DEPARTMENT OF CORRECTIONS
FY 2022-23 JOINT BUDGET COMMITTEE HEARING AGENDA

Monday, December 13, 2021
1:30 pm – 3:30 pm

1:30-1:40  INTRODUCTIONS AND OPENING COMMENTS

Presenter: Dean Williams, Executive Director

1:40-1:50  COMMON QUESTIONS

Main Presenters:
- Dean Williams, Executive Director
- Travis Trani, Deputy Executive Director
- Deb Goheen, Director of Finance & Administration

Topics:
- Remote work policies: Page 1, Question 1 in the packet, Slide 5
- Federal funding: Pages 1-2, Question 2 in the packet, Slide 5

1:50-2:20  GENERAL DISCUSSION

Main Presenters:
- Dean Williams, Executive Director
- Travis Trani, Deputy Executive Director
- Deb Goheen, Director of Finance & Administration

Supporting Presenters:
- Michelle Brodeur, Director of Clinical & Correctional Services
- Jessica Warren, Director of Correctional Industries

Topics:
- Wildly Important Goals: Slides 8-11
- Turnover, vacancies and their impacts: Slides 12-15
- COVID-19 response: Slides 16-17
- Correctional Industries - a new direction: Pages 3-4, Question 7 in the packet, Slides 18-19

2:20-2:40  FY 2022-23 REQUESTS

Main Presenters:
- Dean Williams, Executive Director
- Ruth Coffman, Deputy Executive Director
- Deb Goheen, Director of Finance & Administration
Supporting Presenters:
• Sherrie Daigle, Inspector General

Topics:
• R3 Long-term compassionate care: Page 2, Questions 3-4 in the packet, Slide 21
• R4 K-9 drug detection program: Pages 2-3, Questions 5-6 in the packet, Slide 22

2:40-3:00 PAROLE AND TELECOMMUNICATIONS

Main Presenters:
• Dean Williams, Executive Director
• Ruth Coffman, Deputy Executive Director

Topics:
• SB 21-146: Pages 4-6, Questions 11-12 in the packet, Slides 24-25
• Telecommunications: Page 6, Question 13 in the packet, Slide 26
COMMON QUESTIONS FOR DISCUSSION AT DEPARTMENT HEARINGS

1. Please provide an update on how remote work policies implemented in response to the COVID-19 pandemic have changed the Department’s long-term planning for vehicle and leased space needs. Please describe any challenges or efficiencies the Department has realized, as well as to what extent the Department expects remote work to continue.

Response: The pandemic has not diminished the department’s public safety mission. There is an ongoing need for vehicles to facilitate prison operations such as the transport of offenders, perimeter patrols, and facility support.

Parole utilizes a place-based supervision model that requires officers to contact parolees in the field. While the quantity of vehicles is not anticipated to increase, mileage on the vehicles will rise.

The department’s Flexible Work Arrangements (FWA) have been established and implementation is in process for the Headquarters’ personnel. The majority of department staff are located at 20 correctional facilities throughout the state and will not be impacted by the FWA policy. For Headquarters, a spring of 2022 time frame is anticipated for the FWA data to be gathered and analyzed. It is anticipated that vehicles will also be analyzed at this time. A new fleet team has been established with a long-term goal of right-sizing the department’s fleet.

To date, the department has reduced private owner leases by 12%, exceeding our short-term goals established in October 2020 through the Re-Imagining State Government Initiative; this goal was 9%. This was accomplished through lease efficiencies of two parole offices and reducing the size of a Colorado Correctional Industries (CCI) warehouse.

2. Please describe the most significant one-time federal funds from stimulus bills (e.g., CARES Act and ARPA) and other major new federal legislation (e.g., Federal Infrastructure Investment and Jobs Act) that the Department has received or expects to receive. For amounts in new federal legislation that have not yet been distributed, please discuss how much flexibility the State is expected to have in use of the funds.
Response: The department received $3.6 million in FY 2019-20 and $50.6 million in FY 2020-21 from the CARES Act to pay for extraordinary expenses associated with DOC’s response to the pandemic. These expenses were primarily for payroll costs including temporary staff for testing and contact tracing, temporary medical staff, overtime, and incentive pay. The department also used a portion of the funds to provide personal protective equipment to staff, masks for inmates, and supplies for enhanced cleaning.

In the current year, the department is receiving up to $1.3 million from ARPA Public Health to pay retention bonuses to CoreCivic staff employed at the Bent and Crowley County Correctional Facilities from November 2021 to February 2022.

FY 2022-23 REQUESTS

R3 LONG-TERM COMPASSIONATE CARE

3 [Sen. Moreno/Rep. McCluskie] What are the characteristics of the inmates that this request addresses? Wouldn’t a person who’s released on compassionate release be eligible for Medicaid and could be served in a nursing home without the State standing up a new program like this?

