JOINT
BUDGET
COMMITTEE

INTERIM SUPPLEMENTAL BUDGET REQUESTS FY 2017-18 AND FY 2018-19

DEPARTMENT OF CORRECTIONS

JBC WORKING DOCUMENT - SUBJECT TO CHANGE
STAFF RECOMMENDATION DOES NOT REPRESENT COMMITTEE DECISION

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INTERIM SUPPLEMENTAL REQUESTS

1. MEDICAL CASELOAD (FY 2017-18)

The title "Medical Caseload" was provided by the Department and is somewhat misleading. This supplemental is the consequence of increased pharmaceutical costs per offender, not a caseload change.

	REQUEST	RECOMMENDATION
TOTAL	**$578,041**	**$578,041**
FTE	0.0	0.0
General Fund	578,041	578,041
Cash Funds	0	0

Does JBC staff believe the request satisfies the interim supplemental criteria of Section 24-75-111, C.R.S.? [The Controller may authorize an expenditure in excess of the amount authorized by an item of appropriation if it: (1) Is approved in whole or in part by the JBC; (2) Is necessary due to unforeseen circumstances arising while the General Assembly is not in session; (3) Is approved by the Office of State Planning and Budgeting (except for State, Law, Treasury, Judicial, and Legislative Departments); (4) Is approved by the Capital Development Committee, if a capital request; (5) Is consistent with all statutory provisions applicable to the program, function or purpose for which the overexpenditure is made; and (6) Does not exceed the unencumbered balance of the fund from which the overexpenditure is to be made.]	**YES**
Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]	**YES**

Explanation:

Interim Supplemental Criteria: JBC staff and the Department agree that this request meets the interim supplemental requirements. Staff has underlined the most problematic of these requirements for the current supplemental, i.e. the requirement that the supplemental is "necessary due to unforeseen circumstances arising while the General Assembly is not in session." This requirement can be a difficult challenge for June supplementals because in many cases at least part of the need for the supplemental arose during the recently concluded session. In the current case, the need for this interim supplemental is the consequence of 11 months of pharmaceutical spending plus a forecast of June spending. June is (by a wide margin) the highest month of spending because it includes an accounting accrual for medicines received in FY 2017-18 for which payment will be made in FY 2018-19. In addition, June is the only month of spending that occurred entirely after the session. This request is for a 3.6 percent increase of the pharmaceutical appropriation. DOC's monthly pharmaceutical payments vary substantially from month to month, which leads staff to conclude that a 3.6 percent increase could not be reasonably foreseen until late in the fiscal year and that the supplemental is "necessary due to unforeseen circumstances arising while the General Assembly is not in session."

JBC Supplemental Criteria: JBC staff and the Department agree that this request also meets the JBC's supplemental criteria since it results in part from data that was not available when the original appropriation was made.

DEPARTMENT REQUEST: The Department of Corrections (DOC) requests an additional General Fund appropriation of $578,041 for FY 2017-18 order to pay for pharmaceutical expenses for offenders. The cost of pharmaceuticals is expected to exceed the current $18,612,321 appropriation by this amount.

STAFF RECOMMENDATION: Staff recommends that the Committee approve this request.

STAFF ANALYSIS: Background information on the appropriation for pharmaceuticals is contained in the appendix to this analysis. Staff will only address Appendix 1 if questions arise during the presentation of this supplemental.

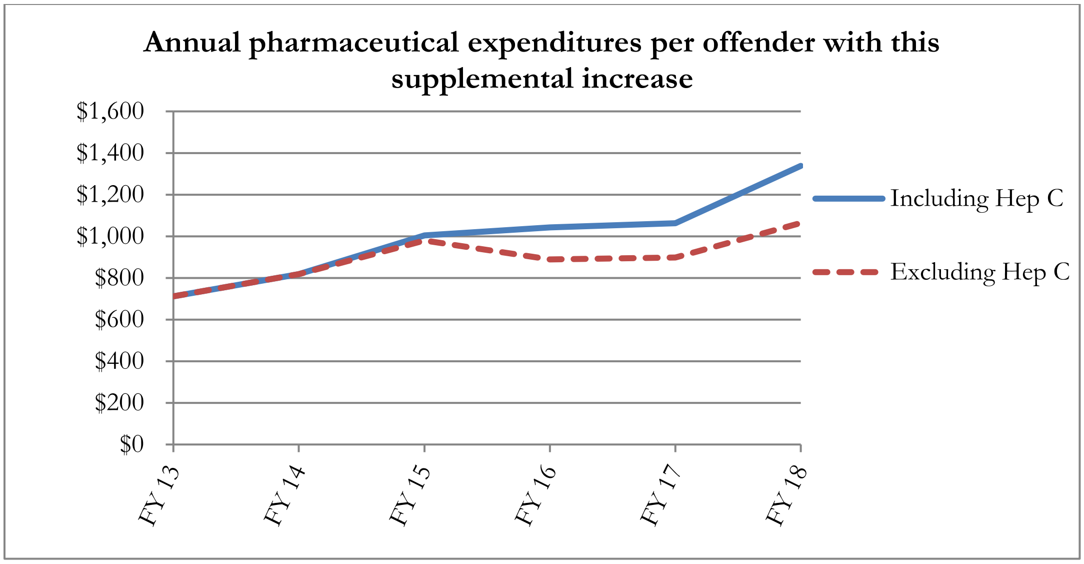
House Bill 18-1158, the supplemental bill for the Department of Corrections, increased the FY 2017-18 General Fund appropriation for pharmaceuticals by $384,410 from $18.2 million to $18.6 million. That supplemental adjustment was based on the expectation that the average population of inmates in DOC facilities (i.e. the average population who receive pharmaceuticals) would rise by 88 and that average expenditures per inmate for pharmaceuticals, *excluding expenditures for Hepatitis C drugs,* would be 13.9 percent higher than in FY 2016-17.

