safety function to keep Colorado communities secure. Parole Wraparound Services provide a continuum of care and better opportunities for successful reintegration and thus pro-social stabilization. Parole and Community Corrections services include intensive supervision programs, treatment-oriented and

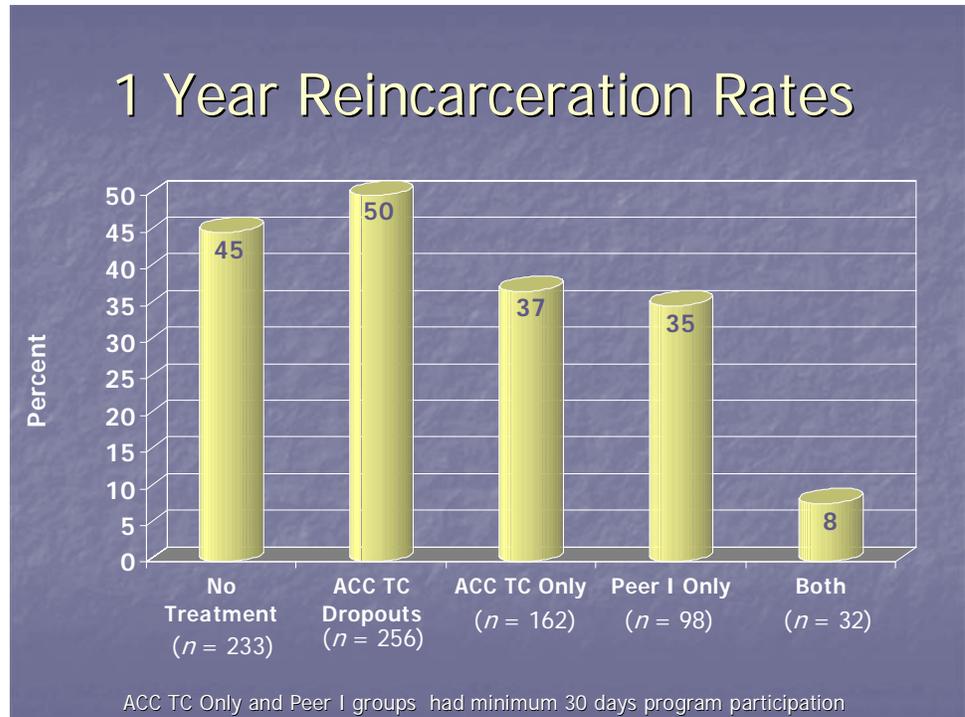
surveillance-oriented programs, Approved Treatment Provider Services (Drug & Alcohol & Mental Health), employment and job/vocational training, temporary housing, and psychotropic medication support.

Therapeutic Community *Therapeutic communities can be aimed at various needs like Drug & Alcohol treatment, Sex Offender treatment, and Faith based treatment. Therapeutic Community living units are located at Arrowhead Correctional Center, Denver Women’s Correctional Facility, San Carlos Correctional Facility, and Sterling Correctional Facility, and serve approximately 300 offenders. The Therapeutic Community is based on a cognitive behavioral model that focuses on promoting personal growth and pro-social behavior through a highly structured treatment milieu apart from “general population” offenders and/or other anti-social influences. This milieu incorporates the principles of social learning, group and individual counseling, monthly urinalysis (UA) testing through the facility UA Coordinator, leadership training, work activities and job skills development, 12 Step programming, family programming and community based aftercare services. In 2007, there were 520 admissions into this program. The average length of stay for program participants is 9 months. Presently there is a lengthy waiting list for each of the Department TC programs.*

A 6-year National Institute of Drug Abuse (NIDA) funded study conducted by the National Development and Research Institute evaluated a Modified TC plus aftercare services for mentally ill substance abusing offenders in Colorado. It was found that a significant reduction in recidivism and crime occurred with these programs as compared to offenders who received standard services within the general population.

In 1998, a Department outcome study began demonstrating the effectiveness of the Department TC programs in reducing recidivism. An evaluation of re-incarceration rates for a 1-year period found that TC participants who stayed in treatment at least 6 months had a 43% reduction in recidivism rates when compared to control groups.

A continuation study of the TC program at Arrowhead Correctional Center, completed in 2004 as a collaborative research project between Department and the University of Colorado, funded by the National Institute of Justice (NIJ), has shown more conclusively that the TC programs in Colorado significantly reduce recidivism. The outcome effect is dramatically improved when prison treatment is combined with the community Peer I TC and parole supervision. Results of this continuation study are shown in the graph below:



Least Effective:

Special Needs Beds *The Department critically needs the right bed for the right offender, specifically Offenders with Mental Illness and high-custody offenders. Special needs offenders are more appropriately managed in state run facilities.*

Underfunding of offender programs *Due to lack of adequate funding, offender programs do not meet the maximum potential. Historically, the Department has been challenged to reduce the time it takes for an offender to received educational or vocational programs, drug and alcohol and sex offender treatment, to name a few. After the budget cuts in 2003, waitlists have significantly increased, hampering the Department’s ability to provide adequate opportunities for self-improvement and needed treatment. This also does not allow the continuum of services to the facility through the community based programs, and adversely impacts the Department’s ability to reduce recidivism.*

Inmate Compensation *There are two components of inmate compensation that are least effective due to lack of funding:*

- a. ***Inmate Pay.*** *In 2002, offenders were paid for jobs and program compliance on a graduated pay scale up to \$2.50 per day. During budget cuts, inmate pay was cut to the current \$.60 per day for fulltime employment, less than 25% of previous levels. The cut removed any incentive for offenders to be employed, and transferred the financial burden to offender families for the offender’s court costs, restitution, and medical co-pays that must be paid. Incentive pay is an effective tool for managing the prison population.*
- b. ***Release money.*** *The statute, C.R.S. 17-22.5-202(2007) Ticket to leave – clothes, money, transportation, requires the Department to furnish an eligible*

offender being discharged with \$100. The \$100 release allowance has been in statute for at least 34 years and has not changed since the 1973 published statutes. The Department is not certain when the release allowance was first put into statute, but the rate is extremely outdated.