Response: The members are exactly right in thinking that those released through compassionate release typically have high medical needs, and most are eligible for Medicaid. The department has found, however, that many nursing homes and long term care centers refuse to take this population because of their criminal records. DOC is currently housing 17 people behind the walls who the Parole Board has “tabled” over the past two years, meaning they are free to go once the department finds a placement for them. This group includes both those who received regular parole as well as special needs parole (SNP). Unfortunately, nursing homes and long term care centers have declined these people. Their average length of stay with DOC after receiving this “tabled” status is 200 days.

The funding request would supplement, not replace, Medicaid dollars, in the hope that nursing facilities would be persuaded to admit this population with the additional supplemental payment. It is worth noting that HCPF expects that this supplemental fee would also be matched by the federal government, making this a very efficient use of state dollars.

4 [Sen. Moreno] Why are the provisions of SB 21-146 not sufficient to address the issue? Why wouldn’t the Department pursue the path of compassionate release?

Response: The department does pursue compassionate release for this population of aging people who need medical support. However, many people who receive compassionate release from the Parole Board then enter “tabled” status because the department cannot find a placement for them. As of December 7, 2021, the Parole Board has reviewed 20 people for SNP with 12 of them granted release, but 6 of those are still with DOC and are tabled until we can find a placement for them. This is in addition to the 17 people referenced in the previous question.

R4 K-9 DRUG DETECTION PROGRAM

5 [Sen. Moreno] What are the challenges in collecting contraband data by facility? For example, the Department of Human Services’ Division of Youth Services is able to provide this data by facility.
Response: The department takes a system-wide view of contraband in facilities. DOC has developed contraband statistics by facility for this question (Appendix A). The statistics only include the facilities that have reported seized contraband in 2021.

6 [Rep. McCluskie] From a logistical perspective, would the canine unit be used to support all facilities or focused on specific facilities? How would use of these canines be prioritized?

Response: The K-9 Unit will provide support to all DOC facilities by conducting targeted searches or staff interdictions, and respond on an as-needed basis to any facility. Investigators from the Office of the Inspector General and facility search teams that are conducting interdictions or operations will be able to schedule the K-9 teams to be present on a specific day and time to search. When the K-9 teams are not supporting specific interdictions or operations (the top priority), they will target high-contraband facilities, conduct training, or respond as needed to facilities.

R5 INCREASED FOOD SERVICE COSTS

7 [Sen. Moreno] Please comment on Colorado Correctional Industries’ statutory mission to be profitable. Are there options that the General Assembly can consider to make sure that there are sufficient work opportunities?

Response: In 1977, the General Assembly created the Department of Corrections as we know it today. Included in the enacting legislation was the “Correctional Industries Act”, establishing a correctional industries program that would be operated on a “financially profitable basis”. This was a national trend among departments of corrections and cutting edge at the time. The Federal Bureau of Prisons adopted a similar program that same year.

The idea behind CCI was that an inmate supported enterprise would have multiple benefits: provide work training, the reduction of inmate idleness, and the ability to create revenue in order for the program to flourish and grow.

Over time, modern penal philosophy has evolved and the department has come to understand that finding competitive business opportunities for CCI to engage in while fairly compensating incarcerated people may not be the best course to rehabilitate the incarcerated population. On top of this, it has become increasingly difficult to find unrestricted business ventures that are profitable over the long term.

It’s not just the work in-and-of itself that is beneficial to the incarcerated population, but also the type of work, the workplace environment, and (perhaps most importantly) the wages paid to inmate workers that can provide benefits to reduce recidivism.

The primary concern for the state should not be that these programs turn a profit. Rather, the primary concern should be that formerly incarcerated people do not re-offend after they are released from prison and that they have a pathway to meaningful employment opportunities. To that end, the department is working with legislators to explore statutory changes that may address the requirement for CCI’s work programs to be profit oriented.
Ultimately, the department strives to do its best at assisting individuals with establishing strong relationships and community ties through work programs and partnerships and, in order to give them the strongest chance possible at success, earning a decent wage.

JAIL COSTS

8 [Rep. McCluskie] Can we assume that personnel costs are the largest factor for jails?

Response: The department does not have insight on the cost of operating jails. Given the nature of their 24/7 operations, it seems reasonable to assume personnel costs are the single largest cost factor for jails.

9 Please summarize the DOC’s relationships with local jails, including:

- Billing practices, including common challenges
- Data reported to the DOC by county jails

Response: The counties submit their billings for one month at a time. Most billings are received the month following the month being billed. However, Section 17-1-112, C.R.S., allows invoices to be sent within three months after the end of the month being billed.

Rather than challenges, the department is sharing a billing observation. Counties do not submit uniform invoices outside of the technical parole violator (TPV) billing generated in the Colorado Web-Based Integrated Support Environment (CWISE) system for those counties opting to use the CWISE TPV invoice. The larger counties tend to have better software for their inmate tracking systems and submit system generated invoices. Most smaller counties or those that bill infrequently submit self-prepared invoices such as an Excel spreadsheet. The invoice format does not preclude payment by the department.

The department does not receive data on the county jails outside of the billing invoices.

10 Please comment on potential options to help the JBC better understand jail costs and the per-diem rates paid to jails. Could the Department contract with an outside entity to study the actual costs of DOC inmates?