The January supplemental increase was not sufficient. The forecast of the average inmate population in state prisons has proved reasonably accurate, but the Department now estimates that average expenditures per inmate for FY 2017-18 will be an addition 3.9 percent higher than previously forecast. This can be attributed to two factors: (1) since December the drugs that the department purchases have on average risen in price by 8.66%[1] and (2) the utilization of pharmaceuticals is constantly changing as the offender population turns over through admissions and releases and the pharmaceutical needs of continuing offenders change. Since the January supplemental, the Department has experienced increased utilization of oral chemotherapy medications and HIV medications.

Note that this supplemental is not a consequence of increased Hepatitis C expenses. The Department's FY 2017-18 pharmaceutical appropriation includes $4.0 million that was explicitly for Hepatitis C drugs, which is $67,000 less than the Department expects to spend on these drugs this year. For FY 2018-19 the Department is appropriated $20.5 million in a separate line item titled Hepatitis C Treatment Costs.

The following chart shows how pharmaceutical expenditures per offender have changed over the last six years. Annual pharmacy costs per offender have now topped $1,000, excluding the cost of Hepatitis C drugs.

[1] The 8.66 percent increase comes from Cardinal Health, which supplies the Department with pharmaceuticals. It is a weighted average of the increases of the prices of the pharmaceuticals that the Department purchases.



APPENDIX 1
BACKGROUND ON PHARMACEUTICALS

Medical care provided by the Department of Corrections to inmates can be divided into two categories: internal care and external care. Clinical staff who are employees of the Department and contract staff who work within the Department provide primary care in each state correctional facility as well as basic emergency care. External physicians, hospitals, and health care facilities outside of prison walls provide more specialized care, such as outpatient tests and procedures, extensive emergency services, and inpatient hospital treatment.

The DOC establishes rules that determine who qualifies for care as well as rules governing the procedures and medications that are covered and the circumstances under which they are covered. The rules take into account (1) standards of medical care from such sources as the Milliman Care Guidelines and American Correctional Association accreditation standards, (2) court rulings in Colorado and elsewhere regarding care that must be provided, and (3) budgetary considerations. Treatment for Hepatitis C provides an example of budgetary concerns. A large number of offenders have Hepatitis C, which can be effectively treated with expensive drugs. The Department receives a fixed appropriation for these Hepatitis C drugs and establishes guidelines that provide them to the offenders who are most seriously ill with the disease. However, the rationing of Hepatitis C drugs is unusual; in most instances, decisions regarding medical care, including pharmaceuticals, are made by health care professionals in conjunction with their patients, possibly subject to the limits of the DOC formulary and review by other medical professionals. These decentralized decisions then determine the cost.

The Department provides pharmaceuticals for offenders incarcerated in DOC-owned facilities. These pharmaceuticals, including psychotropics, are bought with the Purchase of Pharmaceuticals appropriation. The Department purchases these pharmaceuticals through the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP), a free, voluntary group purchasing organization

(GPO) for government facilities that provide healthcare services. Private prisons and jails that hold DOC offenders, must at their own expense provide pharmaceuticals for the offenders that they hold. So far during FY 2017-18 the Department has purchased 68 percent of its pharmaceuticals through MMCAP. The remaining 32 percent of purchases are of drugs whose manufacturers do not contract MMCAP. Usually these are critical drugs with no good substitutes, such as certain HIV and oncology medications. These may be life sustaining medications with no alternative options. The drug manufacturers typically find no incentive to contract with GPOs because facilities will buy the product whether it's on contract or not.

How good are the prices that DOC gets through MMCAP? The Department states that MMCAP is able to leverage and negotiate discounts with manufacturers using aggregate spending volume across its membership in 48 states. Independent comparisons published from other states have continued to show value in MMCAP membership. However, most pharmaceutical pricing and acquisition data is not shared, so it is difficult to determine if prices are good compared to other pharmacy structures.

Medicaid: Senate Bill 13-200 expanded Medicaid eligibility in Colorado. Most inmates now qualify for Medicaid because they are childless adults who earn less than 133 percent of the Federal Poverty Level. Offenders age 65 or older often qualify for Medicare. Medicaid now pays for a large share of the costs of external medical care. The relevant Medicaid rules for inmate care are:

a. Medicaid will not pay for internal medical care, i.e. for medical care delivered within a prison.

b. Medicaid will pay for external *inpatient* medical care for Medicaid-eligible inmates but not for outpatient external care. If the offender is in an external medical facility for 24 hours or more, it is considered inpatient care.

Since most pharmaceuticals are received within prison walls, the expansion of Medicaid eligibility has not significantly changed the Department's pharmaceutical costs.

2. OPEN A PRIVATE PRISON WITH DOC STAFF AND 250 BEDS (FY 18-19)

	REQUEST	RECOMMENDATION
TOTAL	**$11,318,570**	**$0**
FTE	80.7	0.0
General Fund	$11,307,719	$0
Cash Funds	$10,851	0

Does JBC staff believe the request satisfies the interim supplemental criteria of Section 24-75-111, C.R.S.? [The Controller may authorize an expenditure in excess of the amount authorized by an item of appropriation for the fiscal year if it: (1) Is approved in whole or in part by the JBC; (2) Is necessary due to unforeseen circumstances arising while the General Assembly is not in session; (3) Is approved by the Office of State Planning and Budgeting (except for State, Law, Treasury, Judicial, and Legislative Departments); (4) Is approved by the Capital Development Committee, if a capital request; (5) Is consistent with all statutory provisions applicable to the program, function or purpose for which the overexpenditure is made; and (6) Does not exceed the unencumbered balance of the fund from which the overexpenditure is to be made.]	**NO**
Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]	**NO**