- 6. Are there programs that your department is required to perform that do not further your department's goals or have outlived their usefulness? If so, what are they and by whom are they required? Why don't they further your department's goals?**

ANSWER: No, there are no required programs that do not further the Department's goals. During the revenue shortfalls in 2003 and 2004, the Department sustained approximately \$56 million and 588.0 FTE in base budget reductions. The Department reviewed and evaluated all programs and appropriation lines to identify areas of efficiencies and programs which could be reduced or eliminated with minimal impact to the Department's overall mission. However, to achieve the budget reductions, the Department was required to eliminate programs and functions which would now be beneficial to the Governor's efforts to reduce recidivism.

Costs and Savings from Complying With Specific Bills and Orders

- 7. What are your department's anticipated costs, anticipated savings, and potential benefits from complying with Executive Order D 028 07, Authorizing Partnership Agreements with State Employees?**

ANSWER: The administration of the partnership agreement will not require the expenditure of any additional state dollars. The Department will continue to spend time supporting state employees, and as has been the case in the past, this support will be absorbed into existing budgets.

- 8. Provide an estimate of the costs your department will incur in FY 2007-08 in carrying out the provisions of H.B. 06S-1023. Provide an estimate of your department's savings in FY 2007-08 as a result of not providing services to individuals who are in the country illegally.**

ANSWER: There are no costs or savings to the Department of Corrections as a result of this legislation.

2:45 – 3:15 Overview and General Questions

- 9. How much of the increase in the incarceration rate shown in the graph on page 5 is driven by sentencing changes?**

ANSWER: The impact of any single piece of sentencing legislation cannot be specifically modeled with any degree of accuracy. Changes in sentencing practices and laws, economic factors, population growth, increased law enforcement and surveillance, expansion of sentencing alternatives, societal pressures, and numerous other factors create

distortions that are difficult to quantify or project. The Department has currently identified over 65 different sentencing/release structures, and time computation is further complicated by every possible combination of these options when offenders have multiple convictions.

The Department has identified 42 bills enacted during the last 5 years as impacting sentencing, with fewer than 5 of these bills reducing the need for prison beds. The remainder created new felony offenses or increased penalties that resulted in longer lengths of stay in prison or anticipated more prison admissions.

The impact of increased sentencing ranges continues to effect the growth of the prison population; however, several additional pieces of legislation have been implemented since 1985 that would affect the overall impact. Some examples of the major legislation are listed below:

H.B. 04-1189 increased the parole eligibility of certain violent crimes from 50% to 75% of the sentence, less earned time. Earned time is eliminated when there are prior violent convictions.

S.B. 03-252 instituted new revocation time and placement restrictions for certain nonviolent offenders violating conditions of parole. The Department is seeking minor legislative changes to minimize some of the operational challenges the Division of Adult Parole, Community Corrections and YOS has experienced since the passage of this legislation.

H.B. 98-1156 introduced the Colorado Sex Offender Lifetime Supervision Act, which provided new sentencing for felony class two through four sex offenses to include a maximum sentence of natural life. Sex Offender Treatment program participation is mandatory prior to appearing before the Parole Board.

H.B. 98-1160 implemented a mandatory twelve month period of community supervision for offenders with less than twelve months remaining on the mandatory parole sentence. This legislation was repealed in 2003.

H.B. 93-1302 created mandatory parole and established enhanced sentencing requirements for habitual offenders at three times or four times the maximum of the presumptive range. The legislation reduced the maximum of the presumptive ranges for certain class three through six nonviolent crimes and eliminated earned time awards on parole for certain offenses.

H.B. 90-1327 doubled the maximum amount of earned time an offender is allowed to earn while incarcerated from five days to ten days per month. This legislation also applied the earned time to the discharge date, further shortening the length of stay of offenders. Parolees also were awarded earned time under this legislation effectively reducing the parole length of stay and revocation time.

S.B. 89-246 reduced the penalties for some offenses from a class five felony to a newly created class six with a presumptive range of one to two years.

S.B. 88-148 reduced mandatory sentences for “crimes of violence” and crimes associated with aggravating circumstances to “at least the midpoint of the presumptive range” instead of “above the maximum of the presumptive range”.

H.B. 85-1320 doubled the maximum penalties of the presumptive ranges for all felony classes in effect at the time (classes two through five). The estimated length of stay for new commitments nearly tripled as a result, from 20 months in 1980 to a high of 57 months in 1989.

Detailed information on legislation affecting sentencing and release provisions is described in the department’s 2006 statistical report, pages 4 through 9, available at <http://www.doc.state.co.us/Statistics/3StatisticalReports.htm>.

Colorado ranks 18th among the 50 states for incarceration rates with 466 per 100,000 residents, an increase from a rank of 26th in 1992 with 256 per 100,000 residents. The rate in 1992 was below the national average of 305, while the Department is now above the 2006 average of 440. (Source: JBC Briefing document, dated December 20, 2007: original source: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics Bulletin Annual Prison Reports, 2006 data)

10. What is the Department’s plan for homeless parolees?

ANSWER: The Department recognizes the need to increase public safety and enhance services to homeless offenders in the state to increase the likelihood of successful re-entry. The Department is requesting decision item funding initiatives in FY 08-09 (Decision Item #3, Parole Wrap-Around Services of \$1,800,000 as part of the Governor’s Recidivism Package).

