

**DEPARTMENT OF CORRECTIONS
FY 2013-14 JOINT BUDGET COMMITTEE HEARING AGENDA**

**Friday, January 4, 2013
9:00 am – 12:00 pm**

9:00-9:30 INTRODUCTIONS AND OPENING COMMENTS

9:30-9:40 QUESTIONS COMMON TO ALL DEPARTMENTS

1. The JBC occasionally hears complaints that base personal services reductions to capture vacancy savings result in more vacancy savings as managers reduce staff to absorb the reduction and then still experience turnover. Some departments refer to this as the "death spiral." Has your department experienced this problem? How does your department attempt to minimize and avoid the "death spiral?"

9:40-9:55 FORT LYON SUPPLEMENTAL

2. If Fort Lyon were to be shut down, what would it cost to bring it back up?
3. Did the Governor's request address the question of asbestos abatement? Will this affect operating costs?
4. What is the remaining useful life of the Fort Lyon Facility and what are the associated future costs of building operation and controlled maintenance?
5. Why is this a DOC supplemental and not a DOLA supplemental?

9:55-10:30 GENERAL QUESTIONS

6. When will the utilization study be available?
7. A federal district court found that exercise facilities at CSP I provide insufficient access to the outdoors for offenders who are in administrative segregation for extended stays. Do the exercise facilities at CSP II provide adequate access? Is there a design flaw in CSP II that would deter the federal government from wanting to utilize it as a prison facility?
8. The savings from H.B. 12-1223, the earned time bill, were to be appropriated to education. Why did the Department not included the savings from HB 12-1223 in the budget request?
9. When the 317 beds were closed at three facilities, was this done in such a way that they could be reopened if the utilization study shows that they should not have been closed?

10. Please provide data on how much is spent for polygraph testing of sex offenders. Is testing done by contract or by state FTE? How many FTE run the program? Please show the costs per year.
11. What agreements currently govern the use of private prisons in Colorado? Is there a commitment to maintain bed levels?
12. Which is the more efficient way to achieve savings: closing a public unit or eliminating private beds.
13. How do private prisons compare to publicly administered prisons in the following areas: recidivism rates; inmate and worker safety, workforce compensation and turnover rates.
14. Does the Department plan to close a correctional facility in FY 13? If so, which ones are under consideration?
15. How many openings are there in the publicly administered facilities and how many private facility inmates could be moved to the public facilities as of today?

10:30-10:45 BREAK

10:45-11:00 FTE AT THE DEPARTMENT OF CORRECTIONS

16. In FY 2010-11, the FTE appropriations for medical services and mental health services were significantly larger than the number of FTE used. Why? Are there vacancy savings? Are vacancy savings being used for other things? Are you using contract medical and mental health personnel because medical and mental health employees are difficult to find?
17. What has happened to the ratio of parolees to FTE over time? How does the number of FTE per parolee compare with the number of FTE per inmate and how have these ratios trended relative to each other over time?
18. What is the right level of FTE that we should be attempting to achieve in Corrections?
19. Please provide background on the 28-day work period, its implications for workforce compensation, and possible alternative to the current wage and hour structure? How many back-to-back double shifts does a correctional officer need to work to be eligible for overtime.

11:00-11:15 MEDICAID AND DOC INMATES

20. Who will make Medicaid eligibility determinations for offenders if the state Medicaid program expands?
21. Is the Governor going to expand Medicaid?

22. What are the legal obligations to inmates based on where they are housed, i.e. in state prison, private prison or a community corrections facility? Please address this for all services that are provided.
23. Strategic Objective 7 of the Department's 2012-13 Strategic Plan focused on obtaining Medicaid reimbursement for qualifying offenders. Was the Department able to achieve these objectives by the July 1, 2012 target date? What did you do and learn that will help you if you try to obtain FFP for substantial numbers of inmates following an expansion of the state Medicaid program?
24. If the state decides to expand Medicaid and makes this decision prior to 2013 figure setting for the Department of Corrections, will it be possible to take FFP (Federal Financial Participation) for inmates into account when writing the Long Bill?
25. What will happen if Colorado doesn't move forward with Medicaid expansion in 2014? Are there other aspects of the Affordable Care Act that could help the Department?
26. Is any legislation needed to facilitate the Department's efforts to qualify offenders for FFP?
27. CMS has stated that offenders who receive care at the Correctional Care Medical Facility of Denver Health Medical Center are entitled to FFP. This unit is designed exclusively to treat inpatient referrals from the Denver County jail but is a part of and operates under the accredited inpatient hospital license of the Denver Health Medical Center. Would the state benefit if the Department of Corrections had a similar center? Where is the Correctional Care Medical Facility located?
28. Due to provisions in the Affordable Care Act, offenders aged 26 and younger can now remain on their parents' insurance. Does this have any potential to reduce the DOC's medical costs?

11:15-11:25 THE YOUTHFUL OFFENDER SYSTEM

29. What are the Prison Rape Elimination Act considerations at YOS? What provisions for separation have you made?
30. What problems have arisen at YOS from mixing younger offenders with the older offender population placed in YOS under the provisions of H.B. 09-1122,?

11:25-11:40 COSTS OF SUPERVISION

These questions refer to the cost of supervision diagram and table on page 11 of the DCJ briefing document.

31. Why are the costs of supervising offenders on parole so much higher than the costs of supervising offenders on probation? Please address both regular supervision and intensive supervision.
32. Why are the Department's costs of supervising transition offenders in community corrections facilities \$14.59 per day when there is no cost or very little cost for state supervision of diversion offenders who are directly sentenced to community corrections? What's the caseload for a community parole officer supervising offenders in community corrections and what does the officer do?
33. How much do offenders on parole and on intensive supervision parole (ISP parole) pay for the services provided?

11:40-12:00 PAROLE BOARD QUESTIONS - PRESENTED BY THE CHAIRMAN OF THE PAROLE BOARD, DR. ANTHONY P. YOUNG

INTRODUCTORY COMMENTS

34. Please comment on the Parole Board's use of community corrections beds for parolees.

ADDENDUM: OTHER QUESTIONS FOR WHICH SOLELY WRITTEN RESPONSES ARE REQUESTED

1. The Joint Budget Committee has recently reviewed the State Auditor's Office *Annual Report of Audit Recommendations Not Fully Implemented* (October 2012). If this report identifies any recommendations for the Department that have not yet been fully implemented and that fall within the following categories, please provide an update on the implementation status and the reason for any delay.
 - a. Financial audit recommendations classified as material weaknesses or significant deficiencies;
 - b. Financial, information technology, and performance audit recommendations that have been outstanding for three or more years.
2. (Please direct this question to the Department of Local Affairs and ask them to send a separate written response *to* the JBC.) Please provide more information about the Harvest Farm program.

COLORADO DEPARTMENT OF CORRECTIONS



**Budget Hearing
January 4, 2013**

**TOM CLEMENTS
EXECUTIVE DIRECTOR**

DEPARTMENT OF CORRECTIONS

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1. The JBC occasionally hears complaints that base personal services reductions to capture vacancy savings result in more vacancy savings as managers reduce staff to absorb the reduction and then still experience turnover. Some departments refer to this as the "death spiral." Has your department experienced this problem? How does your department attempt to minimize and avoid the "death spiral?"

Answer: Over the past 10 years the Department has experienced significant budget reductions associated with base personal services that have contributed to experiences with the "death spiral". While there have been numerous increases and decreases to the overall budget, the reductions associated with base personal services reductions include:

- *FY 2002-03 – \$5.8 million base personal services cut*
- *FY 2003-04 – \$23.0 million (357 FTE) base personal services cut**
- *FY 2004-05 – \$559,000 base personal services cut*
- *FY 2007-08 – \$1.6 million base personal services cut*
- *FY 2008-09 – \$2.5 million base personal services cut*
- *FY 2009-10 – \$6.6 million base personal services cut*
- *FY 2011-12 - \$5.6 million base personal services cut*
**\$1.5 million was restored in FY 2004-05 with addition of 62.8 correctional officers.*

During the late 1990s the Department's actual FTE and appropriated FTE did not show large disparities. However, due to the budget reductions that occurred during the prior decade, the death spiral becomes evident in the growing disparity between actual FTE and appropriated FTE. In response to the growing disparity, the JBC cut 400 FTE in FY 2011-12 from the base FTE allocations. This cut proved to be overly aggressive based on FY 2011-12 actual usage. However, the JBC reduction was a symptom of the significant base cuts applied to the Department over the prior decade. Another symptom of the reductions is the current salary distribution of DOC staff. As illustrated in the December 2011 JBC staff briefing, over 50% of DOC staff are in the bottom 10% of their respective pay range.

The Department has worked to use allotted flexibilities in administering appropriations when available, while ensuring compliance with the legislative constraints associated with each. The Department has, for the most part, been successful in administering its statutory obligations with the allotted funds.

In recent years the Department has tried to manage the impact base personal services reductions (and the death spiral) by seeking exemptions to lines associated with 24/7 operations and similar programs. While the “death spiral” is a major reason that unfunded FTE exist in the Department, the unfunded FTE have come to exist for a variety of reasons, including: General Fund reductions proposed by the Executive Branch to help the State balance its General Fund budget, vacancy savings reductions initiated by the General Assembly, under funding of Shift Differential, and the tendency of the turnover to be those at the lower end of the salary spectrum (newer employees).

9:40-9:55 FORT LYON SUPPLEMENTAL

2. If Fort Lyon were to be shut down, what would it cost to bring it back up?

Answer: Even taking precautions designed to maintain the integrity of the buildings (temporary measures such as draining and systematically shutting down building systems to reduce damage and/or loss in the future) there will still be damage to the aged systems within the Ft Lyon complex. The system shutdown process will only limit the damage and impact of weathering on the buildings. If buildings remain closed for an extended period of time, the building systems may require extensive repair or replacement to come back into use.

The Ft Lyon complex includes 110 buildings and 583,794 square feet of space. Some of the buildings are over 100 years old, and the building systems vary significantly in age and condition. The systems that could be affected by a prolonged closure not only include all plumbing, mechanical and electrical systems but also the building envelopes, walls, ceilings, and foundations.

The cost to bring systems back on-line is impossible to estimate, as projecting exactly which areas will receive the most impact is not feasible. Furthermore, the amount of deterioration would depend on the length of time the buildings are out of service. If the buildings were closed for only a few months, the damage would be significantly less than if the buildings were closed for several years and exposed to several freeze-thaw cycles and the impact of weathering over time. The wastewater plant and the central plant heating and domestic water treatment systems could be very expensive to repair or replace if the complex is closed for an extended period.

3. Did the Governor’s request address the question of asbestos abatement? Will this affect operating costs?

Answer: While the request does not include funding for asbestos abatement, the request does address the asbestos issue. This is achieved by managing the remaining asbestos in place and not disturbing it, as has been done during state occupancy of the facility. Regulation 8 is a state regulation that is more stringent than other EPA requirements and does not require a property owner to remove asbestos-containing materials from a building unless the material will be impacted

by renovation or demolition activities. Soils containing asbestos are being managed in place under Regulation 5 by maintaining adequate ground cover.

Costs of managing the asbestos in place are included in the operating costs. However, the operating costs will be impacted when repairs or renovation activities require asbestos to be disturbed and subsequent mitigation is required. The cost will correlate to the frequency and extent of the asbestos disturbed.