Explanation:

Interim Supplemental Criteria: The Department states that this request meets the underlined interim supplemental requirement and that "the current prison population is already exceeding the most recent (December 2017) total jurisdictional population forecasts from the Division of Criminal Justice (DCJ)….It is crucial that the Department take proactive steps to ensure that there are available prison beds to house the growing offender population." JBC staff notes that the General Assembly was well aware of the DCJ forecast during the recently concluded session and that part of the Long Bill was based on a plan developed during the session by the Prison Population and Capacity Needs Working Group, which included members of the General Assembly and criminal justice representatives. This plan accommodates approximately 1500 additional offenders during FY 2018-19 through a combination of community corrections placements, ISP-Inmate placements, and increased parole. This is enough to handle the 1,114 extra offenders that DCJ forecasts will arrive during FY 2018-19 with substantial room to handle an additional population surge. If evidence convincingly demonstrates that the Working Group's plan cannot accommodate the inmate growth that the Department is experiencing during the interim, that would constitute an unforeseen circumstance as described in Section 24-75-111, C.R.S., that would justify an interim supplemental.

JBC Supplemental Criteria: For similar reasons, JBC staff does not believe that this request meet the JBC's supplemental criteria.

DEPARTMENT REQUEST: On May 31, 2018, the Department of Corrections (DOC) inmate population exceeded the end-of-June Division of Criminal Justice (DCJ) prison population forecast by 255 inmates. To accommodate its unexpectedly large and rising male inmate population, the DOC requests an appropriation of $11,318,570 total funds for FY 2018-19, including $11,307,719 General Fund and 80.7 FTE, in order to lease a currently vacant private prison that it will operate with DOC staff beginning December 1, 2018. This new prison will provide 250 offender beds. The Department states that the prison will relieve critical overcrowding in state and private prisons, as well as in county jails. Details of the request are contained in Appendix 2.

In FY 2019-20 the cost of this supplemental rises to $14,903,681 (all but $15,000 of which is General Fund) with 119.6 FTE, which reflects a full year of operation.

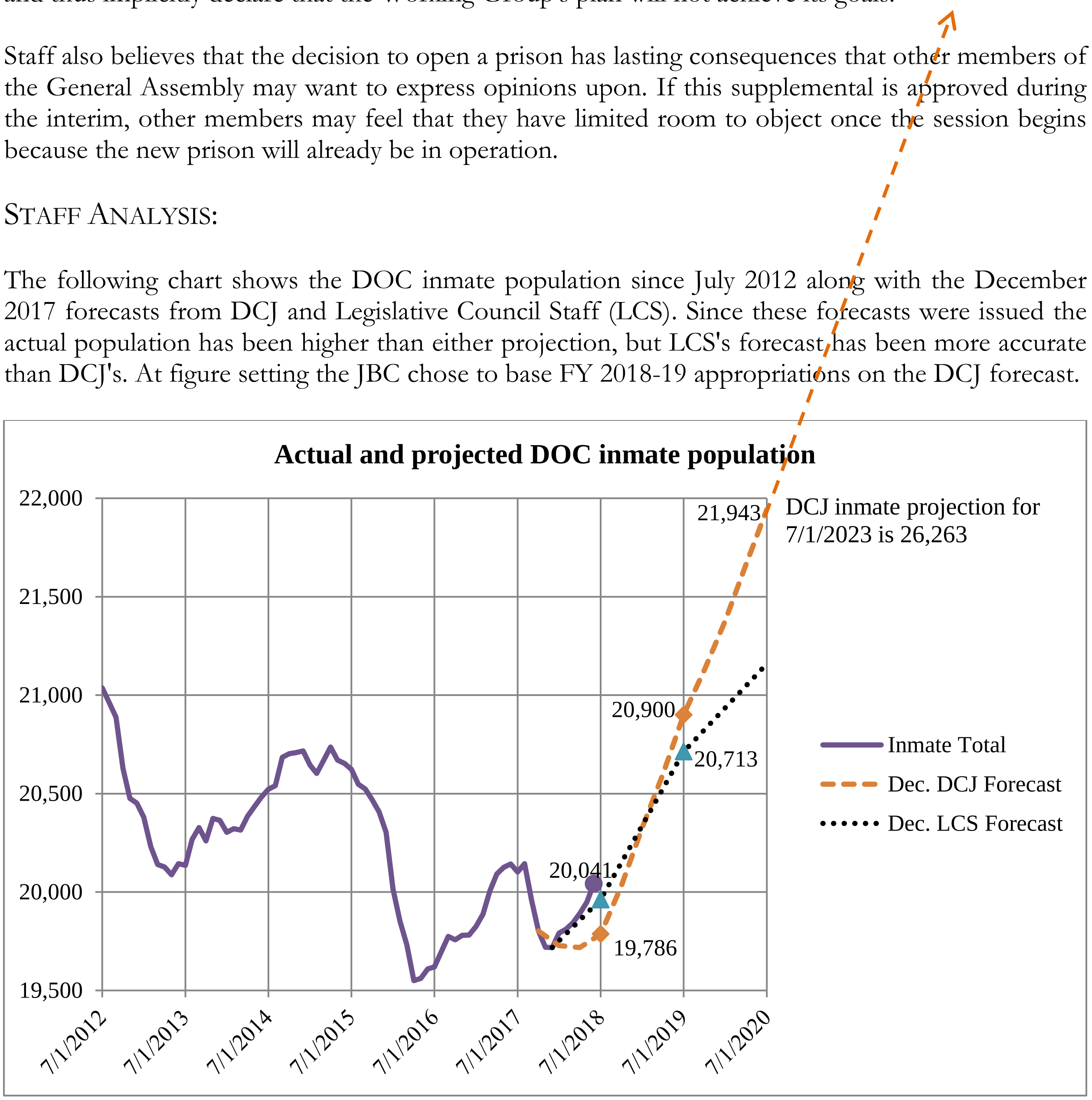
The FY 2018-19 budget package included an $11,000,000 General Fund set aside for future prison capacity. Staff believes it likely that approval of this request will lead to a FY 2019-20 request to move the staff and operations covered by this request to CSP II (i.e. Centennial South Correctional Facility).