Response: The department recommends that it not be a party to a study that looks at the costs of housing DOC inmates in jails. DOC feels it could be viewed as a conflict of interest if it had any role in the study and prefers that it be conducted as an independent review of costs and reimbursement rates. The department notes that the current reimbursement process uses an incremental cost approach rather than full cost. From Section 17-1-112, C.R.S., “…the department shall reimburse any county or city and county for a portion of the expenses and costs incurred by that county or city and county in the confinement and maintenance in a local jail of any person who is sentenced to a term of imprisonment in a correctional facility.”

PAROLE

SB 21-146 (IMPROVE PRISON RELEASE OUTCOMES)
If DOC has 165 applications in the process but have only submitted nine, what factors are preventing applications from getting to the Parole Board? Is it a resource issue? If so, please elaborate.

Response: The reduced number of applications that have reached the Parole Board is not due to a resource issue but rather the stipulations outlined in S.B. 21-146 and other legislation, such as victim and district attorney 30-day notification holds. DOC has currently submitted 20 special needs parole (SNP) applications as of November 30, 2021. Because the department does not want to miss anyone who is qualified for SNP, a process is currently underway to review anyone who has a Medical (M) needs code of 4 or 5, a Psychological (P) needs code of 5, or an Intellectual/Developmental (IDD) needs code of 5. This represents 740 people who will have their health records reviewed individually by a physician. So far, DOC has reviewed approximately one-half of these people. After reviewing this group, the next step will be the review of people with M codes of 3. This means the “applications in process” is typically a large number while the “applications submitted” will represent the number of people who actually qualify by statute.

Additionally, obtaining release of information, developing housing plans, and other parole planning processes must be completed prior to submitting applications to the Parole Board. The department has worked to streamline processes and is now starting to see the outcomes of these efforts. Also, S.B. 21-146 provided funding for new positions to drive the special needs parole processes as outlined in the bill. DOC required a few months to onboard staff for these positions, and work out new data pulls and processes to align with the criteria in the legislation. The department is committed to reviewing anyone in DOC custody who might be potentially eligible. However, the number of applications submitted to the Parole Board will reflect the number of people who are actually medically eligible for SNP.

How does the DOC communicate treatment needs for potential parolees to the Parole Board?

Response: For those individuals that meet the special needs parole (SNP) criteria in S.B. 21-146, the process begins with DOC’s Office of Planning & Analysis generating a list of inmates that fall into the cohort groups defined in the bill. There are certain qualifiers that exclude some inmates from consideration (as outlined in the bill).

Once the list is vetted and finalized by the SNP Case Manager, it is sent to the Chief Medical Officer designee for review. This physician reviews the identified eligible patients for the SNP process, completing SNP Worksheet A in the process.

Worksheet A has five sections for potential review:

1. 55 years of age or older who is seriously impaired from a chronic medical or mental health condition.
2. Any age and is incapacitated from a chronic or irreversible condition.
3. Age 64 or greater, has served 20 years, no health criteria involved.
4. Incompetent from mental health or medical condition with a low likelihood of restoration of competence.
5. Meets criteria from one or more of the above sections AND is terminal regarding life expectancy.

If a patient meets the eligibility criteria outlined in S.B. 21-146, the physician approves their case in Worksheet A and they move to the next step in the review process. A complete outline of the reviews conducted prior to sending the SNP application to the Parole Board is found in DOC’s Administrative Regulation 550-13, Special Needs Parole.

Behavioral health treatment needs are conveyed to the Parole Board when there are areas of concern or needs for treatment. These treatment needs include: Psychological (mental health) treatment needs level 3-5 (mild to severe); Intellectual/Developmental treatment needs 3-5; Sexual Violence needs 5 (S5) (adjudicated/conviction); and Substance Use Disorder (SUD) treatment needs 3-5.

A release of information is obtained from the client; if they authorize the sharing of HIPPA information, it will be provided on the Behavioral Health (BH) Transition form. This document also reflects completed recommended treatment (case management classification documents generally reflect this information as well). The process to get the BH Transition forms to the Parole Board is reliant on coordinating with case managers.

The Behavioral Health leadership team holds monthly meetings with Parole Board team members to discuss how DOC can foster more efficient, relevant information for their consideration. The department developed a process to provide BH Transition forms for clients seeing the Parole Board in a given month. Additionally, BH leadership will review examples of BH Transition forms with the Parole Board team to discuss helpful information for them to receive.

The Sex Offender Treatment Monitoring Program provides a separate “Parole Board Summary” for the S5 inmates scheduled for Parole Board hearings. The summary is prepared for both those convicted with determinate sentences and those under the Lifetime Supervision Act.

High Risk High Need Dual Diagnosed Offenders with co-occurring mental health and substance use disorders (SUD) have transition staffings that involve facility mental health and SUD clinicians, case managers, facility parole officers, parole transition specialists, parole mental health clinicians, and community parole officers. These staffings help inform and develop parole plans for these clients.

OTHER

13  [Sen. Hansen] Please provide an update on telecommunications plan and the high cost of services for inmates.