4. What is the remaining useful life of the Fort Lyon Facility and what are the associated future costs of building operation and controlled maintenance?

Answer: *With proper maintenance and continued controlled maintenance system replacement projects, the buildings could be operated indefinitely.*

The operating costs would depend on the number and size of the buildings occupied. The maintenance staffing, maintenance expenses, facility operations, and utility costs have been estimated to be \$2,125,852 (see the DOLA decision item for Ft Lyon operating costs).

The DOC has identified \$3,935,000 in deferred controlled maintenance costs. Future controlled maintenance costs depend on the extent and duration of occupancy.

5. Why is this a DOC supplemental and not a DOLA supplemental?

Answer: *Since the FY 2012-13 utilities and maintenance was in the DOC it was determined that the logical place for the supplemental request for continued utilities and basic maintenance through the end of FY 2012-13 to be the DOC. However, the request for FY 2013-14 places continued funding for Ft Lyon within the Department of Local Affairs.*

9:55-10:30 GENERAL QUESTIONS

6. When will the utilization study be available?

Answer: *The Governor's Office of State Planning and Budgeting has indicated that the study will be available by June 30, 2013.*

7. A federal district court found that exercise facilities at CSP I provide insufficient access to the outdoors for offenders who are in administrative segregation for extended stays. Do the exercise facilities at CSP II provide adequate access? Is there a design flaw in CSP II that would deter the federal government from wanting to utilize it as a prison facility?

Answer: *The Department understands the concern of the Committee and appreciates this question. CSP II was designed to house Colorado's Administrative Segregation population. Design of the physical plant and any future potential population through outside entities would have to be matched. The Department is*

reaching out to multiple agencies and sources to determine interest in Centennial Correctional Facility South (CSPH). The Department has received interest in the building from outside agencies and has not heard concerns about the physical plant.

8. The savings from H.B. 12-1223, the earned time bill, were to be appropriated to education. Why did the Department not included the savings from HB 12-1223 in the budget request?

***Answer:** The Department's budget request includes \$193,900 in education operating for HB 12-1223 as base continuation funds from the FY 2012-13 special bill. The earned time bill went into effect August 21, 2012. The bill renders an offender (sentenced and paroled for a felony offense committed after July 1, 1993) eligible to receive earned time while he or she is re-incarcerated after a parole revocation. In addition, an offender who successfully completes an educational, vocational, therapeutic, or re-entry program, or who demonstrates exceptional conduct that promotes the safety of correctional staff, volunteers, contractors, or other persons under the supervision of the department of corrections, may be awarded up to a total of 120 days of achievement earned time in addition to any earned time that is already authorized by law. The program has been fully implemented, and the Department is tracking the awards for earned time related to this bill in both prisons and parole. The Department is encouraged by the General Assembly's decision to invest in education, and the Department accepts that this bill will create the opportunity as intended in the future.*

Due to the nature of earned time shortening an offender's sentence (either before being paroled or after being revoked back into prison from parole), the savings from the earned time are not realized until the end of an offender's incarceration with the Department. Thus, additional earned time savings cannot be calculated until additional offenders are released from the Department under the criteria specified in the bill. When the releases occur and the savings are realized, the Department will work with the General Assembly to address the requirement to redirect the savings in the future.

9. When the 317 beds were closed at three facilities, was this done in such a way that they could be reopened if the utilization study shows that they should not have been closed?

***Answer:** Yes. These three living units (100 beds at Trinidad Correctional Facility, 100 beds at Sterling Correctional Facility, and 117 beds at Buena Vista Correctional Facility) were closed in such a way so that they could be reopened if the utilization study shows they should be used. The staffing and operating costs reduced for the closures would need to be restored to operate these living units.*

10. Please provide data on how much is spent for polygraph testing of sex offenders. Is testing done by contract or by state FTE? How many FTE run the program? Please show the costs per year.

Answer: The DOC is allocated \$99,569 for Sex Offender Treatment and Monitoring Program clinical polygraph testing. The DOC contracts with polygraph examiners at a cost of \$250 per exam; therefore, no state FTE directly administer the polygraph tests. The following table displays the amount of funds spent on polygraph exams over the past three years.

Table 1: Polygraphs in Prison		
Fiscal Year	Number of Exams	Cost
FY 12-13 through Dec, 2012	242	\$60,500
FY 11-12	583*	\$108,594
FY 10-11	438	\$109,315**
FY 09-10	408	\$102,000**

* The DOC temporarily obtained some tests at a lower cost from an examiner that was receiving supervision hours to become a Colorado Sex Offender Management Board Full Operating Level Polygraph Examiner.

** The DOC was able to use operating funds to increase polygraph testing.

Polygraphs for sex offenders in the community are required by the Sex Offender Management Board guidelines. These polygraphs are also performed by a contractor.

Table 2: Polygraphs in Community Supervision		
Fiscal Year	Number of Exams	Cost
FY 12-13 through Dec, 2012	312*	\$78,050
FY 11-12	570*	\$142,855

*Approximate number of tests.

11. What agreements currently govern the use of private prisons in Colorado? Is there a commitment to maintain bed levels?

Answer: The Department has had a long and positive relationship with its private prison partners as well as those private companies that provide community corrections beds to transition inmates in half-way houses. The Department currently contracts with three prisons operated by Corrections Corporation of America (CCA), which include Kit Carson Correctional Center, Crowley County Correctional Facility, and Bent County Correctional Facility. For these facilities, each fiscal year the Department enters into an Inter-governmental Agreement (IGA) with the local municipality (county or town) where the prison is located. The local municipality then contracts with CCA. In the case of Cheyenne Mountain Re-Entry Center, the Department contracts directly with its parent company, Community Education Centers (CEC). A direct relationship is also in place with the Hudson Correctional Facility; the Department contracts directly with The GEO Group Inc. (GEO), to provide private prison monitoring services for the inmates housed from the State of Alaska at Hudson.

There is no contractual obligation to maintain a specific number of offenders in the private prisons. However, due to the 2012 Long Bill expressing an expectation to house approximately 3,300 inmates in CCA beds, the department is complying with the expectation.

12. Which is the more efficient way to achieve savings: closing a public unit or eliminating private beds.

Answer: Whether the prison population is declining or increasing, it is important to ensure that the Department has the right bed for the right offender. This includes placement in a facility that can safely and appropriately manage the offender and provide the needed treatment, education, and work opportunities to support successful reintegration.

The question asked is more than simple mathematics since socio-economic factors could create unintended consequences. Over the past few years the Department has closed state facilities and taken state living units offline. In addition, the reduction in the use of private prison beds has resulted in the closure of private facilities. Each of these capacity adjustments had to take into account multiple factors, including straight dollar savings and ensuring the availability of the right bed for the right offender. Table 3 provides some history on some of the closures of the past few years.

Table 3 - Facilities Decommissioned or Beds Offline					
Fiscal Year	State Facility	# Beds	FTE Abolished	Budget Savings annualized	Decommissioned/Offline
2009	Colorado Women's Correctional Facility	224	71.2	\$5.2 million	Facility Decommissioned
2010	Boot Camp – Buena Vista	100	32.7	\$1 million	Program Suspended
2012	Fort Lyon Correctional Facility	500	148.8	\$12.3 million	Facility Decommissioned
2013	CSP II	316	213.6	\$13.6 million	Facility Decommissioned
2013	Trinidad Correctional Facility	100	7.0	\$583,670	Beds Offline
2013	Sterling Correctional Facility	100	8.0	\$619,110	Beds Offline
2013	Buena Vista Correctional Facility	117	13.0	\$913,799	Beds Offline
Fiscal Year	Private Facility	#Beds	FTE		Decommissioned/Offline
2009	Huerfano County Correctional Center	714	Unknown	None - Moved to other privates	Colorado offenders moved to bring Arizona offenders in
2010	High Plains Correctional Facility	272	Unknown	\$5.4 million	Decommissioned

Last legislative session, Governor Hickenlooper, in conjunction with the General Assembly, identified a need for an independent analysis to examine the long-term needs of the prison system and the economic impacts to local communities when facilities are decommissioned or population levels are reduced. This legislation, HB 12-1336, was sponsored by the JBC and establishes a framework from which to analyze this question. The factors that are required by the legislation to be taken into consideration include:

- *Public safety*
- *Operational needs of the Department*
- *Facility characteristics including but not limited to, the location, physical plant, mission, custody level, and potential for repurposing.*
- *Inmate classifications, rights, and needs*
- *Efficiency and cost of operations;*
- *Impact on the local community with emphasis on economic impact and impact on public schools;*
- *Impact on the public and private workforce;*
- *Impact of staffing levels on safety, outcomes, turnover rate, and payroll practices, including overtime and compensation policies;*
- *Impact on relevant stakeholders;*
- *Effectiveness of programming and outcomes;*
- *State constitutional limitation related to the state personnel system; and*
- *Any other relevant factors.*

The Department looks forward to the recommendations of the Prison Utilization Study in understanding the most efficient way to proceed forward and achieve savings in a declining offender environment.

13. How do private prisons compare to publicly administered prisons in the following areas: recidivism rates; inmate and worker safety, workforce compensation and turnover rates.

Answer: *The DOC has contracted with private prisons to house and supervise offenders since 1993. The Private Prison Monitoring Unit (PPMU) is charged with overseeing the programs and services in most of the private facilities. The state currently utilizes Crowley County Correctional Facility (CCCF), Bent County Correctional Facility (BCCF), and Kit Carson Correctional Center (KCCC), operated by Corrections Corporation of America (CCA); and the Cheyenne Mountain Re-entry Center (CMRC), operated by Community Education Centers (CEC) and under the supervision of Adult Parole and Community Corrections.*

Workforce Compensation and Turnover Rates Comparison:

Table 4 - Private and State Comparison			
Private Prison Turnover Rates FY 2011-12		Private Prison Correctional Officer Starting Salaries (FY 2012-13)	
BCCF	5%	BCCF	\$12.60/hour
CCCF	8%	CCCF	\$13.10/hour
KCCC	19%	KCCC	\$12.26/hour
CMRC	28%	CMRC	\$12.60/hour
State Prisons	12%	State Correctional Officer	\$3,273/month (\$18.88/hour)

The populations housed at state and private prisons differ substantially because state prisons are mandated by statute to maintain specialized prisons to manage offenders with severe medical and mental health needs, as well as offenders who are classified at higher custody levels due to their behavior while incarcerated. Private prisons do not house offenders sentenced to life without parole or custody ratings above Level III (medium). Based on the clinical needs matrix in Administrative Regulation 700-2, offenders may be housed at private prisons if they meet the following criteria (although the criteria for placement at CMRC differ somewhat):

- Low to moderate needs levels (on a scale of 1 to 5)
 - Medical needs of 1-4
 - Mental health needs 1-3 and some level 4 on case by case basis
 - Developmental disability 1-3
 - Some disabilities as defined in the Americans with Disabilities Act, such as diabetes, but not mobility, vision, or hearing issues

Other issues that are considered but do not necessarily eliminate offenders from being placed in private prisons include security threat group affiliation, custody issues, and parole eligibility date (PED). Offenders who are less than 5 years to PED and meet level II criteria are generally not placed in private prisons.