STAFF RECOMMENDATION: Staff recommends that the Committee not approve this request because it is inconsistent with interim supplemental rules. The Prison Population and Capacity Needs Working Group proposed a plan during the session that was adoped by the JBC and served as the basis of external capacity appropriations in the Long Bill. It is premature to open a new prison and thus implicitly declare that the Working Group's plan will not achieve its goals.

Staff also believes that the decision to open a prison has lasting consequences that other members of the General Assembly may want to express opinions upon. If this supplemental is approved during the interim, other members may feel that they have limited room to object once the session begins because the new prison will already be in operation.

STAFF ANALYSIS:

The following chart shows the DOC inmate population since July 2012 along with the December 2017 forecasts from DCJ and Legislative Council Staff (LCS). Since these forecasts were issued the actual population has been higher than either projection, but LCS's forecast has been more accurate than DCJ's. At figure setting the JBC chose to base FY 2018-19 appropriations on the DCJ forecast.



This diagram summarizes the inmate growth problem that Colorado faces. Both forecasts anticipate large increases in DOC's inmate population over the next two years. If DCJ's forecast proves accurate, the inmate population will rise to 20,900, an increase of 859 from the current level and 1,114 from the level that DCJ previously forecast for July 2018. If LCS is correct, the population will rise by 672 to 20,713.

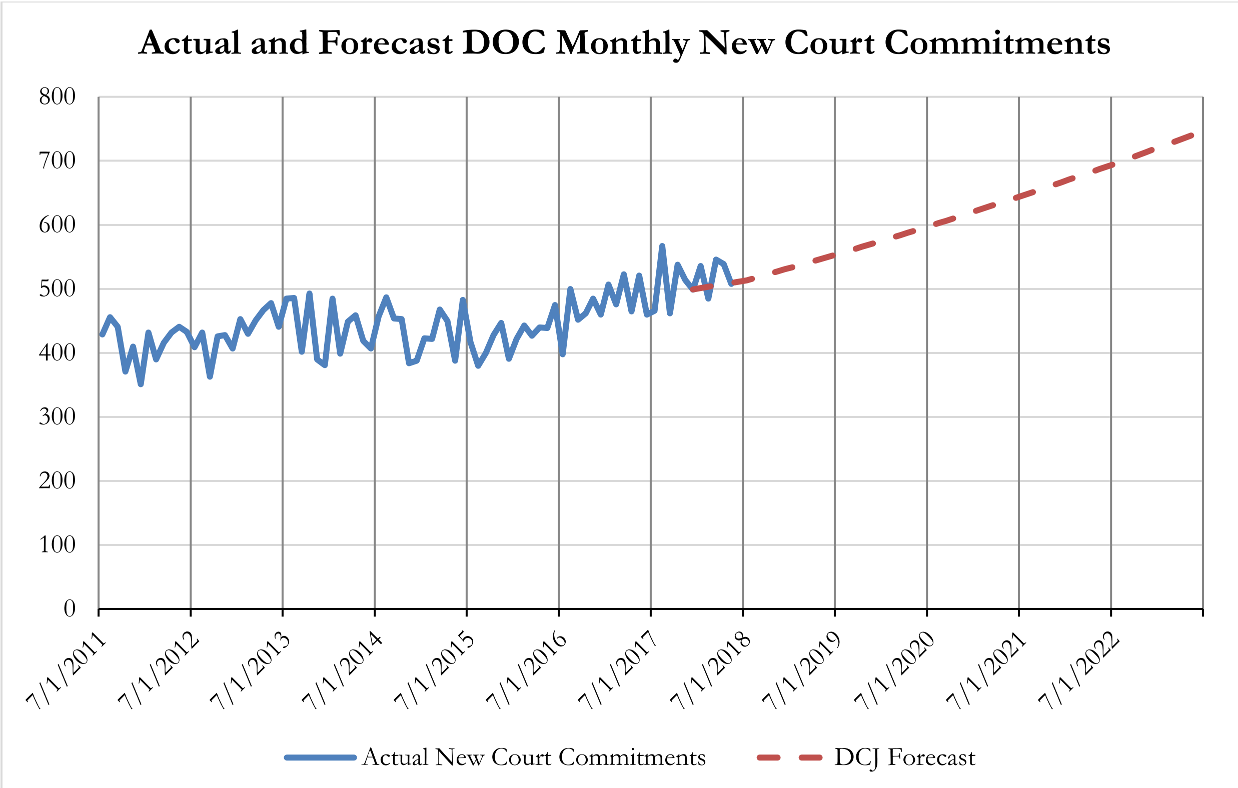
Does the rapid inmate growth that has occurred over the last six months mean that the inmate population will grow during FY 2018-19 more rapidly than either forecast anticipated or does it mean that inmate growth is tracking close to the LCS path rather than the DCJ path? Staff believes that it is too early to answer this question and it is equally premature to alter policy based on incomplete evidence.

While not relevant for this supplemental, the most striking feature of these predictions is the long-range forecast from DCJ, which foresees an astonishing 6,622 additional inmates in 5 years. Though staff doubts that inmate growth will be this strong, for comparison it is worth noting that the capacity of Sterling Correctional Facility, the state's largest prison, is only 2,464. Thus the DCJ forecast implies the need for two Sterlings by 2023. The LCS forecast only extends for two years; it doesn't include a long-range forecast.