The Department’s Community Re-Entry staff coordinates with the facility case managers and parole supervisors when a homeless plan is submitted. Upon notification of a potential homeless offender, Community Re-Entry will review the offender’s information to see what housing resources may be available to the offender. With the initiation of this process, a decrease in homeless plans statewide has occurred. Often, staff are able to locate family members who are willing to assist the offender and/or find alternative housing options that are more tailored to the offender’s needs. Community Re-Entry staff coordinate with local shelters, transitional programs (faith based), and individual landlords to both establish and maintain housing resources. As part of the transitioning process to independent living, Community Re-Entry staff has established 13 transitional houses statewide that act as a stepping stone to the offender’s independent living. Staff also coordinates with the City and County of Denver to ensure the utilization of shelters/transitional houses that comply with the city ordinance 565 and review any zoning requirements for each community to ensure compliance. The Division of Adult Parole, Community Corrections and YOS also considers placing an individual who has no family

support into "condition of parole" beds in various community corrections programs statewide, subject to the approval by the community boards and centers, to assist the offender with transitioning to independence while maintaining a structured environment for support.

One of the largest challenges the Department faces is housing for Sexually Violent Predators (SVPs), especially if they require any kind of long term care. Due to the many "not in my backyard" laws/ordinances, it has become difficult to secure and maintain housing options for this population. However, the Department is continually working with current housing vendors and potential partners to educate and expand resources.

In addition, the Department has recently implemented a Pre-Release program in 10 facilities, and as part of that curriculum, many of these housing hurdles are discussed and additional pre-release planning is done.

11. What is the Department's plan for community reintegration for women in order to reduce recidivism?

ANSWER: Female offenders returning to the community present distinct challenges for successful reintegration, to include housing, mental health treatment, drug and alcohol treatment, employment assistance, and family reunification. The Department is requesting decision item funding initiatives in FY 08-09 (Decision Item #3, Parole Wrap-Around Services of \$1,800,000 as part of the Governor's Recidivism Package).

The Department currently works with a number of faith and community based agencies that specifically tailor their programs to females. Community Re-Entry specialists refer the female offenders to these programs upon release. The Department has also recently hired a community volunteer coordinator to work in conjunction with existing volunteer structures to recruit volunteers/mentors for individuals on parole. This volunteer program will provide gender specific services and mentoring.

The Department has recently implemented a pre-release program at Denver Women's Correctional Facility that addresses transitional planning for female offenders in relation to housing, employment, identification, clothing, medical/mental health care, transportation, money management, education, restorative justice, and family relationships. The Department is currently coordinating with a local community Mental Health organization to determine the feasibility of a pilot program that focuses on community transition for female offenders.

12. The Colorado Treatment Accountability for Safer Communities (TASC) serves about 4,134 of the 8,186 parolees in the State. Please discuss the program and its efficacy.

a. What programs or services does the TASC program offer parolees?

ANSWER: TASC provides substance abuse case management services to parolees. The program assesses risk and need for substance abuse treatment, assigning a level of service to parolees and referring them to treatment. This evaluation process utilizes the State's 'Standardized Offender Assessment' for offenders and sets levels of service intensity from basic outpatient counseling up to therapeutic community placement. TASC then monitors parolee compliance and does urinalysis testing to further verify substance abstinence.

Increased face-to-face interactions during regular TASC sessions help parolees set and achieve rehabilitation goals. Individual counseling sessions occur on a weekly to monthly basis based upon need.

TASC also provides a small subsidy for treatment costs. This program directs special needs parolees with severe mental illness to various services to assist in community transition. The program also provides subsidy dollars for these services and assists in paying for treatment. Services include psychiatric, medical, substance abuse and mental health treatment, emergency housing, food, transportation, education, and employment services.

b. What communities in the State does the TASC program serve and where are the offices located?

ANSWER: There are TASC offices located in or near Parole offices in each parole region. Full time offices are located in Denver, Englewood, Westminster, Fort Collins, Greeley, Colorado Springs, Pueblo, and Grand Junction. There are part-time offices in Longmont, Craig, Durango, and Montrose.

c. What is the cost of the TASC program?

ANSWER: The four TASC contracts for case management services in 2008 total \$2,193,745 for an average of \$430 per parolee served in a given year. The Department estimates that over 5,100 parolees were served in the TASC program during FY 06-07.

d. What is the cost-savings to the State of the TASC program?

ANSWER: Approximately 80% of the offender population in prison facilities has substance abuse problems, and 17% has a serious mental illness. A simple reduction in bed costs and costs cannot be computed at this time without a more extensive and definitive research study. Two challenges to conducting this type of evaluation exist. First, the TASC program, similar to Parole, has a dual definition of parolee success. While lower recidivism and costs are important outcome measures, so too is public safety that may be gained by returning a parolee to prison who is beginning to commit new crimes in the community. It is very difficult to distinguish between these two outcomes in an evaluation study, as they are intertwined with each other. Secondly, TASC services have increased concurrently with parole caseload expansions. As parole officers face increasing caseloads, the roles and duties of parole officers have become focused on public safety and parole compliance, often leaving little time for case management services. In this way, the

TASC programs have assumed tasks, such as urinalysis tests, assessments, and treatment referrals.

- 13. Last year, the JBC added \$124,000 through the Governor’s Recidivism Reduction and Offender Diversion package for TASC. This replaced the loss of federal funds for this program, resulting in no net increase.**

- a. If the General Assembly were to expand this program by adding General Fund dollars, would it further reduce the bottleneck for parolee services?**

ANSWER: Yes, the \$124,000 was directed for services to parolees with severe mental illness and substance abuse problems. This money goes to psychiatric services, emergency housing, transportation, and other basic living needs for these mentally ill clients. Because these services are so difficult to provide in the public sector to parolees, there is a continued and increased need for resources. Expanding the program would continue to reduce the bottleneck for services to this group throughout the State.