Profile of Offenders at State vs. Private Prisons

Table 1 shows how offenders at private and state prisons differ on most demographic, needs, criminal risk, and criminal history variables. The sample for Table 5 consisted of 16,220 male offenders housed in Colorado's state or private prisons on September 30, 2012. No female offenders are currently housed in private prisons.

Table 5. Demographics, needs, criminal risk, and offense history by prison type

		Private	State
Ethnicity	Asian	0.9%	1.1%
	African	19.4%	19.3
	Native	3.0%	2.6%
	Hispanic	33.4%	33.6
	Caucasian	43.2%	43.5
Degree	GED/High	78.0%	76.8
	None	22.0%	23.2
Gang status*	Gang affiliation	24.4%	31.7
	No gang	75.6%	68.3
Custody*	Minimum	14.1%	22.6
	Minimum-R	31.8%	25.1
	Medium	53.9%	18.3
	Close	0.2%	26.3
	Admin.	0.0%	7.7%
Ever in ad seg in Incarceration*	No	96.2%	79.8
	Yes	3.8%	20.2
Offense degree*	1	0.7%	6.4%
	2	7.7%	11.6
	3	35.2%	32.7
	4	35.9%	34.2
	5	16.5%	11.9
	6	4.0%	3.2%
	Needs Levels		
Mental health*	3 – 5	22.3%	33.2
Sex offender*	3 – 5	35.0%	29.9
Substance abuse	3 – 5	74.9%	74.0
Medical*	3 – 5	16.9%	25.8
Academic	3 – 5	22.1%	23.3
Vocational*	3 – 5	49.1%	54.8
Developmental	3 – 5	4.0%	5.0%
Anger*	3 – 5	39.6%	48.6
Self-destructiveness*	3 – 5	8.6%	13.6
LSI-R*	Mean	30.8	31.4
	Standard	8.0	8.0
COPD(1&2)*	Mean	1.6	3.3
	Standard	4.0	6.0

* Indicates a significant difference at $p < .05$ between private and state prisons. Percentages may not total 100 due to rounding.

Compared to offenders at state prisons offenders at private prisons have less serious crimes, are less likely to be gang members, associates, or suspects, are less likely to have ever been in administrative segregation during their current incarceration, are less likely to have treatment needs (including mental health, vocational, medical, anger, self-destructiveness), and are more likely to be lower custody level. In contrast, there are more sex offenders in private prisons who are unwilling to participate in treatment.

Workforce and inmate safety comparison

Given the difference in the populations, the expectation is for higher incidences of inmate-on-inmate and inmate-on-staff assaults within the state prisons. Inmate-on-inmate assaults (incidents per year per 100 inmates in male level 3 facilities) in FY 2011-12 were 10.58 in state facilities compared with 5.66 in private facilities. Inmate-on-staff assaults (incidents per year per 100 inmates in male level 3 facilities) were 5.63 in state facilities compared with 1.52 in private facilities.

Recidivism rate comparison

The Department has begun work on an analysis to evaluate potential differences in recidivism rates between state and private facilities. Any comparison will be difficult as each offender will potentially spend time at multiple state and private facilities and private prisons only take a certain type of offender. Regardless of the difficulties, the Department is exploring alternate approaches in performing the analysis.

14. Does the Department plan to close a correctional facility in FY 13? If so, which ones are under consideration?

Answer: The Department does not have plans to close any additional facility in FY 2012-13 or FY 2013-14. It is anticipated that the Prison Utilization Study will provide expert guidance as to how best to implement needed capacity adjustments based on projected changes in the offender population.

15. How many openings are there in the publicly administered facilities and how many private facility inmates could be moved to the public facilities as of today?

Answer: Most of the vacant state beds are either minimum security beds or punitive segregation beds, and are not suitable for the offenders currently housed in private facilities. There are, as of December 29, approximately 100 beds available in state facilities that could accommodate offenders currently housed in private facilities. It is important to understand that this number represents one point in time and is not a constant from day to day as offenders are released and new commitments arrive. It is the Department's understanding that the Prison Utilization Study will provide information to help establish the proper balance between public and private facilities.

10:30-10:45 BREAK

10:45-11:00 FTE AT THE DEPARTMENT OF CORRECTIONS

16. In FY 2010-11, the FTE appropriations for medical services and mental health services were significantly larger than the number of FTE used. Why? Are there vacancy savings? Are vacancy savings being used for other things? Are you using

contract medical and mental health personnel because medical and mental health employees are difficult to find?

Answer: Recruitment of clinical services, medical, and mental health staff remains challenging throughout DOC. DOC is competing with private sector providers who may have a more appealing patient population and offer more flexibility in the work environment. It is compounded by current shortages of health care staff especially behavioral health (mental health, drug/alcohol and sex offenders) professionals particularly outside the metro Denver and metro Colorado Springs areas where most DOC prisons are located.

There are some contracts in the behavioral health area providing services for offenders. Mental Health personal services and contract allocations are used to fund contract psychiatric services from the University of Colorado. In FY 2011-12, the Department funded \$1,371,409 in contracted services. In FY 2011-12, there were \$551,070 at Denver Women's spent on a drug and alcohol contract with Addiction and Recovery Treatment Services, University of Colorado who manage one therapeutic community program. Sex Offender treatment has \$84,563 in contract services in FY 2011-12.

In order to deliver mandatory health care services to the offender population, contracted temporary staffing agencies are utilized to help provide these services. The temporary staffing contracts are funded using personal service dollars. The use of temporary staffing is reduced as FTE positions are successfully filled. Primarily, the temporary staffing contracts include physicians, nurse practitioners, physician assistants, RN, and LPN personnel. In FY 2011-12, the Department spent \$2,386,224 in medical contract services. The provided contract services complied with the intent of personal services funding. Since contract services do not count as state FTE, there were FTE reversions; however, there were no vacancy savings in terms of dollars.

17. What has happened to the ratio of parolees to FTE over time? How does the number of FTE per parolee compare with the number of FTE per inmate and how have these ratios trended relative to each other over time?

Answer: Funding for the DOC Community Services Long Bill group (except Community Re-entry) is unique in that the community parole officer (CPO) to parolee and CPO to community corrections inmate ratios drive the budget changes in relation to population fluctuations. Correctional officer (CO) to offender ratios in the state prisons do not drive any budget change; this is primarily because the offender population fluctuations were historically reflected in the private prison beds.

Below is a chart of recent historical ratios with parole and community supervision.

Table 6 - Historic Parole and Community Ratios						
	FY 2001	FY 2005	FY 2009	FY 2011	FY 2012	FY 2013
<i>Parole</i>	1:60	1:73	1:67.9	1:70	1:68.7	1:68.7
<i>ISP-Parole</i>	1:20	1:26	1:20.9	1:22.7	1:22.8	1:22.8
<i>Community</i>	1:60	1:68	*	1:60	1:60	1:60
<i>ISP-Inmate</i>	1:25	1:25	*	1:25	1:25	1:25

There is no correlation that can be drawn between the FTE per parolee ratios and the FTE per inmate ratios. The total parole in-state population in FY 2004 was 5,244. The population rose to a high of 9,016 in 2009, and was 8,445 as of June 30, 2012. The CPO to parolee ratios have remained fairly constant throughout those fluctuations.

The prison population in state and private prisons has risen from 17,205 in 2004 to a high of 20,021 in 2009. It was 18,062 as of June 30, 2012. The ratio of correctional officers to offenders is dependent on the mission of the facilities, and is therefore unique to each facility. For example, a Level I facility with no fence and dormitory style housing is staffed with fewer officers than an administrative segregation unit, which requires escorted movement to all appointments and delivery of services at the cell. Changes to the number of correctional officers is directly related to bed closures and program suspensions, which are related to population changes but individual facility ratios will not always directly fluctuate with overall system wide population changes.

Staff to offender ratios

Essential in calculating staff to offender ratios within the prison system, there are four areas that impact the staffing ratios.

- The first area would be the capacity of the facility, which may fluctuate on a daily basis.*
- The second area is the physical plant. Prisons are secure institutions. The buildings, fences and towers are designed to retain and safely manage inmates with different levels of potential violence and escape risks.*

As an example, a single fence or no fence at all may surround a minimum custody facility while a medium custody facility would have a double fence, towers and reinforced walls. For close custody offenders, the offender will reside in a facility where the building design exercises strong control methods such as remotely operated cell doors with food tray slots and a high level of video surveillance.

- The third area is staffing. Higher security prisons need more staff than do facilities with less dangerous offenders. For example, 2 officers*

would be needed to escort high risk inmates whereas in a medium or Minimum-R custody facility, one officer may be required.

- *The final element is the designated use or the mission of the facility. All beds in a prison system have a designated use. Most beds tend to be for general population inmates but some beds are utilized for program needs. Some beds are for treatment needs and some are set aside to segregate inmates from the general population.*

Given that these factors vary across facilities, there is no set ratio for staff to offenders within the correctional facilities.

18. What is the right level of FTE that we should be attempting to achieve in Corrections?

Answer: This is a very good question and speaks to the balance between fiscal responsibility and the ability to respond to the diverse public safety demands of a correctional system. The JBC appropriately recognized two years ago that the Department has underutilized the FTE appropriation and that while the dollar appropriations are correct, the appropriation of FTE was likely too high. However, the JBC action to reduce 400 FTE has proven too aggressive, and the Department appreciates JBC staff's suggestion to work together to true-up the overall FTE appropriation; the Department looks forward to working with JBC staff to identify an accurate distribution of FTE for the Department.

19. Please provide background on the 28-day work period, its implications for workforce compensation, and possible alternative to the current wage and hour structure? How many back-to-back double shifts does a correctional officer need to work to be eligible for overtime.

Answer: The Department has been working with Colorado Wins through the interest based bargaining process to address issues and questions and concerns raised by staff regarding the 28-day work period.

The Fair Labor Standards Act contains provisions that allow the establishment of longer work periods of not less than seven days nor more than 28 days for public safety employees. The provisions are found in section 207(k) of the FLSA and are generally referred to as the 7k exemption. The provisions require that employees are paid overtime on a "work period" basis. The employer is responsible for establishing the "work period", as the DOC has established 13 "work periods" in a calendar year. The 7k exemption is utilized by a vast majority of state and local governments throughout the United States in scheduling public safety employees.

In the early 1990s, there was a class action lawsuit filed against DOC by staff in the Correctional Officers class series. The suit alleged that employees were required to report to work 7 minutes prior to the start of their shift for roll call. It was determined by an Administrative Law Judge that the claim was accurate. The

federal Fair Labor Standards Act states that an employer cannot consistently require an employee to report to work less than 7 ½ minutes prior to the start of their shift in order to prevent the payment of overtime. All time worked is rounded to the nearest quarter hour so each employee should have been given credit for 15 minutes for attending roll call. The suit resulted in the reimbursement of back pay for overtime compensation.

The need to meet the business needs of the department lead DOC to research and study section 7(k) of the Fair Labor Standards Act. In part, this states: Section 7(k) of the Fair Labor Standards Act provides that employees engaged in fire protection or law enforcement may be paid overtime on a "work period" basis. A "work period" may be from 7 consecutive days to 28 consecutive days in length. For a work period of 28 days, overtime pay is required when the number of hours worked exceeds 212 (fire) or 171 (police/law enforcement).