The following diagram shows a key factor that underlies the DCJ forecast. Each year, the DOC's inmate population increases by the number of inmates admitted and declines by the number of inmates released. When "admits" exceed releases, the population grows. About two thirds of admissions are new court commitments. Some of these committments are offenders who were initially sentenced to DOC. Others were initially sentenced to probation or community corrections or received a deferred sentence, but a judge became fed up with non-compliant behavior, revoked their prior sentence, and sent the offender to prison, where the new inmate will stay an average of 40 months.

The next diagram shows that the forecast of court commitments upon which DCJ bases its population forecast is a plausible extrapolation of commitments over the past 3 years.

As an aside, staff notes that a substantial amount of the growth in new court commitments is due to the growth of Colorado's population. The State Demographer estimates that the population of Colorado adults aged 18 or over, i.e. the population of Coloradans eligible for placement in a DOC facility, will grow by 85,000 during FY 2017-18. If these new adults have criminal tendencies that parallel those of existing adults, the inmate population will grow by 387 this year due to the population increase. That's a 1161 bed prison every 3 years just because the state is growing rapidly.



The Department of Corrections submitted its first request to open a new prison in June 2017 when the inmate population was 102 higher than it is today. The composition of the inmate population is now close to what it was at that time. Males are down 116; females are up 14 (though females are not relevant for this supplemental, which only provides male beds). The Department's monthly population report indicates that the overall vacant bed rate is now 1.6 percent, compared with 1.2 percent a year ago. Staff believes that Colorado's public and private prisons are now very close to full, perhaps slightly above a reasonable 2 percent capacity ceiling.

Given these population forecasts and the unexpected population growth of recent months, is there a way to avoid expanding prison capacity? During the session, the Prison Population and Capacity Needs Working Group, which included members of the General Assembly and criminal justice specialists, looked at alternatives to new prisons. The group's recommendations served as a basis for the Long Bill's external capacity appropriations.

The Working Group focused on offenders with inmate status who are not in prison. These offenders are in community corrections, jails, the Intensive Supervision Inmate program (ISP-Inmate or ISP-I, which allows inmates to live independently in the community under the intensive supervision of parole officers), and other settings (fugitives, hospitals, etc.). Until fall 2017, some non-prison inmates were also in "Community Return to Custody Facilities" that S.B. 17-1326 phased out.

For July 1, 2019, the Working Group established the following goals for non-prison placements:

- 8.0 percent of inmates in community corrections,

- 3.0 percent of inmates in the ISP-Inmate program, and
- 300 inmates in jail placements and 180 in other placements.

The first two goals equal inmate placement percentages that were achieved in past years, so they cannot be dismissed outright as unattainable.

In view of the recent increases in community corrections placements reported by the DOC as well as the recent increases in the community corrections diversion population reported by DCJ, the community corrections goal appears reasonable.

The more challenging of the placement goals is the 3 percent goal for offenders in the ISP-Inmate program. Though 3 percent of offenders were placed on ISP-Inmate status as recently as 2012, placements have steadily declined since then and are now below 1 percent. The vast majority of inmates in the ISP-Inmate program have successfully finished a community corrections program but have not yet been paroled. They are placed in ISP-Inmate until paroled rather than being sent back to prison to await parole. Recent changes have streamline the parole process and have reduced the amount of time that elapses before ISP-Inmate offenders are paroled, which has reduced ISP-Inmate numbers.

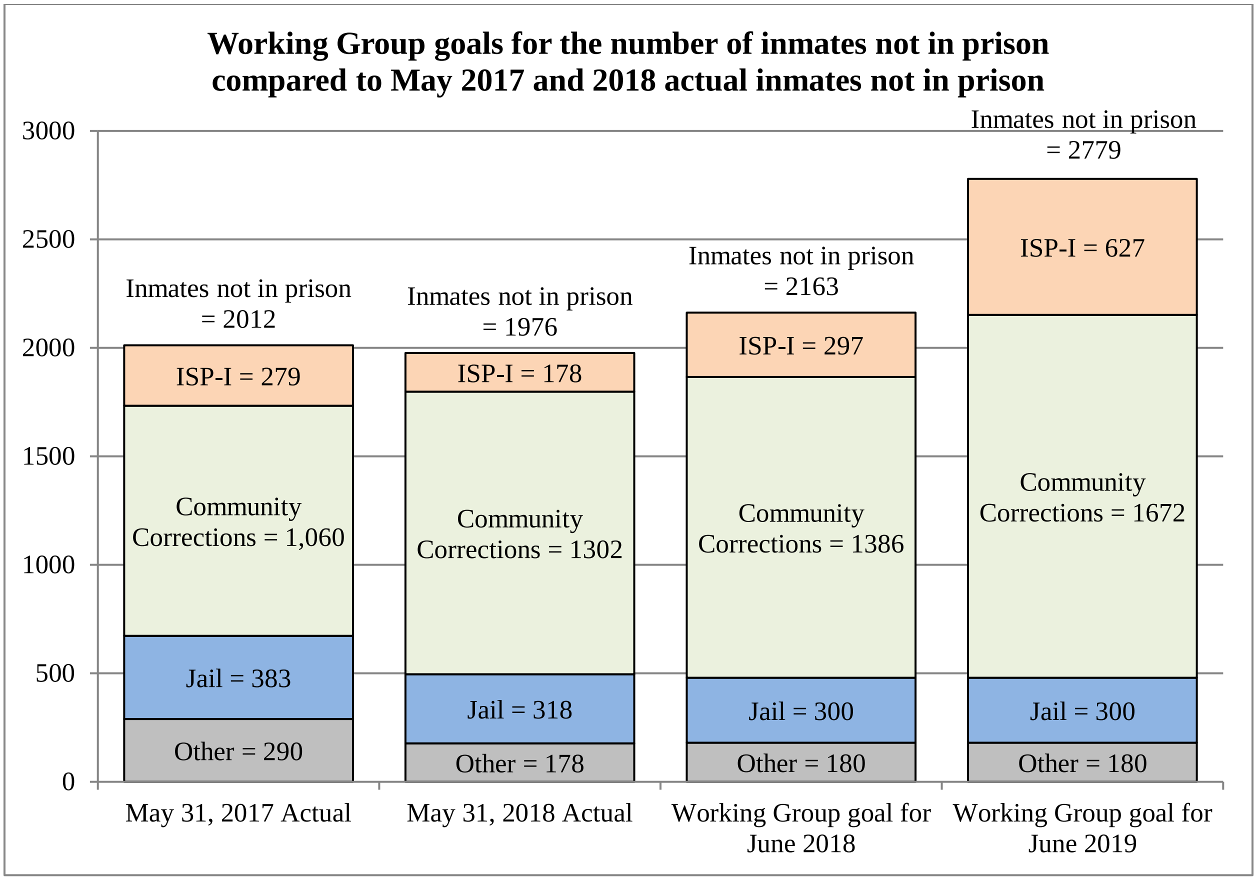
This analysis shows that the only feasible way to quickly increase ISP-Inmate placements by several hundred and reach the 3.0 percent goal is to directly place inmates on ISP-Inmate status, leapfrogging them over community corrections facilities to residences in the community.