- b. Will we continue to see lower recidivism rates and further savings?**

ANSWER: Any increase in re-entry services to parolees can increase the probability of success on parole. It is difficult to observe a decrease in recidivism until the increased services has had at least a three year presence.

The cost benefits have not yet been formally studied. The Department’s basic research with the TASC OSMI (Offenders with Serious Mental Illness) Program has shown a great reduction in return to prison for new offenses with this population. To provide a more definitive research study of the benefits of this program, the Department has partnered with the National Development & Research Institute (NDRI, Inc.) to apply for a large federal National Institute of Drug Abuse (NIDA) grant to study intensive case management of the mentally ill parolees in Colorado. This proposal has received a very high evaluation score, and the Department is optimistic this project will be funded in the Spring of 2008.

3:15-3:30 **Break**

3:30 – 4:00 **Decision Items**

Decision Item #2 – Parole

- 14. What would be the ratio of parolees to parole officers if this decision item were to be approved? Is this driven purely by caseload or is it trying to make headway in the ratio? If not, is it a strictly budgetary decision or has the department determined that the current ratio is acceptable?**

ANSWER: Approval of the Parole decision item in FY 08-09 maintains the FY 07-08 ratio of parolees to Parole officers at 1:68 for Parole and 1:21 for Parole ISP (Intensive Supervision Program). The staffing increase is caseload driven, and the FTE requested

will maintain these ratios, but does not address the continued need to improve caseload ratios.

Prior to 2003, parole officer to offender funded ratios remained constant at 1:60 for Parole, 1:20 for Parole ISP, 1:20 for Community ISP and 1:60 for Community Supervision. Each budget year, the staffing ratios were adjusted to remain at these ratios. During the 2003 Supplemental budget reductions, staffing was cut dramatically during two reduction plans to balance budgets. These cuts increased caseloads in FY 04-05 to 1:73 for Parole, 1:26 for Parole ISP, 1:25 for Community ISP, and 1:68 for Community Supervision.

In succeeding years, parole and community population growth has been requested at the prior year's funded ratios, and has not yet recovered to historical ratios. In the FY 06-07 Figure Setting document, JBC staff wrote: "Staff believes, in the long term, the JBC and the Department should attempt to restore the staffing levels to historical levels." (JBC figure setting FY 06-07, dated March 14, 2006, page 154). Additional FTE were approved in the FY 07-08 Figure Setting to bring the ratios to 1:68 for Parole, 1:20.9 for Parole ISP, 1:23.4 for Community ISP and 1:60 in Community Supervision.

Decision Item #3 – Parole Wraparound Services

15. Do these services include mental health services? Does this extend the amount of medications parolees would get beyond thirty days?

ANSWER: Yes, the funds for Parole Wraparound services would be used to include mental health services. The Department is appropriated \$565,488 (FY 07-08) for Community Mental Health Services, including Substance Abuse Treatment. Both programs are supplied by a network of Approved Treatment Providers (ATP). It is envisioned that these needed services would be expanded with the requested Parole Wraparound Services funding, thereby increasing the potential for success of the community special needs population.

Currently, the Department, through the Division of Adult Parole, Community Corrections and YOS, has appropriated funds to pay for psychotropic medications for inmates (community corrections inmates, not parolees). The requested funding is not intended to extend medication timeframes. The Department's Administrative Regulation regarding medications for offenders being discharged from a correctional facility is AR 700-15 "Pharmacy Services". Section IV, B states:

"The DOC pharmacy will supply all necessary prescription medications to offenders when discharged, paroling, placed into Community Corrections, or leaving the facility temporarily. A ten day supply of medications will be supplied to offenders when they are discharged, paroled, or placed in Community Corrections. A 30 day supply will be provided to offenders requiring psychotropic medications. Offenders who are placed in the Intensive Residential Treatment (IRT) program will receive a 60 day supply of medications.

Controlled medications will not be given to offenders leaving the DOC unless approved by the chief medical officer.”

16. How long would a parolee be in the program? How do they select parolees for this program? Do they monitor this to determine the effectiveness?

ANSWER: The length of stay of a community offender in this type of program would depend upon the assessment of the offender and would be structured on a case by case basis with respect to individual need. Typically, the offenders with the highest needs and the most barriers to re-entry require a longer duration of services. This program would provide full wraparound service to 200 offenders in the first year with follow up services, such as continued treatment, in the second year. These wraparound services augment, but do not replace, the services provided by the network of Approved Treatment Providers (ATP). Parole Wraparound Services is an ongoing program that will enhance the current substance abuse and mental health treatment services.

Community Parole Officers administer a Level of Supervision Inventory - Revised (LSI-R) assessment on all offenders entering community and at six months intervals thereafter. Based on this assessment and historical information supplied by the facility Case Managers, a plan of treatment through the ATP Network is recommended by the officer for each community offender. Success for this population may be measured by obtaining vital identification, employment, and working toward independent housing.

Decision Item #4 – Mental Health Increase

17. Is this recognition that we should have been providing more services to existing inmates or is it strictly caseload driven? What is the ratio of providers to inmates for inmates with moderate to severe mental illness? What is the national average? How long will it take us to reach the standard? How is the standard established? What is the consequence of not achieving the desired ratios?

ANSWER: The Department believes that providing more mental health services to inmates with mental illnesses is essential. The adequacy of the Department’s mental health services has decreased due to the dramatic increase in the number of incarcerated offenders with mental illnesses and budget constraints. Currently, mentally ill offenders comprise 17% of the total population. The increase in the number of offenders with mental illnesses occurred over the past 15 years, with the greatest surge occurring between approximately 1995 and 2005. During that time, the number of identified offenders with significant mental illnesses rose from approximately 600 to over 3,400. DOC mental health staffing has been insufficient to meet the demand for services for many years.