On December 31, 1996, DOC adopted the 28 day work period for staff assigned to the Correctional (Enforcement Protective Services) classification series. This occupational group includes all Criminal Investigators, Parole Officers, Correctional Officer I, Correctional Officer II and Correction Officer III classes. To address the overtime issue, the Executive Director granted each employee attending roll call an additional 15 minutes at the end of their shift for exiting purposes or shift debriefing, thus making the work day 8.5 hours. If an employee works all 20 shifts, the total hours worked should equate to 170 thus requiring the affected employee to work 1 hour without additional compensation before overtime would occur. Conducting roll calls before starting a shift is important because it provides for safety and security for staff and offenders, consistency/efficiency between shifts, and for overall facility operations. Roll call allows staff to share information and be given alerts for all activities throughout their assigned shift; it also allows for staff accountability, coverage for posts, mandatory training, communication between management and staff, strategic and management plans, and security issues, creating teamwork within shifts and inter-department areas.

Prison Operations and facility management work to minimize the use of double shifts as the Department recognizes it is a burden to staff. Employees eligible for overtime compensation would be required to work an additional eight (8) hour shift to begin accruing overtime / compensatory time.

11:00-11:15 MEDICAID AND DOC INMATES

20. Who will make Medicaid eligibility determinations for offenders if the state Medicaid program expands?

Answer: The same application and approval process used through Health Care Policy and Finance (HCPF) would be utilized for the offender population. Over the course of the last 18 months, DOC and HCPF have been working on potential solutions for an application process should Medicaid eligibility be expanded.

21. Is the Governor going to expand Medicaid?

Answer: The Department has referred this question to the Governor's Office.

22. What are the legal obligations to inmates based on where they are housed, i.e. in state prison, private prison or a community corrections facility? Please address this for all services that are provided.

Answer: DOC is required to provide health care for offenders that meet proven standards of care. This includes access to a full range of health care services including behavioral health, medical, dental, and ancillary services. By contract, private prisons are obligated to provide the same level of health care as state facilities and utilize the same contracted network of specialists in the community. However, when an offender from a private prison goes to the hospital, DOC pays the related medical expenses.

The Department's legal obligations for the offenders are the same whether they are housed in a state prison or private prison. There are several federal cases both in Colorado and other states which have defined access to health care. Included in the briefing document on page 28 is a summary paragraph of 1977 ruling in the landmark case of Estelle v. Gamble which changed the delivery of health care to offenders nationwide. Summary of the other cases could be provided if requested.

Offenders in community corrections facilities are responsible for their own health care and can access community based health care services. However, the Department is funded to supply psychotropic medications for offenders in community correction facilities.

23. Strategic Objective 7 of the Department's 2012-13 Strategic Plan focused on obtaining Medicaid reimbursement for qualifying offenders. Was the Department able to achieve these objectives by the July 1, 2012 target date? What did you do and learn that will help you if you try to obtain FFP for substantial numbers of inmates following an expansion of the state Medicaid program?

Answer: No, unfortunately the Department was not able to achieve the objective by July 1, 2012. However, there were several factors that contributed to not meeting the deadline. DOC and HCPF have worked closely together to explore all possibilities for achieving Objective 7 in the Strategic Plan. Despite all efforts, including consulting with Health Management Consultants who have worked with several other states in development of mechanism for Medicaid reimbursement, the Department has only been able to utilize the eligibility category of pregnancy. In order to access the Medicaid reimbursement, an offender must be hospitalized for more than 24 hours and fit into eligibility criteria in the State Plan. Part of the Strategic Objective was to utilize the disability eligibility category; however, the individual must be disabled according to Supplemental Security Income (SSI) criteria and receive the SSI payment. SSI payments stop when a person is incarcerated.

In May 2012, HCPF implemented the 1115 waiver expanding Medicaid eligibility to cover “Adults without Dependent Children” (AwDC) up to 10% Federal Poverty Level through an 1115 Waiver, which contains an enrollment cap of 10,000 individuals. After much discussion, the group determined it was not possible to cover offenders under this waiver as the 10,000 slots are already filled and there is a waitlist to enter the program.

Even though the Department has not been able to fully implement the Strategic Objective as written, DOC and HCPF continue to develop the process that will be needed if Medicaid eligibility is expanded as part of the Affordable Care Act. DOC will continue to use the well established process to assist those who are being released from a correctional facility to apply for Medicaid and other assistance programs. In addition to the disability criteria, most offenders would meet the requirements for AwDC when they leave prison, providing for greater continuity of care in medical and mental health services as offenders re-enter the community. Most would qualify for services immediately upon release, thus decreasing the gaps in service during a critical period of community adjustment. Ultimately, this may contribute to more successful community outcomes due to continuity of care and the resulting improvements in offender stability.

24. If the state decides to expand Medicaid and makes this decision prior to 2013 figure setting for the Department of Corrections, will it be possible to take FFP (Federal Financial Participation) for inmates into account when writing the Long Bill?

***Answer:** At this time, it would be difficult to determine if 2013 figure setting could be adjusted for possible FFP for offenders. There are several unknown variables that could affect the eligibility of an offender. While it is believed that most offenders would meet the requirements of Adults without Dependent Children and the 133% of federal poverty level, DOC does not currently track offender financial status. Essentially, there is no definitive information on which offenders may qualify for Medicaid and how that will relate to FFP.*

In FY 2011-12, hospitalizations that were longer than 24 hours were approximately \$10.4 million of the \$30 million allocation. It is critical to remember that the Center for Medicaid and Medicare Service rule is very specific as to what medical services could be covered for offenders. The majority of DOC costs are for outpatient services, even in the catastrophic line item, which would not be covered. As an example, in the catastrophic line item (over \$50,000 of expenses in one year), offenders who receive dialysis treatments and aren't hospitalized will reach this level of care by April of each fiscal year. None of these costs could be obtained through FFP.

If Medicaid is expanded and DOC offenders meet the eligibility criteria, the Department will share that information with JBC. The Department looks forward to working with the JBC on any budgetary impacts.

25. What will happen if Colorado doesn't move forward with Medicaid expansion in 2014? Are there other aspects of the Affordable Care Act that could help the Department?

Answer: The Department does not anticipate any changes in Colorado Department of Corrections costs if Colorado does not move forward with Medicaid expansion in 2014.

26. Is any legislation needed to facilitate the Department's efforts to qualify offenders for FFP?

Answer: At this time, the Department is not aware of any legislation that is needed specifically for DOC.

27. CMS has stated that offenders who receive care at the Correctional Care Medical Facility of Denver Health Medical Center are entitled to FFP. This unit is designed exclusively to treat inpatient referrals from the Denver County jail but is a part of and operates under the accredited inpatient hospital license of the Denver Health Medical Center. Would the state benefit if the Department of Corrections had a similar center? Where is the Correctional Care Medical Facility located?

Answer: No, the State would not benefit, because the facility could not be owned by the DOC and remain eligible for the Federal Financial Participation (FFP). DOC currently utilizes the Correctional Care Medical Facility (CCMF) for offenders as part of the contractual arrangement with Denver Health Center. CCMF is located within the main hospital complex located on Bannock Street in Denver.

The explanation of how Denver Health Medical Center qualifies to access Federal Financial Participation, is contained in August 6, 2010 letter from CMS to Executive Director Joan Henneberry.

“While Federal law at 1905(a)(A) of the Social Security Act prohibits Federal Financial Participation (FFP) for medical care or services for inmates in a public institution, there is the exclusion when the inmate who is otherwise Medicaid eligible receives medical care in a medical institution. Denver Health Medical Center is an accredited and licensed hospital and not created for the purpose of law enforcement and incarceration (which is separate from the law enforcement system) and is not under the authority of any correctional unit. As long as these conditions are met FFP is available.”

28. Due to provisions in the affordable care act, offenders aged 26 and younger can now remain on their parents' insurance. Does this have any potential to reduce the DOC's medical costs?

Answer: The Department does not see a potential to reduce DOC costs for offenders who are under the age 26. This provision of Affordable Care Act is already implemented; however most insurance providers have exclusion clauses if the person is incarcerated. The potential benefit for young offenders is that they could be covered under a parent's insurance when they leave and transition to the community.

11:15-11:25 THE YOUTHFUL OFFENDER SYSTEM

29. What are the Prison Rape Elimination Act considerations at YOS? What provisions for separation have you made?

Answer: The Department of Corrections anticipates being in compliance with the PREA Adult Prison and Jail Standard 115.14 (Specifically Related to Youthful Inmates) before August 20, 2013 when the new standards take effect.

Considerations & Response:

Out of the 230 offenders currently sentenced to the DOC's Youthful Offender System (YOS), only 7 are under the age of 18 today, but will be over age 18 when the new PREA Standards goes into effect in August 2013. The Department will meet the implemented standards as new offenders under the age of 18 are admitted to YOS.

To ensure strict compliance with the new PREA Standards for offenders under the age of 18 who may be sentenced to YOS after August 2013, YOS will assign and house all offenders under 18 years old together within a specifically identified room within the living unit that allows for direct staff supervision and observation. Day room and showers will be scheduled, and offenders under the age of 18 will be escorted by staff to the day room, restroom, and shower facilities where they will be directly supervised by staff at all times.

Staffing patterns at YOS will allow for direct staff supervision in all areas outside of the general living unit. This includes academic and vocational classes, library, yard, visiting, food service, medical, etc. When youthful offenders under the age of 18 are assigned to academic and/or vocational classes with offenders over the age of 18, they will be directly supervised by staff.

Staff Training:

All staff assigned to YOS will be trained to the requirements of the PREA Standards 115.14 during annual block training scheduled in January & February 2013.

Challenges:

Physical plant and facility design limitations create challenges in not having separate living units/areas, separate showers and separate common areas. The Department is currently developing new policies designed to ensure the requirements of 115.14 are met and adhered to which will be implemented and

trained to all staff. These policies and specific post orders will address the escort, supervision, and scheduling requirements.

30. What problems have arisen at YOS from mixing younger offenders with the older offender population placed in YOS under the provisions of H.B. 09-1122?

Answer: Since its inception in 1993, the Youthful Offender System has had an offender population, housed and programmed together, that ranged in age from 14 to 25 years of age.

The initial YOS Sentencing Legislation SB93-09 (CRS 18-1.3-407) allowed sentencing consideration for youthful offenders between the ages of 14 through 17 at the commission of their crime and under the age of 19 at sentencing to be eligible for YOS sentencing consideration. With sentence ranges from 2 to 7 years, this equated to an offender population between the ages of 14 to 25.

Under this previous legislation, young adult offenders who were 18 or 19 years of age at the commission of their crimes were ineligible for YOS sentencing consideration solely due to their age, and therefore could not benefit from the programming efforts provided by YOS specifically designed for young offenders. When convicted and sentenced, these offenders were being sentenced directly to one of the adult DOC facilities.

In 2009 the direct file sub-committee of the Commission of Criminal and Juvenile Justice (CCJJ) identified this issue and worked together to draft HB09-1122 which provided another sentencing option for the Courts. This bill expanded the eligibility for sentencing consideration to the youthful offender system to allow certain young adult offenders who commit certain crimes when they are 18 or 19 years old and sentenced prior to their twenty-first birthday, to be eligible for YOS placement, with sentence ranges from 2 to 6 years. This equates to an offender population between the ages of 18 to 26.