Statute allows direct ISP-Inmate placements and a moderate number have occurred in prior years, but the DOC has expressed strong doubts about direct placement, noting that

- Victims and community members may oppose direct ISP-Inmate placements;
- Community corrections boards, which must approve ISP-Inmate placements, may decline to accept direct-placements; and
- The DOC needs time to develop a risk-based assessment tool for identifying inmates who can be safely placed on ISP-Inmate status.

Staff has spoken with people in community corrections who believe that the DOC is unduly pessimistic about direct ISP-Inmate placement. Staff shares some of the DOC concerns, but based on these conversations has concluded that the Department needs a strong incentive to vigorously pursue this option.

The following chart shows non-prison inmate placements over the last 12 months alongside the goals for the next 12 months as established by the Working Group. If the DOC is successful in reaching its community corrections and ISP-Inmate goals without substantially changing other placements, non-prison inmate placements will rise from 1976 to 2779 over the next year. That's 803 offenders who will not be in a prison. It’s enough to absorb the entire population increase projected by LCS and much of the increase projected by DCJ.



Increasing the percentage of inmates in ISP-Inmate and community corrections placements to 11 percent helps with the short term population problem, but does not provide a long term solution to the DOC's inmate growth needs. Once community corrections and ISP-Inmate enrollment reach 11 percent, the total inmate population, the in-prison inmate population, and the non-prison inmate population will all grow at the same rate. The ISP-Inmate and community corrections programs can only slow the growth of the in-prison population when their percentage of the inmate population is increasing.

In addition to the ISP-Inmate and community corrections goals, the Working Group established a goal for the Parole Board: the release of an average of 800 offenders per month, which includes mandatory paroles, discretionary paroles, and reparoles of parolees who were temporarily returned to prison. Since the beginning of FY 2017-18, these types of releases have averaged 739 per month. Thus the Working Group's goal would parole an additional 61 offenders per month, which by year's end would reduce the inmate population by 732 = 61 * 12 offenders. Staff has spoken with people knowledgeable about the parole process who believe that 61 extra parolees per month is an achievable goal, i.e. they believe that an additional 61 of the inmates who apply for parole in a given month and are currently rejected by a cautious parole board could be safely paroled. Staff notes, however, that 61 extra paroles per month can only be achieved by moving paroles that will eventually occur to an earlier date. There is a limit however, to how much parole can be moved forward: an inmate can never be paroled before his parole eligibility date and there are a substantial number of higher risk offenders that the parole board will not want to release until well after parole eligibility. Once the limit is reached, this strategy will stop producing further population reductions.

In summary, JBC staff believes that the three strategies proposed by the Working Group must be given every opportunity to succeed before the JBC approves a new prison and implicitly declares that the Working Group plan is not sufficient to manage FY 2018-19 inmate growth.

There is a final reason for optimism that a new prison may be unnecessary during FY 2018-19. House Bill 18-1410 (Prison Population Measurement Measures) contains provisions that are likely to reduce the inmate population. The bill, which has already gone into effect, requires the Department to notify the Parole Board and others when the vacancy rate in Department facilities and private prisons falls below two percent. When this occurs, the Department may provide the Parole Board with the names of inmates who do not require full board review or victim notification for parole release and

- Are within 90 days of their mandatory release date and have a verified parole sponsor, or
- Were granted conditional parole approval and have satisfied the condition.

The Parole Board must conduct a file review of these individuals within 10 days and determine whether or not to order release. Inmates within 90 days of their mandatory release date can be released up to 30 days before that date.

Because the vacancy rate is now below two percent, the Department has begun implementing these measures. Unfortunately, the bill's fiscal note does not estimate the number of offenders who may have their parole date moved forward as a result of these provisions, so JBC staff is unable to estimate the population impact.

It is important to remember that neither H.B. 18-1410 nor the Working Group strategies can cope with the population growth that will occur if the long term DCJ forecast proves to be correct; these measures cannot empty nearly enough prison beds to accommodate the 6,622 additional inmates that DCJ foresees in 5 years. The only solution is the addition of a large number of prison beds.

APPENDIX 2
DETAILS OF THE FY 2018-19 PRISON-LEASE REQUEST

- The 250 offenders in the new prison will probably occupy about a third of the total beds in the leased facility. There will be room for expansion.