There are two relevant ratios of mental health providers to inmates with mental illnesses. For psychiatric providers, the ratio in DOC general population facilities (excluding special placements and private facilities) is approximately 1:647. For other mental health professions (including psychologists, social workers, masters level counselors), the average ratio of mental health staff to inmates with mental illnesses in general population

facilities is approximately 1:95, with several large medium security facilities over 1:100. In Special Placements, particularly the San Carlos Correctional Facility and the DWCF Special Needs Unit, caseloads are approximately 1:100 for psychiatric providers, and approximately 1:27 for other mental health positions.

There are no clearly established national standards for correctional mental health caseloads. The American Psychiatric Association recommends psychiatric caseloads of 1:150 for outpatient services (similar to the Department’s general population facilities), and 1:30 for special needs placements. Most often, standards for correctional mental health staffing are established by Federal Courts in Consent Decrees or similar agreements that are approved following litigation. For example, the *Dunn v. Vionovich* case in Ohio resulted in staffing model presented below:

Ohio Mental Health Staffing Model

STAFF POSITION	LEVEL OF CARE		
	Reception	Outpatient	Special Needs
Psychiatrist	1:100	1:250	1:80
Psychiatric Nurse	1:50	1:100	1:25
Psychologist	1:100	1:150	1:80
Social Work/Counselor	1:100	1:50	1:50
Activity Therapists	0	0	1:30

Note: In order to meet the Ohio staffing model, Colorado DOC would have to increase mental health staffing by approximately 10 psychiatrists and 55-60 other mental health positions. This Decision Item, if approved, would add 4.0 FTE Psychologist I, 12.0 FTE Social Worker/Counselor III, and 3.0 FTE Activity Therapists. The decision item will provide staffing to manage the mentally ill population at appropriate levels of care even though they do not reflect the level of staffing in the Ohio model.

The consequence for not achieving the desired ratios is lower quality mental health services for offenders with mental illnesses. Offenders will be seen less frequently, with fewer opportunities for treatment, and poorer preparation for community placements. A second consequence is increased risk of litigation, and risk that such litigation will result in a mandate to significantly increase correctional mental health services. The Department believes reasonable judgment may be exercised in establishing caseloads.

Decision Item #9 – Maintenance and Food Service Operating Increase

- 18. How has the Department absorbed the increased cost for maintenance? Have they used any vacancy savings to pay for these needs in the past? What are vacancy savings used for?**

ANSWER: The Department has absorbed the increased cost of maintenance by delaying controlled maintenance projects, repairing or rebuilding systems that should ideally be replaced, deferring routine maintenance, and instituting programs designed to be energy efficient (such as requesting hybrid vehicles for better fuel mileage, video conferencing, and centralized medical transport scheduling).

The maintenance allocations include line items for expenses such as facility vehicle mileage, trash removal, elevator maintenance contracts, chiller maintenance contracts, boiler chemicals, janitorial services/supplies and unique expenses at the facility level. Each year these costs have increased and less is available for routine repair and replacement projects. Much of the facility level allocation is dedicated to the repair of systems as parts fail. Although the maintenance staff attempts to perform preventive maintenance and replace components that are at the end of their useful life before the systems completely fail, the lack of funding requires the DOC to patch, rebuild and repair components (pumps, valves, motors, etc.) when the systems should be replaced.

Sidewalks and paving maintenance has been postponed due to a lack of available funding. Carpet and interior finishes have not been replaced or updated. Restrooms, showers and kitchen floors have been a constant source of noted violations by the Health Department inspectors. The infrequent replacement of water treatment filters and resin beads has significantly increased water usage and system damage due to minerals in the water. The ultimate consequence of deferred routine maintenance is a significant increase in the number of controlled maintenance projects that will surface in the future.

The Department has not used vacancy savings (personal services) to cover operating deficiencies. On average, the Department has a shortage of approximately \$12M in personal services each year that must be covered by holding positions vacant or through turnover savings. Vacancy savings have not been used for anything other than the intended use outlined in the long bill.

Decision Item #12 – Provider Rate Increase

- 19. Why did OSPB approve a 1.5 percent increase for private prisons and a 0.95 percent increase for community corrections? What is the logic?**

ANSWER: The executive branch requested funding for provider rate increases equal to 1.5%. Based on input from the Departments, it is recommended that an across-the-board method be used by some and that a targeted method be used by others. The recommendation for the Department of Corrections is to allocate its 1.5 percent provider rate increase equally among providers. The recommendation for the Department of Public Safety is to provide an across the board increase of 0.95 percent increase while using the remaining \$210,659 as incentive funds for high-performing, low-risk community corrections programs.

4:00-4:05 **Numbers Pages**

- 20. Has the decrease in inmate caseload resulted in only needing a 6 percent increase in General Fund this year?**

ANSWER: The slower offender growth and decreased caseload has a corresponding effect in the General Fund growth. Funding for FY 07-08 was based on a 6.3% offender

growth as of June 30, 2006, while the FY 08-09 funding is based on a 2.3% offender growth as of June 30, 2007 and projected growth of 4.2% in 2008 (Legislative Council Staff August 2007 projections).

FY 07-08 funding was based on LCS projected growth of 115 offenders per month, while projections for FY 08-09 are based on 95 offenders per month. December 2007 projections will further revise the request, but the General Fund increase is attributable to the change between the FY 07-08 funded level the FY 08-09 request.

Also, the Department received federal funds in the State Criminal Alien Assistance Program (SCAAP) for FY 06-07 and FY 07-08 which resulted in a decreased need in General Fund monies in the External Capacity subprogram.