The average age of the YOS offender has and continues to increase. While the average age at admission has increased by 1.6 years, the average age within the facility has only increased by .7 years. This is a result of HB09-1122, and also the recent changes in Direct File legislation (specifically HB10-1413 and HB12-1071) which changed the age from 14 to 16 that a juvenile can be direct filed, and limited the offenses for which a juvenile may be subject to direct file considerations.

Table 7: YOS Offender Average Ages		
Fiscal Year	Average Age of Admitted Offenders	Average Age of YOS Population at Beginning of FY
<i>FY 2007-08</i>	<i>16.9</i>	<i>19.2</i>
<i>FY 2008-09</i>	<i>17.1</i>	<i>19.2</i>
<i>FY 2009-10</i>	<i>17.5</i>	<i>19.1</i>
<i>FY 2010-11</i>	<i>18.1</i>	<i>19.1</i>
<i>FY 2011-12</i>	<i>18.5</i>	<i>19.6</i>
<i>FY 2012-13</i>	<i>N/A</i>	<i>19.9</i>

Between October 1, 2009 and November 30, 2012, there were 94 offenders sentenced to YOS under the provisions of HB09-1122 (CRS 18-1.3-407.5). The YOS facility and population have experienced very few problems between younger and older offenders, and none that can be specifically contributed to HB09-1122.

11:25-11:40 COSTS OF SUPERVISION

These questions refer to the cost of supervision diagram and table on page 11 of the DCJ briefing document.

31. Why are the costs of supervising offenders on parole so much higher than the costs of supervising offenders on probation? Please address both regular supervision and intensive supervision.

Answer: There are many differences between parole and probation services and supervision which directly relate to the differences in the costs of supervising offenders.

Overall Populations are Different

The DOC parole population includes more serious offenders than are found in the adult probation population in terms of both criminal history and criminogenic risk. In FY 2011, 36% of all new clients sentenced to adult probation had a felony conviction and 64% had a misdemeanor conviction most serious crime. In comparison, 100% of all DOC offenders and parolees have been convicted of at least one felony but typically have multiple felonies.

Levels of supervision are higher than those on probation. Parolees must abide by conditions of parole set by the Colorado Board of Parole. Monitoring and supervision of parolees includes surveillance; frequent office, home, employment contacts; and providing financial assistance, as necessary, with education, housing, employment, treatment services and other referral services available within the community on a case by case basis. Additional functions include monitoring the collection of restitution, granting earned time, updating needs/risk classification, and conducting a variety of investigations.

Offenders assigned to Parole ISP receive enhanced supervision services (which may include electronic monitoring) consistent with statute (CRS 17-27.5-101 through 106)

to provide public safety services, including highly restricted activities, weekly face to face contact with parole or program staff, daily telephone contact with Colorado Web-Based Integrated Support Environment (CWISE), monitored curfews at the offender's place of residence once a month, employment visitation, and random drug testing.

Costs of Probation and Parole Include Different Items

First, DOC does not collect the same fees for services provided to parolees that probation charges probationers. Judicial charges each probationer \$50 per month for services, which offsets the cost of providing those services. DOC has a contract for CWISE that has provisions to charge the offender \$10/month to offset contract expenses. Judicial also charges all probationers for drug tests (DOC ISP parolees are not charged for drug tests). In FY 2011-12, the Colorado Judicial Branch collected \$12,812,599 in probation supervision fees in the Judicial Offender Services Fund (source: Judicial FY 2013-14 budget request). According to staff within the Judicial Department, the fees charged probationers are used to lower the direct supervision costs. This has the effect of lowering the cost of probation supervision when compared with parole supervision.

Second, the costs for probation do not include overhead costs while the costs for parole do include overhead costs. This has the effect of raising the cost of parole compared with probation. The table below reflects the program and associated costs per day for Parole, Parole ISP, Probation, and specialized Probation but shows the parole costs with the overhead removed thus providing for a more accurate comparison as the Probation supervision costs do not include overhead.

Table 8: Parole and Probation Cost Comparison		
Supervision	Cost Per Day	Annual Cost
<i>DOC Parole (Regular)*</i>	\$8.37	\$3,055
<i>Probation (Regular)**</i>	\$3.82	\$1,396
<i>DOC Parole (ISP)*</i>	\$20.63	\$7,530
<i>Probation (Adult ISP)**</i>	\$10.49	\$3,830
<i>Probation (Sex Offender ISP)**</i>	\$13.34	\$4,868
<i>Probation Female Offender Program (FOP)**</i>	\$9.29	\$3,391

*DOC Cost Per Offender Cost Per Day Total Report for FY 2011-12 (excluding administrative overhead)

** Division of Probation Services Summary Table for FY 2012-13 Cost of Care, Cost per Offender by Program.

There are many duties which both DOC community parole officers (post-certified) and probation officers (not post certified) perform. However, there are other services that CPOs provide that probation officers do not, including:

- Issue warrants for the arrest of offenders;
- Respond to crisis situations and/or disruptions at community correction facilities;
- Arrest offenders;

- *File felony escape charges with District Attorneys;*
- *Apprehend escapees;*
- *Transport offenders with respect to out of state returns, to jail, between jails and between jails to treatment beds, and to community return to custody facilities;*
- *Respond 24/7/365;*
- *Investigate and authorize pre-parole plans;*
- *Train community correction case managers with respect to sex offender programming, Prison Rape Elimination Act, ADA, etc.;*
- *Act as Code of Penal Discipline (COPD) hearing officers; and*
- *Authorize offender transfers between residential and nonresidential phases of placement.*

Parole officers need to regularly interact with prison management, case management, pre-release and reentry staff, community and faith based organizations, and the Parole Board to maintain a continuity of treatment and supervision. Parole officers are integrated into the correctional reentry process for vocational, educational, and related services along the continuum.

32. Why are the Department's costs of supervising transition offenders in community corrections facilities \$14.59 per day when there is no cost or very little cost for state supervision of diversion offenders who are directly sentenced to community corrections? What's the caseload for a community parole officer supervising offenders in community corrections and what does the officer do?

Answer: *There are many differences between DOC transition offenders and Probation diversion offenders.*

Cost of Transition Offenders and Probation Diversion Offenders Include Different Items

The \$14.59 per day for DOC community supervision has other expenses not related to direct supervision. Without these other expenses, the direct cost is \$7.51 per day.

DOC offenders placed in community corrections facilities are still on inmate status and remain under the jurisdiction of the DOC pursuant to section 18-1.3-301, C.R.S. Oversight and technical assistance available to contract residential facilities, offender supervision, and management functions are the responsibility of the community parole officers assigned to facilities. Given that the offenders remain under the jurisdiction of the DOC, the duties performed by community parole officers cannot be delegated to private and independent community corrections contractors.

It is the DOC's legal responsibility to supervise offenders. DOC CPOs have oversight and monitoring responsibilities to ensure that DOC offenders in community contract facilities are maintained within applicable statutory and regulatory health, life, and safety standards for custodial care for offenders under the jurisdiction of the DOC. Officers are responsible to provide technical assistance to facilities and programs on

DOC policies, DCJ standards, legislation that impacts operations, Community Corrections procedures, law enforcement requests, and other pertinent information. Current funded caseloads are 1 officer per 60 inmates (1:60) in community supervision.

The duties as outlined in 17-27-105.5, C.R.S. are performed by DOC CPOs (post-certified):

- *Supervise and habilitate offenders;*
- *Monitor and ensure compliance with Division of Criminal Justice standards regarding offenders who are placed in community corrections;*
- *Manage high risk offenders;*
- *Investigate, detect, and prevent crime involving offenders;*
- *Process reports or other official documents regarding offenders;*
- *Coordinate with community corrections boards and community corrections programs;*
- *Review offender supervision and treatment;*
- *Search community correction facilities for contraband;*
- *Prepare Interstate Compact transfer applications;*
- *Issue warrants for the arrest of offenders;*
- *Respond to crisis situations and/or disruptions at community correction facilities;*
- *Arrest offenders;*
- *File felony escape charges with District Attorneys;*
- *Apprehend escapees;*
- *Transport offenders with respect to out of state returns, to jail, between jails, to treatment beds, and to community return to custody facilities;*
- *Respond 24/7/365;*
- *Investigate and authorize pre-parole plans;*
- *Train community correction case managers with respect to sex offender programming, Prison Rape Elimination Act, ADA, etc.;*
- *Act as Code of Penal Discipline (COPD) hearing officers; and*
- *Authorize offender transfers between residential and nonresidential phases of placement.*

33. How much do offenders on parole and on intensive supervision parole (ISP parole) pay for the services provided?

Answer: *DOC has a contract for the Colorado Web-Based Integrated Support Environment (CWISE) that has provisions to charge the offender \$10/month to offset contract expenses. Non-ISP offenders pay for drug testing (UAs). Treatment (mental health, sex offender, and substance abuse) is both paid for by the State and by the offender on a case-by-case basis. Offenders pay the vendor directly for these services.*

11:40-12:00 PAROLE BOARD QUESTIONS - PRESENTED BY THE CHAIRMAN OF THE PAROLE BOARD, DR. ANTHONY P. YOUNG

INTRODUCTORY COMMENTS

34. Please comment on the Parole Board's use of community corrections beds for parolees.

Answer: The Parole Board substantially increased its utilization of community corrections beds for parolees during FY 2011-12 through a collaborative with community corrections boards, providers, and field-level parole officers and managers. During FY 2011-12, 362 parolees were placed in community corrections beds as a condition of parole as compared to 307 placements in FY 2010-11. Correspondingly, during FY 2011-12, 91% of H.B. 10-1360 funds were utilized, as compared to 53% of the appropriations. In FY 2012-13 (through mid-December) there were 191 placements. Based on the early part of FY 2012-13, we are projecting exceed FY 2011-12 placements and to meet 100% utilization of H.B. 10-1360 appropriations for FY 2012-13 (assuming that this trend remains constant).

ADDENDUM: OTHER QUESTIONS FOR WHICH SOLELY WRITTEN RESPONSES ARE REQUESTED

1. The Joint Budget Committee has recently reviewed the State Auditor's Office *Annual Report of Audit Recommendations Not Fully Implemented* (October 2012). If this report identifies any recommendations for the Department that have not yet been fully implemented and that fall within the following categories, please provide an update on the implementation status and the reason for any delay.
 - a. Financial audit recommendations classified as material weaknesses or significant deficiencies;
 - b. Financial, information technology, and performance audit recommendations that have been outstanding for three or more years.

Answer: The Department of Corrections did not have any audit recommendations in this report.

2. (Please direct this question to the Department of Local Affairs and ask them to send a separate written response to the JBC.) Please provide more information about the Harvest Farm program.

Answer: The request has been sent to the Department of Local Affairs.