- The Department plans to staff the facility with a mixture of experienced DOC staff transferred from other facilities and newly hired employees. Some of the new employees will replace the experienced employees at the facilities that lose staff. The same number of employees will be required during FY 2018-19 and FY 2019-20, however the FY 2019-20 FTE count is higher (119.6 verses 80.7) because of the pay date shift and the fact that the new employees will work an assumed 8 months in FY 2018-19.

- Leasing a facility requires a contract, which may take a couple months to finalize, however a formal bidding process is not required. The lease would probably begin October 1, 2018. The request assumes the lease will be for 9 months during FY 2018-19 at a cost of $400,000 per month for a total of $3.6 million. The full year lease cost in FY 2019-20 equals $4.8 million. The DOC will make improvements to the leased facility, including $311,000 to upgrade the communications infrastructure for DOC network and telephone needs. There will also be $99,705 of other facility start-up costs for bedding and radios. During fall 2017, in anticipation of moving forward with leasing a private facility, the Department spent $156,317 for some start-up items that no longer need to be purchased, including ballistic vests, radios, tasers, and ammunition.

- The FY 2018-19 request includes $432,059 of FTE startup costs for such things as initial basic training, uniforms, desks, and computers.

- The request does not include appropriations for pharmaceuticals or external medical care. The Department plans to submit these costs in January as a regular FY 2018-19 supplemental, which will allow it to base the request on the actual number of inmates placed in the facility.

- The beds in this 250-bed level-3 prison will annually cost $59,615 (= $14,903,681/250), which is $24,600 more expensive than the most expensive level 3 beds in the existing DOC system. There are two reasons for the high cost: (1) the $4.8 million lease expense, and (2) it is always more costly to operate a prison at less than 100 percent of its potential capacity. This prison is probably operating at a third of its capacity.

The following table summarizes the costs:

	FY 2018-19		FY 2019-20	
	COST	FTE	COST	FTE
Personal Services	$5,710,772	80.7	$8,550,206	119.6
Operating	1,165,034		1,553,375	
Medical Services & Pharmaceutical Costs	0		0	
FTE Startup	432,059		0	
Facility Startup	99,705		0	
Communications upgrades at leased facility	311,000		0	
Leased Space	3,600,000		4,800,000	
Total Operating Request & Lease	**$11,318,570**	80.7	**$14,903,581**	119.6

Appendix A: Numbers Pages

	FY 2017-18 Appropriation	FY 2017-18 Suppl Request	FY 2017-18 Recommendation	FY 2017-18 Recommended Total
1. Medical Caseload (FY 2017-18)				
(2) Institutions				
(E) Medical Services Subprogram				
Purchase of Pharmaceuticals	18,227,911	578,041	578,041	18,805,952
General Fund	18,227,911	578,041	578,041	18,805,952
Total for Medical Caseload (FY 2017-18)	18,227,911	578,041	578,041	18,805,952
General Fund	18,227,911	578,041	578,041	18,805,952

	FY 2018-19 Appropriation	FY 2018-19 Request	FY 2018-19 Recommendation	FY 2018-19 Recommended Total
2. Open a Private Prison with DOC Staff and 250 Beds (FY 2018-19)				
(1) Management				
(A) Executive Director's Office Subprogram				
Health, Life, and Dental	55,775,527	635,216	0	55,775,527
General Fund	54,092,443	635,216	0	54,092,443
Cash Funds	1,683,084	0	0	1,683,084
(1) Management				
(A) Executive Director's Office Subprogram				
Short-term Disability	558,028	7,917	0	558,028
General Fund	541,901	7,917	0	541,901
Cash Funds	16,127	0	0	16,127
(1) Management				
(A) Executive Director's Office Subprogram				
Amortization Equalization Disbursement	16,796,779	208,373	0	16,796,779
General Fund	16,319,501	208,373	0	16,319,501
Cash Funds	477,278	0	0	477,278
(1) Management				
(A) Executive Director's Office Subprogram				
Supplemental Amortization Equalization Disbursement	16,796,779	208,373	0	16,796,779
General Fund	16,319,501	208,373	0	16,319,501
Cash Funds	477,278	0	0	477,278

	FY 2018-19 Appropriation	FY 2018-19 Request	FY 2018-19 Recommendation	FY 2018-19 Recommended Total
(1) Management				
(A) Executive Director's Office Subprogram				
Leased Space	4,993,564	3,600,000	0	4,993,564
General Fund	4,713,907	3,600,000	0	4,713,907
Cash Funds	279,657	0	0	279,657
(1) Management				
(C) Inspector General Subprogram				
Personal Services	4,241,991	53,926	0	4,241,991
FTE	48.2	0.7	0.0	48.2
General Fund	4,135,758	53,926	0	4,135,758
Cash Funds	106,233	0	0	106,233
(2) Institutions				
(A) Utilities Subprogram				
Utilities	22,062,941	668,475	0	22,062,941
General Fund	20,658,871	668,475	0	20,658,871
Cash Funds	1,404,070	0	0	1,404,070
(2) Institutions				
(B) Maintenance Subprogram				
Personal Services	20,104,479	291,342	0	20,104,479
FTE	276.8	4.8	0.0	276.8
General Fund	20,104,479	291,342	0	20,104,479

	FY 2018-19 Appropriation	FY 2018-19 Request	FY 2018-19 Recommendation	FY 2018-19 Recommended Total
(2) Institutions				
(B) Maintenance Subprogram				
Operating Expenses	7,114,522	93,420	0	7,114,522
General Fund	7,114,522	93,420	0	7,114,522
(2) Institutions,				
(C) Housing and Security Subprogram				
Personal Services	171,307,098	2,326,239	0	171,307,098
FTE	2,974.4	46.9	0.0	2,974.4
General Fund	171,304,151	2,326,239	0	171,304,151
Cash Funds	2,947	0	0	2,947
(2) Institutions				
(C) Housing and Security Subprogram				
Operating Expenses	1,848,941	28,370	0	1,848,941
General Fund	1,848,941	28,370	0	1,848,941
(2) Institutions				
(D) Food Service Subprogram				
Personal Services	18,237,231	110,892	0	18,237,231
FTE	317.8	2.0	0.0	317.8
General Fund	18,237,231	110,892	0	18,237,231
(2) Institutions				
(D) Food Service Subprogram				
Operating Expenses	17,804,557	244,439	0	17,804,557
General Fund	17,804,557	244,439	0	17,804,557
Federal Funds	0	0	0	0