4:05 – 4:40 **Issues**

Estimated Prison Bed Shortage

21. How does the Department plan to manage the projected prison population growth given the shortage of prison beds, and does the Department envision relying upon private prisons or state-operated facilities to accommodate the shortfall?

ANSWER: On December 5, 2007, the Department testified before the Capital Development Committee and presented its bed needs for the next five years. The Department's Capital Development request included:

- *San Carlos Correctional Facility Phase II - 250 beds \$59,617,763*
 - *Fort Lyon Correctional Facility - 250 beds \$10,449,694*
 - *Trinidad Correctional Facility - completion of the 2,541 master plan \$12,094,325
(Department's plan to reduce the reliance on private prison beds)*
 - *Colorado Womens' Correctional Facility – 284 beds \$4,589,853*
 - *Arkansas Valley Correctional Facility – 384 beds \$5,442,477*
- These projects for state beds have an initial cost of \$92,194,082.*

Presently, the only state beds under construction are at DRDC (temporary beds) and CSP II.

Private contract prison beds have been the only available bed space for several years and the percentage of inmates in private prisons continues to grow. The Private facilities are expected to construct and bring an additional 1,440 beds online in the spring of 2008.

Even with double bunking at certain state facilities, if the current trend continues, the Department will have close to 40% of the offenders in private facilities by 2009 and 45% by 2012. In January 2007, DOC Executive Director Zavaras testified before the Joint Budget Committee and stated that the Department would prefer not to exceed 20%-25%. Statutory requirements only allow the department to house medium and below custody offenders in contract facilities. The additional pressures will be left to the state run level III facilities to absorb the higher classification offenders. The current staffing levels are

not adequate for housing this population, and the physical plant limitations require cell modifications for high custody management.

The continued reliance on private prison beds decreases the Department's ability to negotiate favorable contracts and poses a risk of having a sole provider for current male offenders housed in a Level III facility.

The Legislative Council Staff (LCS) December, 2007 projections estimate the June, 2008 offender population will be 23,322. This is estimated to increase by 4,922 to 28,244 in June 2012. The Department's five-year capital construction plan provides for both state owned and private prisons to accommodate this growth, providing that State funding is made available. Without State funding, the expanded use of private prisons will be imperative.

22. How does the Department propose resolving the bed shortage issue?

ANSWER: In 2005, the Department issued a Request for Proposal for 1,500 male private prison contract beds; subsequently an award was executed for 1,440 private contract prison beds. These beds will be available in spring of 2008. Presently, jail backlog figures remain at a historic low. However, Legislative Council Staff projects an adult prison population of 28,244 or 1,145 inmates per year by June 2012.

The Department can meet its immediate bed needs for the general prison population, but is challenged to meet the needs of special populations: Offenders with Mental Illness, High Custody offender.

Private contract prison beds have been the only available bed space for several years, and the percentage of inmates in private prisons continues to grow. The continued reliance on private prison beds decreases the Department's ability to negotiate favorable contracts and poses a risk of having a sole provider for current male offenders housed in a Level III facility.

The department does not recommend further reliance on private contract prison, nor does the department recommend additional double bunking of state facilities. The Department is committed to working with Governor Ritter and the General Assembly to seek solutions for growing need for general prison population beds.

On December 5, 2007, the Department testified before the Capital Development Committee and presented its bed needs for the next five years. The Department's Capital Development request included five projects with an ultimate capacity of 3,225 state funded beds and an initial funding request of \$92,194,082.

23. Will the Governor's Recidivism Reduction and Offender Diversion package eliminate the need for new beds in the Department? If so, when will that occur? Are the impacts of those packages incorporated in the bed forecasts that LCS and DCJ make?

ANSWER: The Governor's Recidivism Reduction and Offender Diversion package may slow the offender population growth, but the Department does not believe that it will eliminate the need for new state beds.

The Department bases all caseload growth or reduction on the projections from LCS and DCJ.

Five-Year Capital Construction Funds Request

- 24. Please discuss the Department's five-year capital construction plan, and specifically, how the State can fund the Department's capital construction needs and whether any alternative funding sources exist for prison expansion projects.**

ANSWER: The Department's five-year capital construction plan includes the planning and construction of 5,766 State funded beds based on the Department's continued implementation of Bed Plan needs. These beds include all custody and security levels as well as special high-needs medical beds. The expansion of five existing facilities account for 3,225 of these beds. The additional 2,541 beds are for a long range new men's facility at a site yet to be determined.

The addition of male special high-needs medical and high custody (male Administrative Segregation and Close Custody) beds remains an essential, high-priority objective in support of the DOC #1 Strategic Plan Goal:

Protection – To protect the general public, staff, and offenders by consistent confinement within appropriate facilities or alternate placement programs based on an adequate security, safety, and emergency response corresponding to offender classification, assignment, and special requirements.

OSPB's top DOC priority in its FY 08-09 five-year plan is the \$4,000,000 Budget Request for the equipment and furnishings for Colorado State Penitentiary II High Custody Expansion. This will provide the equipment and furnishings needed to make the CSP II facility functional.

Also included in the five-year plan are Information Technology project requests intended to improve services and provide additional support and safety to DOC staff, and capital renewal for aging facilities.

With a current year (FY 08-09) Capital Construction Budget Request of \$99,813,531 and a five-year Budget Request of \$857,307,620, it is apparent that alternative funding sources be found for State operated prison beds. Options for alternative funding of State prison construction include:

- *General Fund Capital Construction appropriations where possible.*
- *The use of Certificates of Participation (COP's). The State has used COP's to fund two capital projects, University of Colorado at Denver Health Sciences Center*

Fitzsimons COP, and the Colorado State Penitentiary II COP. The Colorado Supreme Court has ruled on the legality with respect to TABOR of using COP financing; therefore, COP's should be considered a viable option. For each \$100M in cost, \$13M will be paid annually over 15 years. This spreads the cost of a project over the repayment schedule of the COP's.