Joint Budget Committee



COLORADO DEPARTMENT OF CORRECTIONS

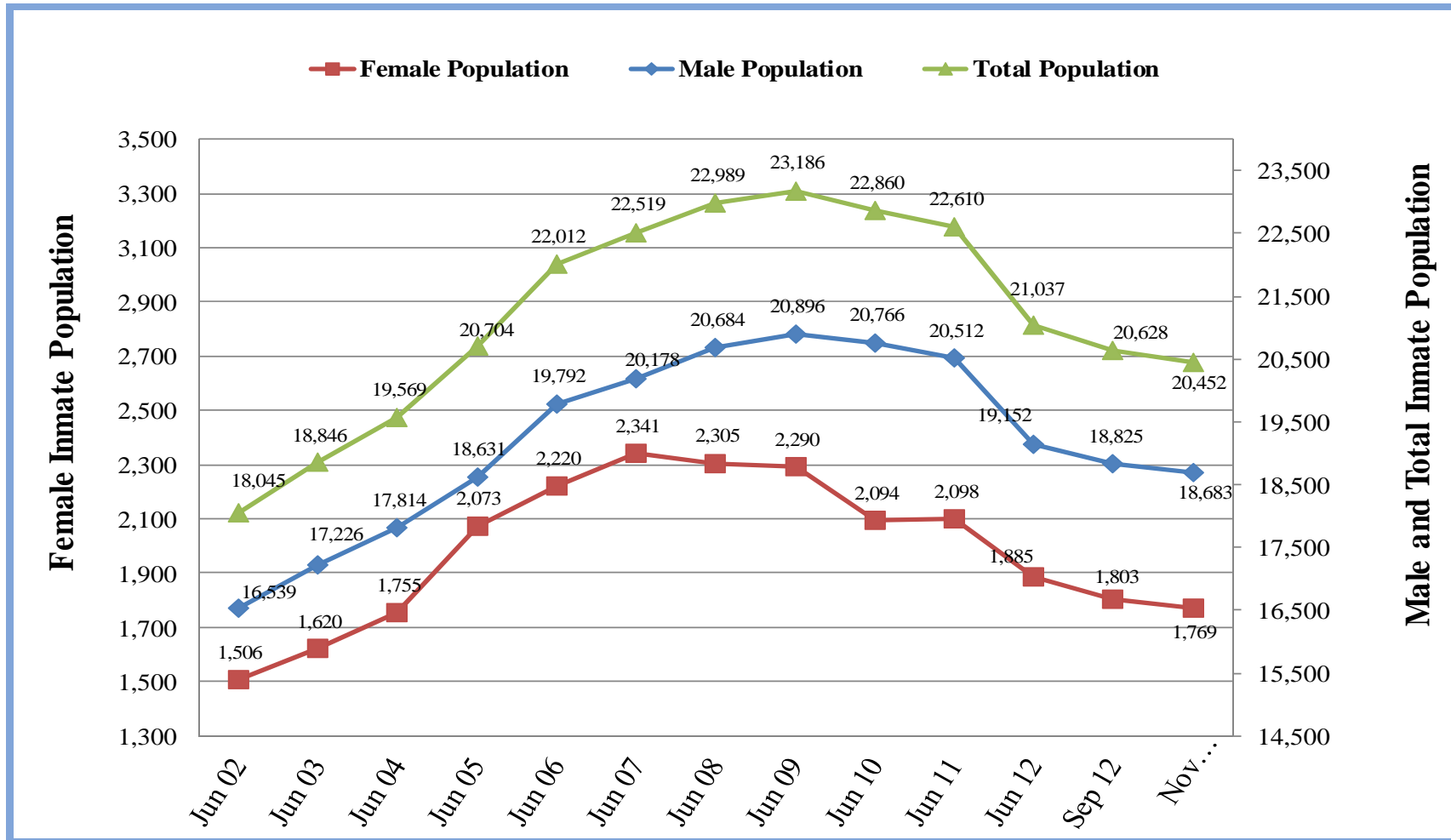
"Building a safer Colorado for today and tomorrow."