	FY 2018-19 Appropriation	FY 2018-19 Request	FY 2018-19 Recommendation	FY 2018-19 Recommended Total
(2) Institutions				
(E) Medical Services Subprogram				
Personal Services	32,860,678	1,025,005	0	32,860,678
FTE	387.5	12.0	0.0	387.5
General Fund	32,622,295	1,025,005	0	32,622,295
Cash Funds	238,383	0	0	238,383
(2) Institutions				
(E) Medical Services Subprogram				
Operating Expenses	2,579,052	23,423	0	2,579,052
General Fund	2,579,052	23,423	0	2,579,052
(2) Institutions				
(F) Laundry Subprogram				
Personal Services	2,398,955	35,746	0	2,398,955
FTE	37.4	0.7	0.0	37.4
General Fund	2,398,955	35,746	0	2,398,955
(2) Institutions				
(F) Laundry Subprogram				
Operating Expenses	2,197,545	18,570	0	2,197,545
General Fund	2,197,545	18,570	0	2,197,545
(2) Institutions				
(G) Superintendents Subprogram				
Personal Services	11,323,461	136,563	0	11,323,461
FTE	156.9	2.1	0.0	156.9
General Fund	11,323,461	136,563	0	11,323,461

	FY 2018-19 Appropriation	FY 2018-19 Request	FY 2018-19 Recommendation	FY 2018-19 Recommended Total
(2) Institutions				
(G) Superintendents Subprogram				
Operating Expenses	5,202,001	45,410	0	5,202,001
General Fund	5,202,001	45,410	0	5,202,001
(2) Institutions				
(G) Superintendents Subprogram				
Start-up Costs	0	842,764	0	0
General Fund	0	$842,764	$0	0
(2) Institutions				
(I) Case Management Subprogram				
Personal Services	17,363,426	115,020	0	17,363,426
FTE	247.3	2.0	0.0	247.3
General Fund	17,363,426	115,020	0	17,363,426
(2) Institutions,				
(I) Case Management Subprogram				
Operating Expenses	172,581	595	0	172,581
General Fund	172,581	595	0	172,581
(2) Institutions				
(J) Mental Health Subprogram				
Personal Services	10,727,527	151,790	0	10,727,527
FTE	153.1	2.0	0.0	153.1
General Fund	10,727,527	151,790	0	10,727,527

	FY 2018-19 Appropriation	FY 2018-19 Request	FY 2018-19 Recommendation	FY 2018-19 Recommended Total
(2) Institutions				
(J) Mental Health Subprogram				
Operating Expenses	280,766	1,418	0	280,766
General Fund	280,766	1,418	0	280,766
(2) Institutions				
(K) Inmate Pay				
Total	2,247,885	29,183	0	2,247,885
General Fund	2,247,885	29,183	0	2,247,885
(3) Support Services				
(F) Training Subprogram				
Personal Services	2,332,114	38,340	0	2,332,114
FTE	33.0	0.7	0.0	33.0
General Fund	2,332,114	38,340	0	2,332,114
(3) Support Services,				
(F) Training Subprogram				
Operating Expenses	287,131	880	0	287,131
General Fund	287,131	880	0	287,131
(4) Inmate Programs				
(B) Education Subprogram				
Personal Services	13,633,002	162,045	0	13,633,002
FTE	193.1	2.7	0.0	193.1
General Fund	13,633,002	162,045	0	13,633,002

	FY 2018-19 Appropriation	FY 2018-19 Request	FY 2018-19 Recommendation	FY 2018-19 Recommended Total
(4) Inmate Programs				
(B) Education Subprogram				
Operating Expenses	4,521,163	9,900	0	4,521,163
General Fund	2,816,746	0	0	2,816,746
Cash Funds	1,293,402	9,900	0	1,293,402
Reappropriated Funds	411,015	0	0	411,015
(4) Inmate Programs				
(C) Recreation Subprogram				
Personal Services	6,882,514	126,227	0	6,882,514
FTE	116.7	2.7	0.0	116.7
General Fund	6,882,514	126,227	0	6,882,514
(4) Inmate Programs				
(C) Recreation Subprogram				
Operating Expenses	71,232	951	0	71,232
Cash Funds	71,232	951	0	71,232
(4) Inmate Programs				
(D) Drug and Alcohol Treatment Subprogram				
Personal Services	5,424,050	40,073	0	5,424,050
FTE	85.4	0.7	0.0	85.4
General Fund	5,424,050	40,073	0	5,424,050
(5) Community Services				
(C) Community Reentry Subprogram				
Personal Services	2,437,735	37,685	0	2,437,735
FTE	41.6	0.7	0.0	41.6
General Fund	2,437,735	37,685	0	2,437,735

	FY 2018-19 Appropriation	FY 2018-19 Request	FY 2018-19 Recommendation	FY 2018-19 Recommended Total
Total for Open a Private Prison with DOC Staff and 250 Beds (FY 2018-19)	480,585,255	11,318,570	0	480,585,255
FTE	5,069.2	80.7	0.0	5,069.2
General Fund	474,124,549	11,307,719	0	474,124,549
Cash Funds	6,049,691	10,851	0	6,049,691
Reappropriated Funds	411,015	0	0	411,015
Federal Funds	0	0	0	0