Response: Telecommunications costs are declining. For example, the friends and family calls went from 12.5 cents per minute to 10.5 cents per minute during the past year and, most recently to 8.0 cents per minute in October 2021. In addition, international calls have been capped at 12 cents per minute; these calls were previously as much as 50 cents per minute. The department is also setting up a pilot to provide free videoconferencing in the Denver Women’s Correctional Facility that may lead to inmates making fewer calls and thereby incurring lower costs.

DOC Questions from the DCJ Briefing
14 Please provide an update on the implementation of H.B. 18-1251. Does DOC need additional resources to implement the computer system to collect feedback from boards and providers? If so, please elaborate.

Response: Community Corrections Centers and Boards have had the ability to communicate denial reasons electronically to DOC prior to the passage of H.B. 18-1251. Upon the passage of the bill, DOC worked with the Office of Community Corrections and stakeholders to refine and standardize the denial reasons. The design has been completed and is now in the testing phase of full integration with the new electronic Offender Management Information System (eOMIS). Additional resources are not needed.

15 [Sen. Rankin] Is there data available to compare outcomes for individuals directly leaving DOC compared to those going through community corrections?

Response: There are two ways in which individuals can go through Community Corrections:

1. Sentenced by the courts directly to Community Corrections
2. Sentenced to DOC and participate in Community Corrections prior to release

These analyses focus on those inmates who were sentenced to DOC and participated in Community Corrections prior to release. Four one-year cohorts of inmates who participated in Community Corrections were risk-matched with cohorts of inmates who did not participate in Community Corrections. The following table indicates the percentage (and count) of those offenders who returned to DOC within 12 months of release.

<table>
<thead>
<tr>
<th></th>
<th>2016 Returned</th>
<th>2017 Returned</th>
<th>2018 Returned</th>
<th>2019 Returned</th>
</tr>
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<tbody>
<tr>
<td>DOC Inmates thru</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Corrections</td>
<td>47% (1,001)</td>
<td>47% (963)</td>
<td>48% (1,167)</td>
<td>39% (953)</td>
</tr>
<tr>
<td>Parole or Discharge</td>
<td>27% (1,533)</td>
<td>29% (1,955)</td>
<td>26% (1,858)</td>
<td>18% (1,356)</td>
</tr>
</tbody>
</table>

Chi-square tests were used to validate the significance of these findings. The p-values for each of the four cohorts are p=0.00 which indicates a statistically significant difference between community corrections participants and non-participants on 1-year return rates.

The comparison between the one-year cohorts of inmates who participated in Community Corrections versus those who did not indicate that the return rate is nearly 20% higher for those who went through Community Corrections.

16 [Sen. Rankin] Please provide recommendations to improve data sharing between Judicial, DOC, and DCJ.

Response: A multi-agency initiative just kicked off to exchange data with those who are legally authorized based on user identity and access management, and comply with criminal justice and health information standards. This multi-agency initiative is currently exploring the feasibility of applying common codes that will be adopted among partnering agencies. Through common codes, the exchange of data will be used to improve the management and care of individuals served by the multi-agency systems. The
recommendation is to continue with this initiative and use it as a model for system data sharing and interoperability.
Appendix A: Drug Seizure Data as of 12/3/21

**REGION 1 DRUG SEIZURE DASHBOARD 2021**

**TOP 6 SEIZURES**

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Case Number</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021001547</td>
<td>AVCF</td>
<td>$889.0</td>
</tr>
<tr>
<td>2021001345</td>
<td>BCCF</td>
<td>$1,396.0</td>
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<tr>
<td>2021001600</td>
<td>CCCF</td>
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<td>2021001293</td>
<td>AVCF</td>
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<td>2021001722</td>
<td>BCCF</td>
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</tr>
<tr>
<td>2021001851</td>
<td>CCCF</td>
<td>$2,729.50</td>
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**SEIZURES BY DOLLAR VALUE**

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<thead>
<tr>
<th>Prison Value</th>
<th>Street Value</th>
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<tbody>
<tr>
<td>AVCF</td>
<td>$94,490.00</td>
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<tr>
<td>BCCF</td>
<td>$53,735.00</td>
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<tr>
<td>CCCF</td>
<td>$46,735.00</td>
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**CONTRABAND BY GRAMS/STRIPS**

<table>
<thead>
<tr>
<th>AVCF</th>
<th>BCCF</th>
<th>CCCF</th>
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</thead>
<tbody>
<tr>
<td>Synthetic</td>
<td>Suboxone</td>
<td>Synthetic</td>
</tr>
<tr>
<td>889.0</td>
<td>253.5</td>
<td>971.0</td>
</tr>
<tr>
<td>1,396.0</td>
<td>23.5</td>
<td>51.0</td>
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**CONTRABAND* LOCATIONS IN MAIL**