Shortage of High Custody Beds

- 25. Please discuss Department's short-term and long-term management plan for its high-custody inmate population, given the shortage of high-custody prison beds prior to and after CSP II is built.**

ANSWER: The Department does not believe a short term plan is viable, because special need beds require a long term solution.

The construction of high custody beds at CSP II was delayed by 3 ½ years. Department facilities presently house offenders of a higher custody level than the facilities were designed to manage. This situation is caused in part by the obstacles to building high custody beds including the litigation delay. Until those beds are completed, the Department has no choice but to manage high custody offenders in Level III facilities.

The General Assembly recognized the Department's need for flexibility in managing its population; 17-1-104.3(C.R.S.) provides for that flexibility. The DOC is authorized to house a higher classification of offender. Two of the current Level III facilities Arkansas Valley Correctional Facility (AVCF) and Buena Vista Correctional Facility (BVCF), and Level IV Limon Correctional Facility (LCF) currently house a greater percentage of close custody offenders: AVCF has approximately 46% close custody, LCF houses 75% close custody, and BVCF is 38% close custody. The current trend seems to be an increase in the classification of offenders housed in state run Level III and IV medium custody facilities. The Department believes these numbers will continue to rise, which will have direct correlations to violence and the ability to support the current work and treatment programs in those facilities. The Department has experienced an increase in assaults and lockdowns, but no other options are available.

Further, the General Assembly appropriated funds for double bunking across several facilities to provide additional flexibility in the management of the offender population. Double bunking is a short-term solution.

The Private facilities are expected to construct and bring an additional 1,440 beds online in the spring of 2008. Statutory requirements only allow the department to house medium and below custody offenders in contract facilities. This creates additional pressures on the state run level III facilities to absorb the higher classification offenders.

The Department has also observed a developing trend in the offender population. Offenders are more difficult to manage today than in the past. The Department's many challenges include managing a growing security threat group (gang) population. The

affiliation with a gang may lead to individual disruptive behavior, but also leads to more disruptive incidents between STG groups. Although the average age of an offender has increased, the offender population appears to be more defiant and resistive to authority. This may be due to a reflection of society and/or the gang involvement.

- *In FY 07-08 (4.5 months) 96 assaults on staff have occurred (247 projected in FY 07-08)*
- *During the same time period, there have been 169 offender assaults (434 projected in FY 07-08)*
- *Staff have had to utilize Use of Force 385 times since July 1, 2007 (989 projected in FY 07-08)*
- *Facilities have had to lockdown 61 times since July 1, 2007 (163 projected in FY 07-08)*

The Department continues to review and update its bed plan including the need for high custody beds. If current trends continue, the Department believes additional state-run higher custody facilities will be needed. The lower custody offenders will be housed at private facilities which will necessitate a further increase in the Close Custody population in the state-run facilities. The completion of CSP II will alleviate some of the pressure for the current facilities housing Administrative Segregation (Ad Seg) offenders but will only meet the Department's needs for the short term. Currently there are approximately 160 offenders awaiting movement into CSP or Sterling Correctional Facility Ad Seg. CSP II is not expected to come online until 2010; at this current rate, the Department could have 600 to 700 offenders awaiting an Ad Seg bed by 2010.

Long term plans include the construction of high-custody beds at existing facilities such as Arkansas Valley Correctional Facility and Trinidad Correctional Facility. Both of these expansion projects are included in the Department's five year plan. From planning to occupancy, it takes approximately three years to bring a bed on-line through new construction. This means the physical planning should start now in order to have beds available when needed after CSP II is filled with high custody inmates.

26. How many administrative segregation inmates are there? How many were there in 2006? If the number dropped, why did it drop?

ANSWER: In June 2006, the Department had 1,218 males and 28 females in administrative segregation (a total of 1,246). As of November 30, 2007, the Department had 1,117 males and 23 females in Ad Seg (a total of 1,140). (CDOC Monthly Population Report-June 30, 2006 and November 30, 2007)

The Department has managed the flow of administrative segregation by sending the most disruptive and dangerous offender to Ad Seg and releasing the less disruptive offender to general population. Given that there are no additional ad seg beds available, the facilities are not reclassifying offenders as ad seg, and are managing them as close custody in Level III facilities. This transfers the safety risk to the lower level facility.

Percentage of Private Prison Beds

- 27. Please discuss the increasing percentage of private prison beds and whether the Department is comfortable with the estimated increase that is projected to occur over the next five years, assuming that no additional state-operated prison beds come on line (excluding CSP II and the DRDC expansion).**

ANSWER: As the Department is not comfortable with this projected growth, the Department has submitted several Capital Development projects in December, 2007. If approved, these projects would add 3,225 state beds.

Excluding double-bunking at existing facilities, no new State operated prison beds have come on-line since 2002. The State still faces economic challenges in funding capital construction projects for all state agencies and higher education. Therefore, as the prison population has continued to increase, the Department has had to rely on private prisons to provide the needed bed capacity.

Presently, the only state beds under construction are at DRDC (temporary beds) and CSP II. Even with double bunking at certain state facilities, if the current trend continues, the Department will have close to 40% of their offenders in private facilities by the end of 2009. The Department's position has not changed in the last decade, and maintains the belief that the private prison percentage should not exceed 20%-25%.

- 28. Will prison costs rise with the aging prison population? What types of special needs do aging inmates present to the Department?**

ANSWER: As of September 30, 2007, the Department had 2,449 males and 185 females that were over 50 years of age, which is 11.7% of the adult jurisdictional incarcerated population of 22,586. The 50+ population represented only 8.5% of the incarcerated population in 2001 (June 30).