Tom Clements, Executive Director

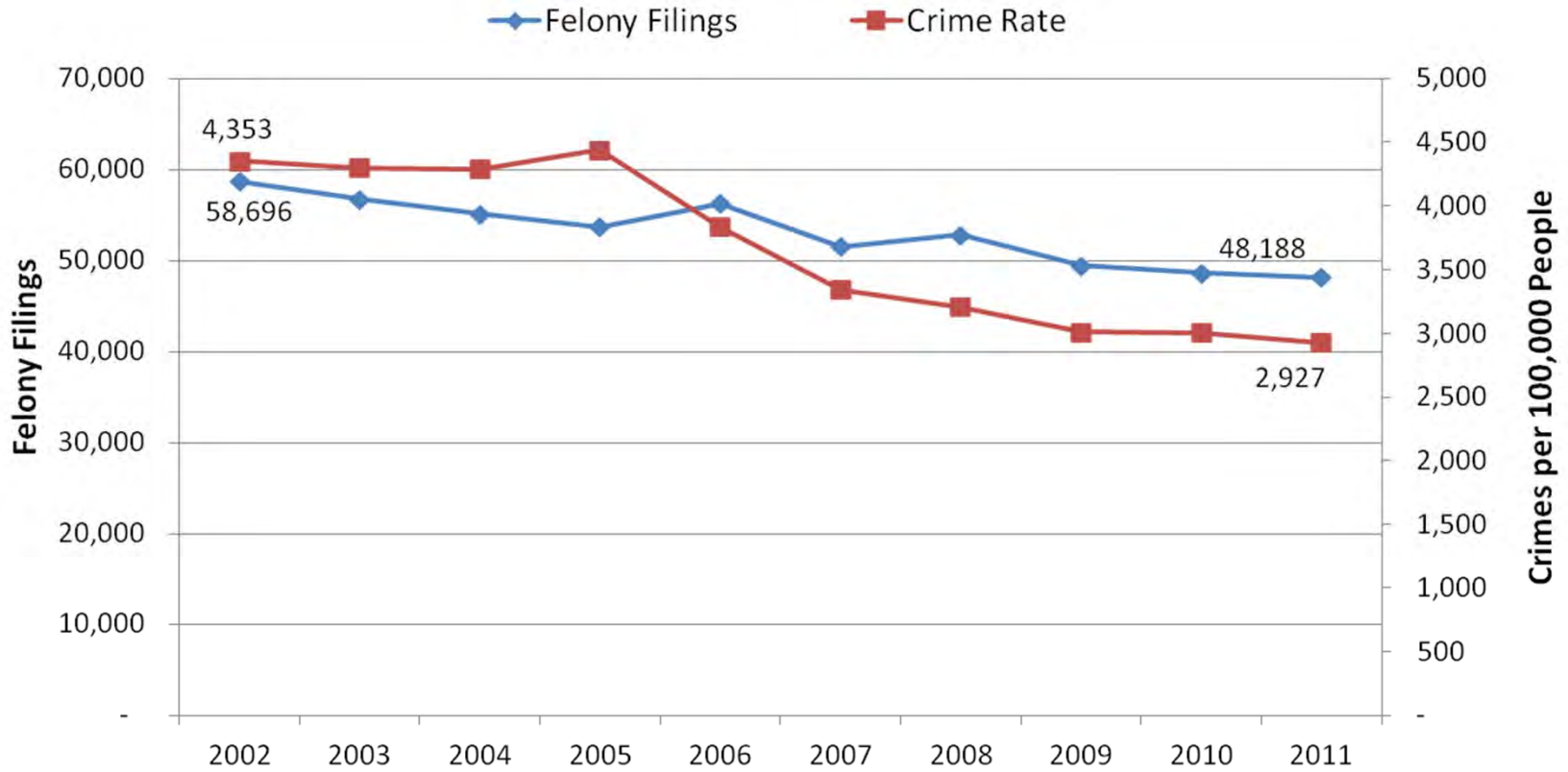
January 4, 2013



Adult Inmate Jurisdictional Population

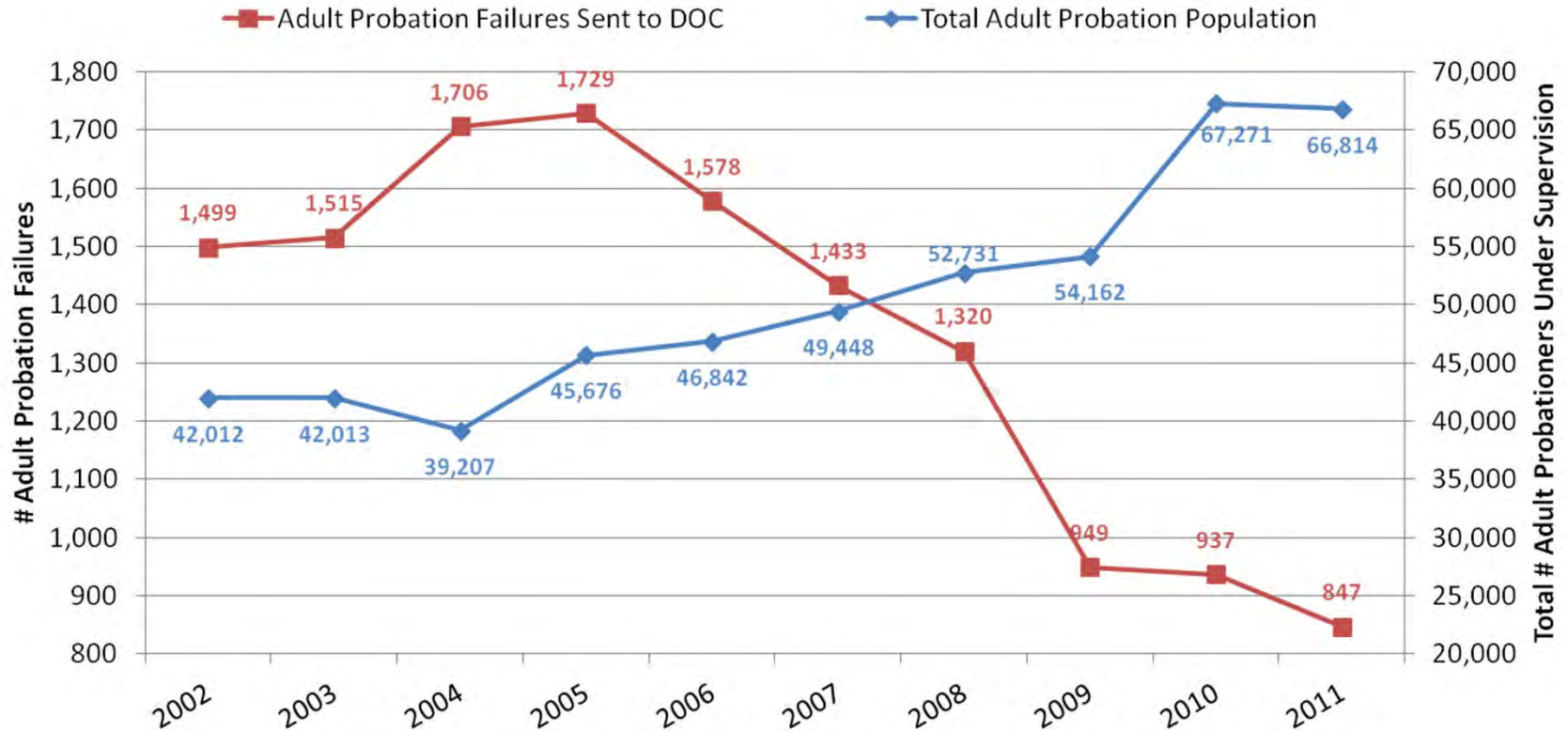


Crime Rate



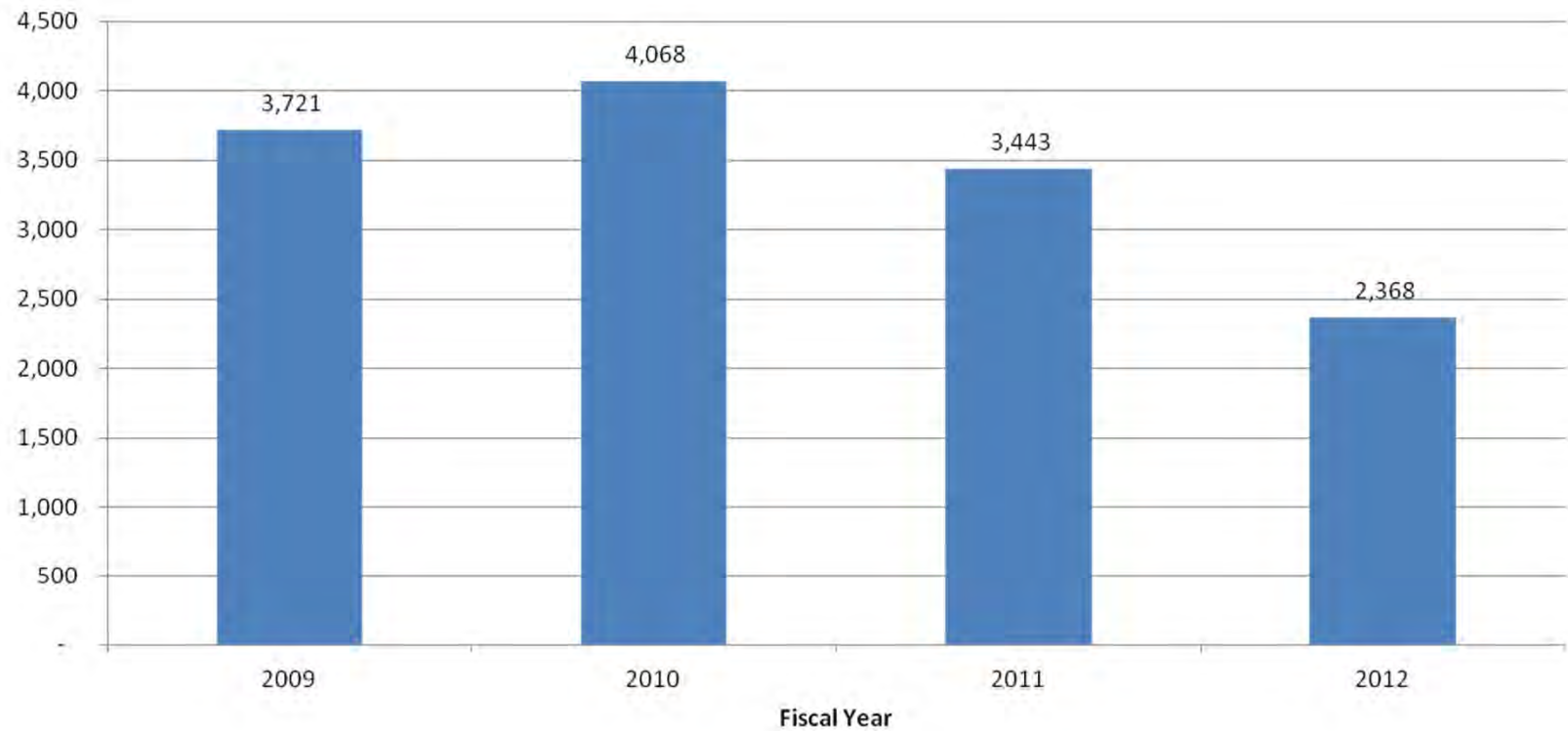
Source: FBI Uniform Crime Reports.

Adult Probation Failures Sent to DOC



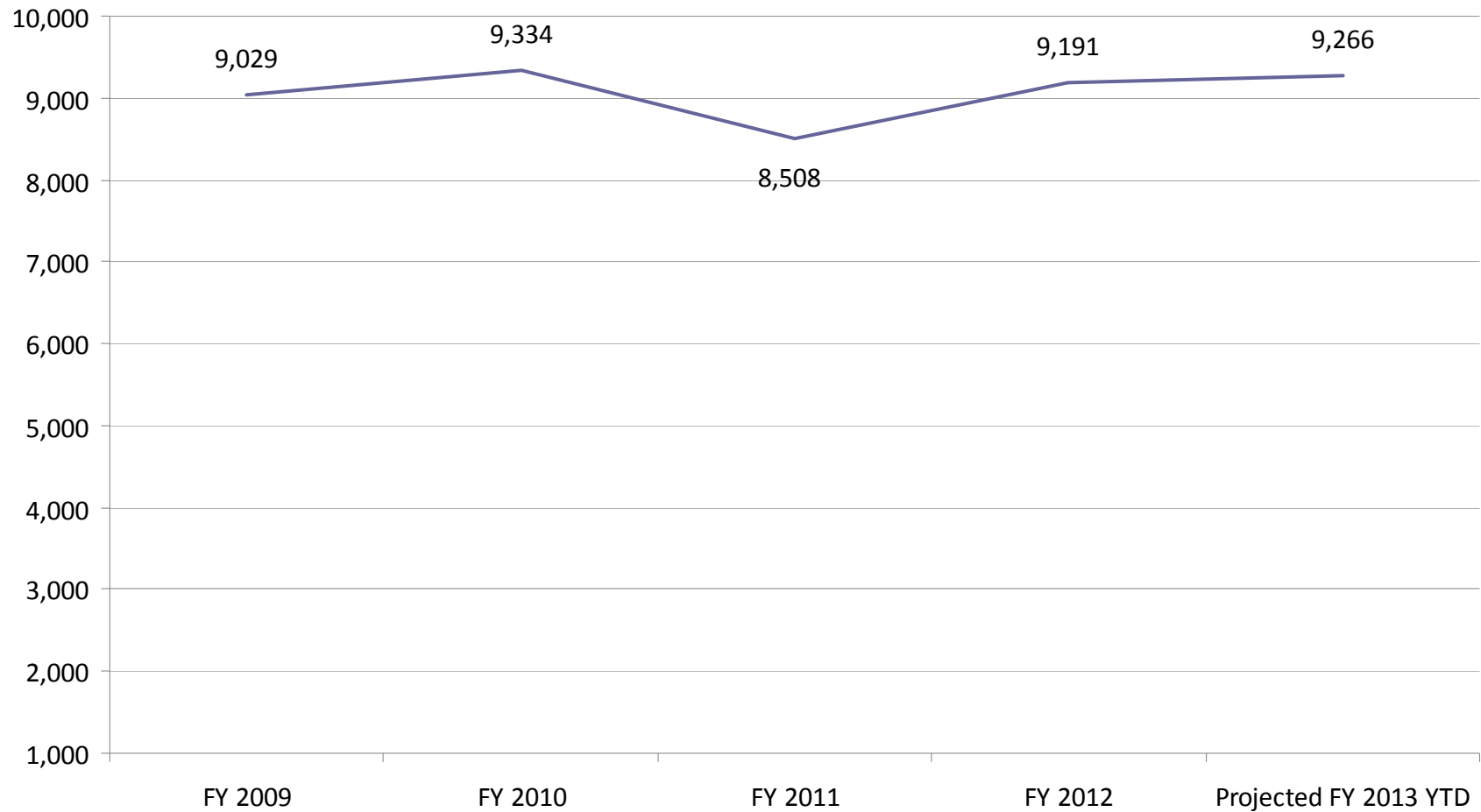
- **51% decline - Probation revocations between 2005-2011 resulting in DOC sentence**