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<thead>
<tr>
<th>AVCF</th>
<th>BCCF</th>
<th>CCCF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Envelope Seals</td>
<td>In Paperwork**</td>
<td>Greeting Card</td>
</tr>
<tr>
<td>33.3%</td>
<td>11.1%</td>
<td>22.2%</td>
</tr>
<tr>
<td>In Letter</td>
<td>66.7%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Business Cards</td>
<td>COVID Info</td>
<td>In Letter</td>
</tr>
<tr>
<td>11.1%</td>
<td>37.5%</td>
<td>25.0%</td>
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*Contraband includes currency, cell phones, and controlled substances.
**In Paperwork refers to Legal Mail.
### Top 6 Seizures

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<tr>
<th>Case Number</th>
<th>Meth</th>
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<td>2021000947</td>
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<tr>
<td>2021001317</td>
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<td>2021003467</td>
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### Seizures by Dollar Value

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<tr>
<th>Value</th>
<th>CCC</th>
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<th>LCF</th>
<th>SCF</th>
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<tr>
<td>Prison Value</td>
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<td>Street Value</td>
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<td>$1,854.00</td>
<td>$11,761.50</td>
<td>$8,761.00</td>
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### Contraband by Grams/Strips

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<tr>
<th>Drug</th>
<th>CCC</th>
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<th>LCF</th>
<th>SCF</th>
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<tbody>
<tr>
<td>Heroin</td>
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<td>Synthetic</td>
<td>0.1</td>
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<td></td>
</tr>
<tr>
<td>Meth*</td>
<td>0.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td>1.2</td>
<td></td>
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<tr>
<td>Suboxone</td>
<td>0.4</td>
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<td></td>
</tr>
<tr>
<td>Marijuana/THC</td>
<td>0.1</td>
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### Contraband* Locations in Mail

**Contraband includes currency, cell phones, and controlled substances.**

**In Paperwork** refers to Legal Mail.
### DRUG SEIZURE POTENTIAL DOSE INFORMATION

#### DRUGS SEIZED BY WEIGHT IN GRAMS OR STRIP COUNT*

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
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<tbody>
<tr>
<td>Cocaine</td>
<td>48.4</td>
<td>23.0</td>
<td>81.9</td>
<td>400.6</td>
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<tr>
<td>Heroin</td>
<td>47.9</td>
<td>180.3</td>
<td>50.1</td>
<td>201.5</td>
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<tr>
<td>Marijuana/THC</td>
<td>378.7</td>
<td>51.1</td>
<td>70.3</td>
<td>342.8</td>
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<tr>
<td>Methamphetamine</td>
<td>866.8</td>
<td>1,039.1</td>
<td>443.2</td>
<td>1,158.2</td>
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<tr>
<td>Suboxone*</td>
<td>475.8</td>
<td>1,724.0</td>
<td>1,275.5</td>
<td>1,120.8</td>
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<tr>
<td>Synthetic</td>
<td>33.0</td>
<td>30.0</td>
<td>20.0</td>
<td>226.0</td>
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### NUMBER OF POTENTIAL DOSES BASED ON GRAMS SEIZED

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<th></th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
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<tbody>
<tr>
<td>Meth</td>
<td>31,519</td>
<td>37,784</td>
<td>41,115</td>
<td>42,118</td>
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<tr>
<td>Marijuana/THC</td>
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<td>6,885</td>
<td>16,115</td>
<td>11,645.5</td>
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<tr>
<td>Heroin</td>
<td>6,173</td>
<td>1,278</td>
<td>1,822</td>
<td>11,645.5</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1,898</td>
<td>929</td>
<td>964</td>
<td>5,895</td>
</tr>
<tr>
<td>Suboxone</td>
<td>569</td>
<td>271</td>
<td>271</td>
<td>2,539</td>
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<tr>
<td>Synthetic</td>
<td>4,713</td>
<td>4,883</td>
<td>4,483</td>
<td>2,539</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>4,713</td>
<td>4,483</td>
<td>4,483</td>
<td>2,539</td>
</tr>
</tbody>
</table>

*There are 1,000mg in 1 gram. Potential doses are based on the median recreational usage dose reported in a range of different case studies.
**2020 includes seventeen (17) Fentanyl Pills, 2021 includes nineteen (21.5) Fentanyl Pills
*Number of units of Spice reported. Each unit equals 1" x 1" square of Spice soaked paper product.
Overview

PRISON FACILITIES

State Facility
Contract Facility

CC: Correctional Center/Complex
CF: Correctional Facility

Security Level:
I - Minimum
II - Minimum Restrictive
III - Medium
IV - Close
V - Multi-Custody

Sterling CF: V
Denver Women's CF: V
Denver Reception & Diagnostic Center: V
Limon CF: IV
San Carlos CF: V
La Vista CF: III
Youthful Offender System: III
Arkansas Valley CF: III
Bent County CF: III
Trinidad CF: II

© 2021 Mapbox © OpenStreetMap
Overview

Division of Adult Parole
Office Locations
Common Questions

Remote work policies and Federal funding
Remote Work and Federal Funding

- **Remote Work**
  - **12% reduction** in private owner leases, exceeding goals in Re-Imagining State Government Initiative est. Oct 2020
  - A new fleet team has been established with a long term goal of right-sizing the department’s fleet