The aging process in the offender population begins at an earlier age than is traditionally expected in the non-incarcerated population. The deterioration of physical and mental health often begins around age 50 rather than at a later age as seen in other population groups. A high number of chronic illnesses occur in the aging offender population and increase the costs of managing the population. The increased costs include medications and specialty medical costs as well utilizing more costly settings such as infirmaries and special needs units as in Fort Lyon Correctional Facility's special medical unit.

The aging offender also has increased difficulty with mobility and often needs assistance with the basics of daily living, such as bathing, eating, and moving throughout the facility. The aging offender have an increased risk of being victimized by other offenders and will need close monitoring. These issues may be compounded by the decrease in mental acuity.

An aging offender population increases the demands for mental health services associated with neurological disorders. Older offenders are more likely to have disorders that

produce or include delirium and dementia. These offenders often require psychiatric intervention, psychotropic medications, and special placements to manage behavioral dyscontrol or vulnerability to aggressive inmates in general population. They may require placement in DOC Infirmaries or Special Needs facilities or units. Treatment interventions might include activities therapies, programs to maintain or increase self-care skills, and increased social work assistance with transitions to the community.

29. How does the Department deal with reintegration issues associated with aging inmates being released? Do these inmates require a different reintegration strategy than younger inmates? If so, what types of issues?

ANSWER: The primary gaps in services to aging offenders in the community include medical, housing, and transportation services. TASC programs have successfully used a subsidy for these services to help parolees with severe mental illnesses and this could be used to benefit aging offenders.

Community Re-Entry staff work in coordination with facility case management to coordinate pre-release plans with aging offenders. Part of that process is reviewing medical needs, housing needs, employability, where they are in the application process for disability and medicaid/medicare, medication needs upon release, if they qualify for any specialized services through the Veteran's Administration or other community based resources (vocational rehabilitation, workforce centers, on site employment assistance), etc.

The Department coordinates with facility staff (case managers, medical, etc.) regarding the following:

- 1) the benefit application process to ensure that the offender's benefits are available upon release,*
- 2) long term care (nursing home) has been contacted and arrangements have been made for both housing and medical needs,*
- 3) medication programs are in place upon release, transportation from the facility to the nursing home, and*
- 4) if family are available and can be involved in the process for the long term care of the offender.*

These services are in addition to the Department's standard service delivery that includes employment readiness training, housing, backpacks with personal hygiene, clothing referrals, winter coats, employment related clothing and/or tools, community and faith based referrals, identification, transportation, assisting w/ the benefits process, medication/medical referrals, etc.

Older inmates require additional assistance in transitioning to the community. They may have more difficulty in finding employment, or may have physical limitations which limit or prohibit gainful employment. They may have little or no family support in the community, and require additional assistance in securing disability benefits. They may also need assistance with access to social services. For example, they may need mental health services, even for those without previously identified mental illnesses. Offenders with little

support, difficulty in securing disability benefits, and poor health are particularly at risk. Some older offenders will require nursing home or assisted living placements.

If the offender has been incarcerated for long periods of time, they may not have many community resources available as they leave prison. Their family may not be interested or available to assist them in the transition. In addition, the aged offender's physical health may require a skilled nursing facility that accepts Medicare and Medicaid patients. The aged offender who is released from the correctional institution and requires placement at a skilled nursing facility may be competing with other aged individuals who have not been incarcerated for the Medicaid/Medicare bed at a skilled nursing facility. If the aged offender cannot be timely placed in a Medicaid/Medicare skilled nursing facility, the Department then absorbs the cost for the care until the placement can be found. It is particularly difficult to find such placements for offenders with certain crimes, particularly sex offenders.

External Capacity Footnote Flexibility

- 30. Please discuss the possibility of providing funding flexibility within the in-state private prison line item, and specifically how the Department would foresee using such flexibility.**

ANSWER: The Department welcomes the opportunity to work with the Governor's Office and the Joint Budget Committee in developing a funding flexibility strategy that would allow the Department to better respond to changing needs for treatment and reintegration services in the offender population.

The Department envisions that a specified degree of funding flexibility would increase the DOC's ability to provide additional resources for offender programming, and would ultimately reduce the number of inmates who are incarcerated within the Department.

By applying a "continuum of care" strategy, the Department would ensure that any level of funding flexibility would be used for reintegration services, such as drug and alcohol treatment, mental health treatment, educational training, job placement assistance, day reporting programs, and housing assistance.

- 31. What would be the expectations if additional flexibility is given? Will the Department promise some type of results from the flexibility, for example, decrease in recidivism rates? What type of conditions should be placed, i.e. reporting of actions taken?**

ANSWER: As stated above, the ultimate goal of the initiative would be to reduce the number of inmates who are incarcerated with the Department of Corrections. Providing the additional treatment and reintegration services to offenders will allow the offenders a better opportunity to turn their lives around and become productive citizens of the State.

The Department would work with the Joint Budget Committee and the Governor's office to develop appropriate conditions on reporting and outcome expectations.

Options for Reducing the Department of Corrections' Caseload

- 32. How many sex offenders are currently on lifetime parole supervision? How many disappear? Do they comply? Do they recidivate?**

ANSWER: There have been a total of eight Sex Offenders released on Lifetime Supervision parole to date, with one offender returned to prison for a technical violation (a 12.5% return rate). No Sex Offenders under this provision have absconded to date. The high level of monitoring, treatment, and supervision contributes to the success of managing these high risk offenders in the community.

In addition to the 7 offenders currently under parole supervision, there are 1,192 Lifetime Offenders incarcerated in prison as of December 31, 2007 that were sentenced under the Lifetime Supervision provision.

- 4:40-5:00 **Parole Board**
General discussion of Parole Board issues.