Number of Technical Parole Returns



Releases to Parole

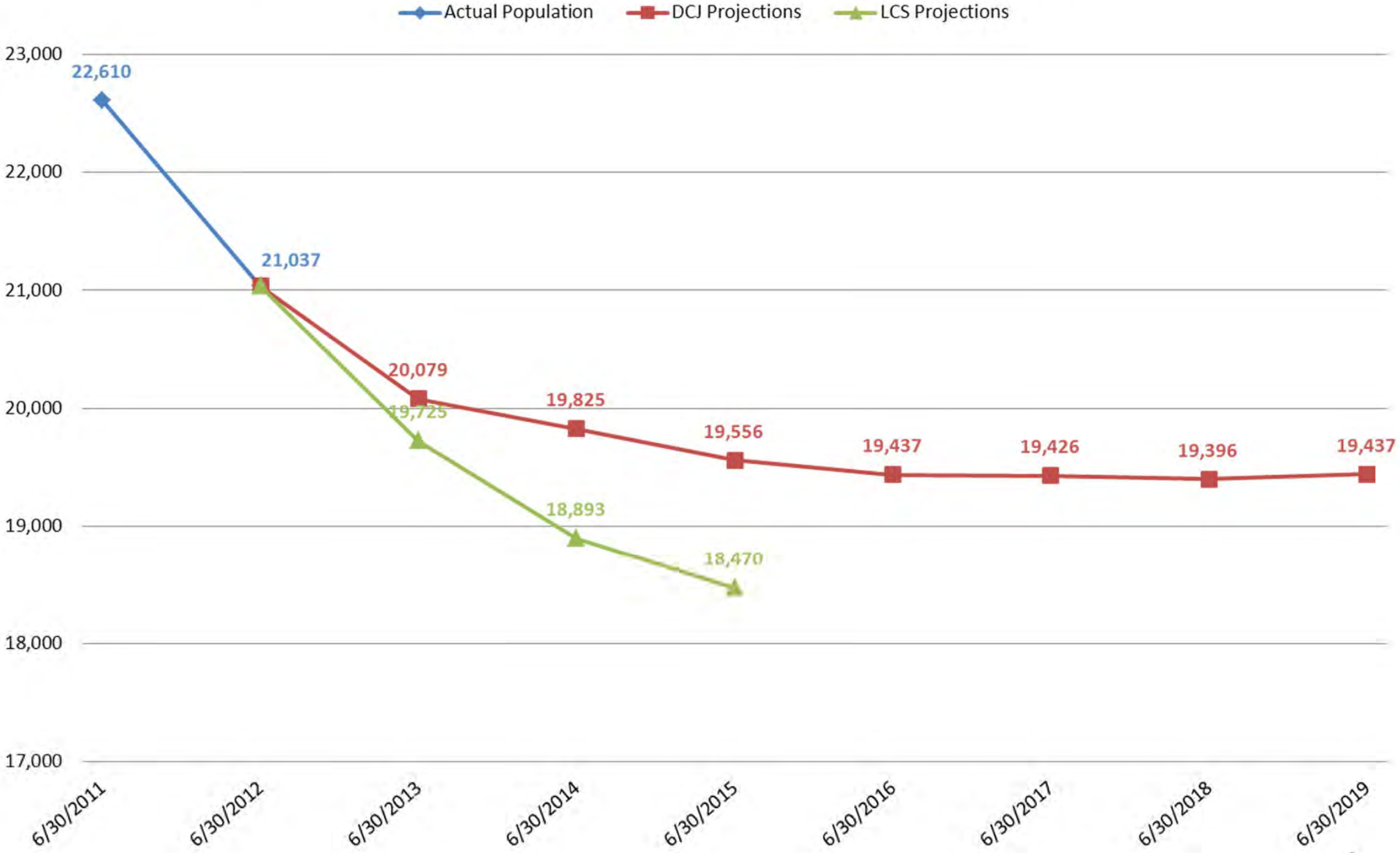
FY 2009 – FY 2013 YTD



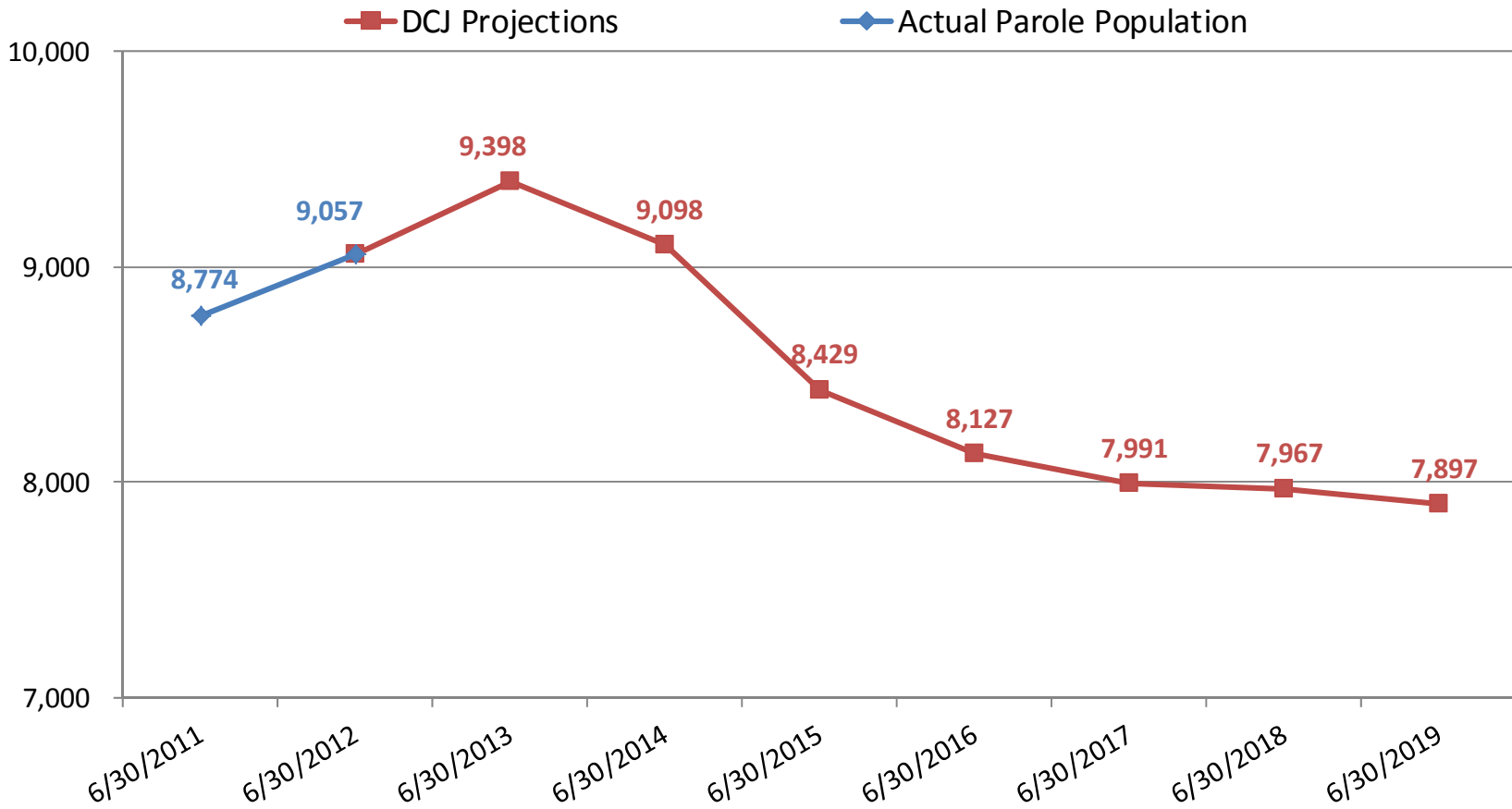
Response to Population Decline

Fiscal Year	Facility	# Beds	FTE Abolished	Budget Savings Annualized	Decommissioned/Offline
2009	Colorado Womens Correctional Facility	224	71.2	\$5.2 million	Decommissioned
2010	Boot Camp – Buena Vista	100	32.7	\$1 million	Program Suspended
2012	Fort Lyon Correctional Facility	500	148.8	\$12.3 million	Facility Decommissioned
2013	CSP II	316	213.6	13.6 million	Facility Decommissioned
2013	Trinidad Correctional Facility	100	7	\$583,670	Beds Offline
2013	Sterling Correctional Facility	100	8	\$619,110	Beds Offline
2013	Buena Vista Correctional Facility	117	13	\$913,799	Beds Offline
TOTAL		1,457	494.3	\$34,216,579	

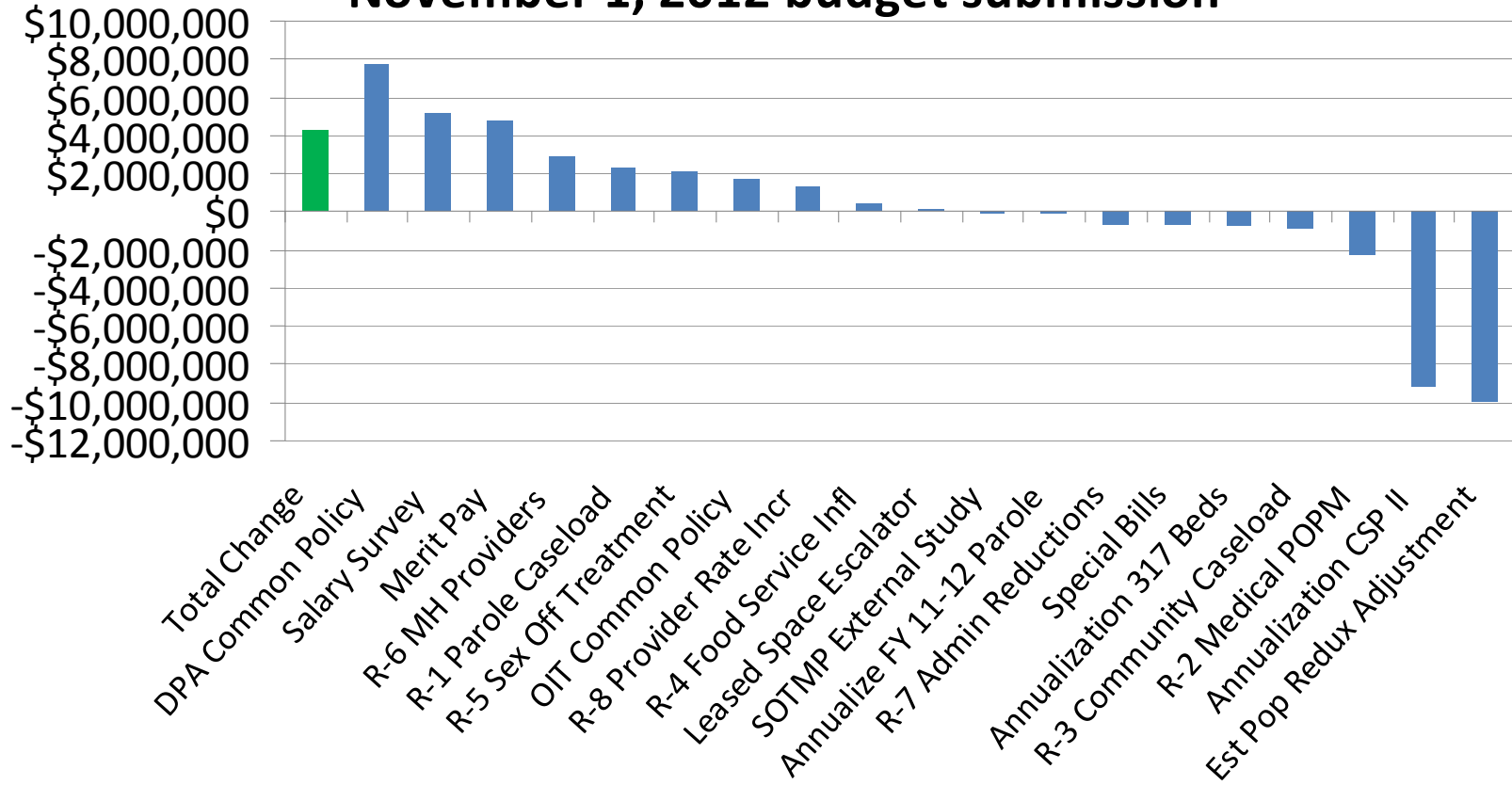
2012 Division of Criminal Justice and Legislative Council Staff Projections



2012 DCJ Parole Projections

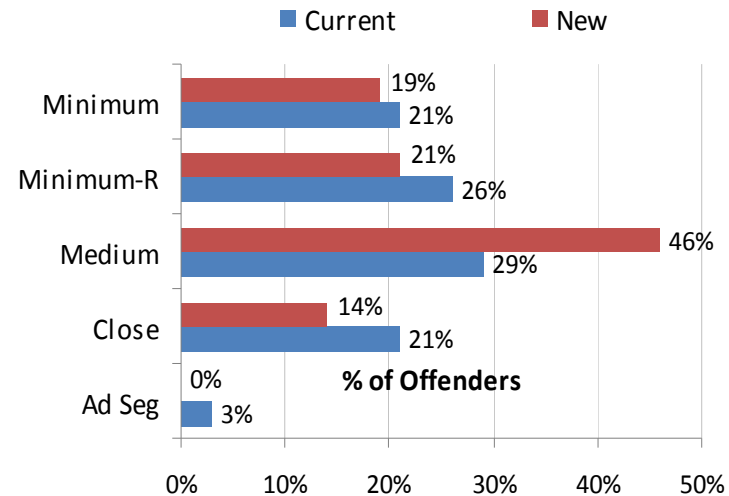


DOC General Fund Changes FY 12-13 to FY 13-14 - November 1, 2012 budget submission



Key Initiatives

- Classification Revalidation
- Last Validated 1996
 - Implementation Period
February 1 –August 31, 2013
- Impacts of New Instrument



Key Initiatives

- Administrative Segregation
- November 30, 2012 - 1,581 Deputy Director Reviews
- November 30, 2012 - 485 offenders released from ad seg environments
 - September 2011 November 2012
 - 1,505 in Ad Seg 942 in Ad Seg
 - 7% of prison pop. 4.8% of prison pop.

Key Initiatives

- Sex Offender Treatment Study
 - Funded by Legislature
 - Study on Schedule
 - Report due to Department early January, 2013
- Prison Rape Elimination Act (PREA)
 - 43 Standards with 191 subsections
 - 183 applicable to CDOC
 - CDOC is fully or partially compliant with 97.6%
 - » Fully Compliant – 77 subsections
 - » Partially Compliant – 101 subsections
 - » Non-compliant – 1 subsection
 - » Non-applicable – 8 subsections
 - 3-year audit process begins August 2013

Key Initiatives

- Earn Time Bill – HB 12-1223
 - 25,993 days - awarded for achievement earned time
 - 224,658 days - awarded to parole violators
- Prison Utilization Study
 - Awarded to CNA
 - Report due 6/30/13