- **Federal Emergency Funds**
  - $54M from CARES Act to pay for pandemic response
  - Up to $1.3M from ARPA Public Health for retention bonuses for private prison staff
Private Prisons

• Similar issues as public facilities, with high numbers of vacant positions, large turnover rates, and low staff tenure
  ○ Vacancy rates for Correctional Officers 40-50%
  ○ Turnover between 75% (Bent) and 100% (Crowley)

• Resulted in elevated safety risks inside these prisons

• Staff from other programs used to cover vacancies, resulting in fewer programs, treatments and classes

• The department is therefore asking for funds to ensure adequate staffing levels and safety
General Discussion
The departments accomplishments and challenges
2021-2022 Wildly Important Goals (WIGs)

WIG #1: Decrease One Year Returns from 23% to 20%

WIG #2: Increase Telemedicine Access from 1 Facility to 19 Facilities

WIG #3: Decrease Staff Turnover from 13% to 12% and improve culture
WIG #1: Decrease One Year Returns from 23% to 20%

- Normalization efforts in light of COVID-19
  - Building Community Through Peer Mentoring and Assistance Programs
  - Redemption Road CrossFit
  - Second Chance Pell Program
  - A Commitment to Restorative Practices
  - University of Denver – Prison Arts Initiative

- Restorative Justice Pilot ($0.7M)
- SWIFT Program ($1.1M)
- Take TWO ($0.7M)
WIG #2: Increase Telemedicine Access from 1 Facility to 19 Facilities

- Installation of telemedicine carts at 18 facilities
- As of Dec. 1st, 77 telemedicine appointments completed
WIG #3: Decrease Staff Turnover from 13% to 12% and improve culture

- Incredibly difficult in light of COVID-19
Staff turnover is accelerating
### Vacancies

#### STAFF TURNOVER RATES BY FACILITY

<table>
<thead>
<tr>
<th>Facility</th>
<th>June 2021</th>
<th>July 2021</th>
<th>August 2021</th>
<th>September 2021</th>
<th>October 2021</th>
<th>November 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVCF</td>
<td>1.9%</td>
<td>0.4%</td>
<td>2.2%</td>
<td>2.9%</td>
<td>1.5%</td>
<td>1.9%</td>
</tr>
<tr>
<td>BVCF</td>
<td>5.3%</td>
<td>1.5%</td>
<td>4.7%</td>
<td>4.8%</td>
<td>3.4%</td>
<td>3.9%</td>
</tr>
<tr>
<td>CCF</td>
<td>1.9%</td>
<td>0.8%</td>
<td>2.7%</td>
<td>2.2%</td>
<td>1.5%</td>
<td>2.9%</td>
</tr>
<tr>
<td>CCFS</td>
<td>1.6%</td>
<td>2.9%</td>
<td>1.8%</td>
<td>2.5%</td>
<td>1.1%</td>
<td>2.5%</td>
</tr>
<tr>
<td>CMC</td>
<td>2.9%</td>
<td>1.4%</td>
<td>2.7%</td>
<td>2.5%</td>
<td>2.1%</td>
<td>2.6%</td>
</tr>
<tr>
<td>CSP</td>
<td>1.6%</td>
<td>0.3%</td>
<td>2.7%</td>
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<td>3.5%</td>
</tr>
<tr>
<td>CTCHF</td>
<td>2.9%</td>
<td>2.7%</td>
<td>3.6%</td>
<td>2.5%</td>
<td>4.4%</td>
<td>4.8%</td>
</tr>
<tr>
<td>DCC</td>
<td>1.7%</td>
<td>0.0%</td>
<td>3.8%</td>
<td>4.6%</td>
<td>2.9%</td>
<td>4.4%</td>
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<tr>
<td>Denver</td>
<td>2.4%</td>
<td>1.7%</td>
<td>2.4%</td>
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<td>1.5%</td>
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<tr>
<td>ECF</td>
<td>1.6%</td>
<td>1.7%</td>
<td>2.9%</td>
<td>1.7%</td>
<td>3.7%</td>
<td>1.5%</td>
</tr>
<tr>
<td>LCF</td>
<td>3.4%</td>
<td>1.1%</td>
<td>1.1%</td>
<td>2.8%</td>
<td>1.1%</td>
<td>1.5%</td>
</tr>
<tr>
<td>LVCF</td>
<td>1.1%</td>
<td>1.1%</td>
<td>2.6%</td>
<td>1.1%</td>
<td>2.4%</td>
<td>1.4%</td>
</tr>
<tr>
<td>RCC</td>
<td>0.0%</td>
<td>6.4%</td>
<td>2.1%</td>
<td>0.0%</td>
<td>1.4%</td>
<td>0.0%</td>
</tr>
<tr>
<td>SCCE</td>
<td>1.4%</td>
<td>0.9%</td>
<td>2.3%</td>
<td>2.4%</td>
<td>1.4%</td>
<td>1.9%</td>
</tr>
<tr>
<td>SCF</td>
<td>2.6%</td>
<td>1.7%</td>
<td>2.5%</td>
<td>2.5%</td>
<td>1.4%</td>
<td>1.4%</td>
</tr>
<tr>
<td>TCF</td>
<td>2.3%</td>
<td>2.4%</td>
<td>2.4%</td>
<td>2.5%</td>
<td>2.5%</td>
<td>1.7%</td>
</tr>
<tr>
<td>YOS</td>
<td>4.1%</td>
<td>0.6%</td>
<td>0.6%</td>
<td>1.6%</td>
<td>5.4%</td>
<td>0.6%</td>
</tr>
</tbody>
</table>
Impact of Vacancies: Increased Overtime

- Overtime is unfunded
- Mandatory holdovers for staff; volunteers to work on days off; incentives for extra shifts
- YTD OT is $6.2M higher than this time last year
Correctional Officers, Nurses and Social Workers are some of the hardest hit job classes

As a result, the department has had to shift vacancy savings to offset losses

- **Clinical Incentives**
  - Nursing
  - Mid-level Provider/Physician
  - Behavioral Health

- **Increased contract positions needed**
  - Required upgrading agency staffing rates to become competitive
## Confirmed inmate cases:
- **9,225**
  - Tested: 23,383
  - Active: 31
  - Deaths: 31

## Confirmed staff cases:
- **2,728**
  - Active: 71
  - Recovered: 2,657
  - On leave due to symptoms or possible exposure: 139

## Vaccinated to date:
- **12,375**
- **5,159**

### Inmate information

<table>
<thead>
<tr>
<th>Facility</th>
<th>Number of tests administered</th>
<th>Positive Inmates*</th>
<th>Active Cases**</th>
<th>Deaths***</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>6,365</td>
<td>362</td>
<td>1</td>
<td>1</td>
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<tr>
<td>AVCF</td>
<td>8,487</td>
<td>945</td>
<td>0</td>
<td>4</td>
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<tr>
<td>BVCC</td>
<td>35,218</td>
<td>558</td>
<td>0</td>
<td>1</td>
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<tr>
<td>CCC</td>
<td>3,533</td>
<td>6</td>
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<tr>
<td>CCF</td>
<td>26,658</td>
<td>237</td>
<td>0</td>
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<tr>
<td>CSP</td>
<td>11,423</td>
<td>161</td>
<td>1</td>
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</tr>
<tr>
<td>CTCF</td>
<td>14,164</td>
<td>822</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>DCC</td>
<td>4,101</td>
<td>161</td>
<td>0</td>
<td>2</td>
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<tr>
<td>DRDC</td>
<td>23,258</td>
<td>131</td>
<td>5</td>
<td>2</td>
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<tr>
<td>DWCF</td>
<td>17,973</td>
<td>160</td>
<td>3</td>
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</tr>
<tr>
<td>FCF</td>
<td>21,339</td>
<td>800</td>
<td>18</td>
<td>3</td>
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<tr>
<td>FMCC</td>
<td>5,474</td>
<td>411</td>
<td>0</td>
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<td>LCF</td>
<td>4,981</td>
<td>743</td>
<td>1</td>
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<tr>
<td>LVCF</td>
<td>7,852</td>
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<tr>
<td>RCC</td>
<td>1,384</td>
<td>4</td>
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<tr>
<td>SCCF</td>
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<td>23</td>
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<tr>
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<td>1,484</td>
<td>1</td>
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<td>TCF</td>
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<td>YDS</td>
<td>2,758</td>
<td>144</td>
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<td>BCCF</td>
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<td>CCCF</td>
<td>28,462</td>
<td>864</td>
<td>2</td>
<td>1</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>278,834</strong></td>
<td><strong>9,265</strong></td>
<td><strong>31</strong></td>
<td><strong>28</strong></td>
</tr>
</tbody>
</table>

*These numbers reflect the number of inmates that tested positive while assigned to each facility. Some inmates may be counted more than once if they tested positive at different facilities (although transportation is extremely limited, it may be necessary at some times). Given that an inmate may be tested multiple times while at the same facility, this number does not count multiple positive tests for the same inmate at the same facility. The number may also include information from inmate testing that was not conducted by DOC (for example, an inmate tested at a hospital or other location).

**Active Cases** is the number of individual inmates that have tested positive in the last 10 days.

***Deaths Among Cases are deaths of inmates who demonstrated symptoms or were tested for COVID-19. Deaths due to COVID are deaths where the official cause of death was determined to be COVID or COVID related by the appropriate Coroner’s Office.

### Data as of 12/1/21
- Current Population: 14,305
- Vacancy rate: 11.67%

### Operational Updates
All facilities are on a reduced staffing pattern and operational schedule to promote social distancing. All facilities are currently operating on modified Phase II operations other than those listed.

The following facilities are on Phase III modified operations:
- NONE
Covid-19 Pandemic Response

Daily Reporting of Inmate COVID-19 Metrics by Facility
(also similar daily report for staff)

- Positive Count
- Never Positive Count
- Recovered Count
- Positive Percentage
- Never Positive Percentage
- Recovered Percentage
- Protected Percentage
  - Vaccinated + Recovered
- Fully Vaccinated Percentage
- First Dose Received Percentage
- Not Vaccinated Percentage
- Fully Vaccinated Count
- First Dose Received Count
- Not Vaccinated Count
• **Vision**: Increase wages & align with and onramp into fair chance industries and jobs post incarceration.

• Current Debt: $6.4 million

• CCi Statutory Changes:
  Remove profit oriented language, focus on reentry and clear partnership with Take TWO
Correctional Industries: A New Direction

- **Contract Renegotiation**: E-470, Bureau of Land Management (Wild Horse Inmate Program)

- **New Ci Partnerships**: Department of Natural Resources, CDOT/CDL, Coding, Coffee Roasting
FY 2022-23 Requests

R3 Long-term compassionate care
R4 K9 drug detection program
The older population is helping to drive medical claims costs to over $35 million annually within DOC.

Many nursing facilities refuse to accept justice-involved individuals.

The lack of a housing plan often means these inmates remain incarcerated longer than necessary.

Although SB 21-146 may allow for release, the department cannot release these individuals who need specialized care to the streets, and cannot compel private providers to take these individuals.

This proposal leverages federal funds with state funds.

Long-term compassionate care complements the work of SB 21-146.

Currently, 17 people who are “tabled” in need of long term care. Average stay of 200 days. The longest person here has been tabled for 800 days.

“In the last five years, a handful of states have tried to contract with private nursing homes to care for some of their elderly and disabled inmates under so-called ‘medical parole’ programs that allow prisoners to receive care outside of a prison while remaining in state custody. But few private facilities have been willing to accept them.”—PEW, *For Aging Inmates, Care Outside Prison Walls*
R4 K-9 Drug Detection Program: A growing need

<table>
<thead>
<tr>
<th>Year</th>
<th>Meth</th>
<th>Marijuana/THC</th>
<th>Heroin</th>
<th>Cocaine</th>
<th>Suboxone</th>
<th>Synthetic Cannabinoids</th>
<th>Fentanyl</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>31,519</td>
<td>6,885</td>
<td>1,743</td>
<td>569</td>
<td>1,699</td>
<td>1,895</td>
<td>5,895</td>
</tr>
<tr>
<td>2019</td>
<td>37,784</td>
<td>929</td>
<td>6,555</td>
<td>271</td>
<td>6,896</td>
<td>5,382</td>
<td>11,646</td>
</tr>
<tr>
<td>2020</td>
<td>16,115</td>
<td>1,278</td>
<td>1,822</td>
<td>964</td>
<td>4,483</td>
<td>2,539</td>
<td></td>
</tr>
<tr>
<td>2021</td>
<td>42,118</td>
<td>6,232</td>
<td>7,327</td>
<td>4,713</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Meth Average Dose 5mg to 50mg (median: 27.5mg); Suboxone Average Dose 2mg (median: 2mg); Marijuana Average Dose 10mg to 100mg (median: 55mg); Heroin Average Dose 5mg to 50mg (median: 27.5mg); Cocaine Average Dose 20mg to 150mg (median: 65mg); Synthetic Average Dose 5mg to 25mg (median: 15mg); Fentanyl Average Dose .02mg to 5.1mg (median: 2.36mg) - LETHAL DOSE: 2mg.
Parole and Telecommunications
<table>
<thead>
<tr>
<th>Population Category</th>
<th>Whole Population for Consideration</th>
<th>Current Rate of Clinical Eligibility</th>
<th>Total Estimated Eligible for PB Consideration</th>
<th>Already Sent</th>
<th>PB Approvals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly sick population (as defined by med codes)</td>
<td>740</td>
<td>5%</td>
<td>37</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>64+ and no health issues</td>
<td>29</td>
<td>10</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>66</td>
<td>20</td>
<td>12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Clinical eligibility is the biggest unknown -- 2020 and 2021 were the first years that DOC did a comprehensive, top-down review of our whole population.

Our population is dynamic and changing, so even using percentages of eligible for last year as a marker for this year is going to be inaccurate.

Incredibly grateful for the new law and the resources that came with it, puts Colorado at the forefront of Compassionate Release. We have already submitted more applications in six months than we did the entire year last year.

Most states have about two or three compassionate releases per year.

After completing total population wide review, plan is to check physically in facilities.

Challenges remain: IDD population, terminal patients
Telecommunications

• Current rates continue to decline
  ○ Historically, 12.5¢ per minute (telephone rate)
  ○ CO passed legislation for transparency of pricing (HB20-1267) in March 2020
  ○ In Fall 2020, reduced to 10.5¢ per minute
  ○ FCC passed an order capping rates in the summer of 2021
  ○ In October 2021, down to 8¢ per minute

• Piloting free video conference soon at Denver Women’s
Questions?
Appendix
Jail Backlog

- Males 130
- Females 31
- YOS 4
- Community Regressions 17

Total Daily Jail Backlog is 182 as of November 30, 2021, down from 1,085 from December 7th, 2020