Mental Health Subprogram
Pilot Pre-Release Program for Offenders with Mental Illness
Response to Footnote 8a SB 05-209
October 15, 2005

Colorado Department of Corrections

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Colorado Department of Corrections, Mental Health Subprogram Report

Pilot Pre-Release Program for Offenders with Mental Illness

The Colorado Department of Corrections, Mental Health Subprogram is requested to submit a report on the feasibility of developing and implementing a pilot, pre-release program for offenders with mental illness. This report was requested in footnote 8a of Senate Bill 05-209.

> *Department of Corrections, Institutions, Mental Health Subprogram – The Department of Corrections is requested to submit a report to the General Assembly, by October 15, 2005, on the feasibility of developing and implementing a pilot program designed to provide intensive mental health services to inmates prior to their parole. The report is requested to include summary data that demonstrates the need for such a program, including the number and percentage of inmates released who are severely mentally ill. The report should also include preliminary cost estimates for a 50 bed residential treatment program, with recommendations for how the program should be structured and the steps that should be taken to implement the program, including any statutory changes that may be necessary. The Department is requested to submit the report to the Joint Budget Committee, the Audit Committee, the Joint Judiciary Committee, and the Joint Committee on Health and Human Services.*

This footnote was subsequently vetoed by the Governor on May 2, 2005; however the Governor's Office instructed the Department of Corrections to generate and submit the report, in accordance with the original footnote, to the General Assembly, the Joint Budget Committee, the Audit Committee, the Joint Judiciary Committee, and the Joint Committee on Health and Human Services by October 15, 2005.

> *This footnote violates the separation of powers in Article III of the Colorado Constitution by attempting to administer the appropriation, and may violate Article V, Section 32 because it constitutes substantive legislation that cannot be included in the general appropriations bill. I will instruct the department to comply.*

The scope of this report is the feasibility of developing and implementing a 50 bed pilot pre-release program designed to provide intensive mental health treatment to offenders with mental illness prior to their parole (hereafter referred to as the Pilot Pre-Release Program for Offenders with Mental Illness (PPRPOMI)). The report comprises (5) elements:

- Summary Data
- Target population
- PPRPOMI: Goals and Preliminary Cost Estimates
- Program and Operational Components
- Implementation Strategies

Summary Data

State prisons are the largest housing and treatment facilities for individuals with mental illness. As a result of the reduction of State funding of mental health systems, criminal justice facilities are now responsible for providing health care to the majority of individuals with mental illness. This fundamental shift has not only stretched the health care delivery systems within prisons but has placed considerable emphasis on corrections to adequately prepare these individuals to re-engage their support systems, community health agencies, and society. While corrections is well-versed in preparing and monitoring criminal offenders as they transition out of prison, correctional systems have been forced to innovatively address the complexity of preparation, planning, and monitoring the community transition needs of offenders with mental illnesses.

Protecting the public by incarcerating criminal offenders is sound public policy, but with approximately 95% of incarcerated individuals leaving prison, prisons and communities need to cooperatively develop transitional systems which promote successful community re-entry, increase public safety, and reduce recidivism. Offenders with mental illness, in particular, require effective in-prison treatment programs, realistic parole or discharge planning, communication with and referrals to community agencies, community-based aftercare programs, and intensive parole supervision. Collaborative pre-release and community-based programs have demonstrated remarkable effectiveness: lower rates of recidivism, medication compliance, maintained sobriety, and increased public safety (Sacks, et al., 2004).

Over the past 10 years, the proportion of Colorado offenders with mental illness has risen from approximately 5% in 1996 to 19% in 2005. Of the 20,327 inmates housed in CDOC in August 2005, approximately 19.2% of the offenders were identified as having a mental illness. Equally, the incidence of mental illness in CDOC has risen dramatically over the past decade.

Population Growth of Offenders with Mental Illness since 1996

Month/Year	Sept 1996	Oct. 1998	July 1999	July 2002	July 2005
Offenders with Mental Illness	681	1200	1445	1780	3410

As of September 2005, 8,268 offenders were under community parole supervision, of which 14.9% were identified with a mental illness. Approximately 17% (430) of all parolees residing in the Denver Metro Region were identified with a mental illness (Colorado Department of Corrections, DCIS Report, August 2005)

In fiscal year 2003/2004, 5,374 offenders were released from the CDOC on discretionary and mandatory parole; 158 offenders with mental illness were released on discretionary parole and 200 offenders with mental illness were released on mandatory parole during the same time frame. Of all parole releases, 6.7% were offenders with mental illness.

Fiscal Year 03/04	Discretionary Parole Releases	Mandatory Parole Releases	Total
Offenders without Mental Illness	2345	3029	5374
Offenders with Mental Illness	158 (6.7%)	200 (6.6%)	358 (6.7%)

Offenders face challenges transitioning from prison to the community: employment, transportation, housing and homelessness and substance abuse. Offenders with mental illness have added difficulties: interpersonal skills, impulse control, judgment, and emotional stability. These challenges often result in offenders not being granted community corrections placement or parole. Pre-release preparation, psychiatric stability, intensive supervision and case management, community agency supports, mental health/substance abuse treatment, employment, and housing are established key variables to community transition success (Colorado Department of Corrections, Community Reintegration Report, 2004).

The Department of Corrections, Adult Parole, Community Corrections, and YOS, Community Re-Entry Unit oversees a federal grant assisting offenders with mental illness and substance abuse problems residing in the City and County of Denver (Appendix H). In the fiscal year 2003-2004, the most significant expenditures for offenders with mental illness leaving prison supported housing (approximately $52,000), medications and medical care (approximately $46,000) and substance abuse/mental health treatment (approximately $45,000). Housing, access to health care, and availability of medical and psychiatric medications are highlighted as key variables to successful community re-entry and reduced criminal recidivism (Appendix H).

Target Population: CDOC, Offenders with Mental Illness

The target population for the Department of Corrections pilot pre-release program is incarcerated male offenders with mental illness. *Mental illness* is defined as the presence of a clinical psychiatric diagnosis which causes substantial impairment in mood, thought, and/or behavior: examples include, but are not limited to, schizophrenia, bipolar disorder, major depression, and post-traumatic stress disorder. This definition is consistent with that used by the Department of Human Services, Division of Mental Health to define *serious mental illness.* The target population will be selected based on the severity of offender mental illness and the offender's community re-entry needs. Specific target population criteria:

- Parole Eligible (PED)
- Mentally ill (see definition above). Evidence of a clinical, psychiatric diagnosis.
- Referred by the Parole Board (mandatory) as a preparatory phase or condition of discretionary or mandatory parole
- Prison custody levels of Minimum, Minimum–Restricted, and Medium. (Offenders that are Close Custody or Administrative Segregation are not be eligible)

(*Offenders with significant medical, developmental disability, and/or chronic institutional violence will not be permitted to participate.)

PPRPOMI: Goals and Preliminary Cost Estimates

The Department of Corrections, Mental Health Subprogram proposes a 50 bed pre-release program for offenders with mental illness transitioning from prison to parole supervision.

Program Goals: The program is designed to achieve five primary goals:

- Increase public safety
- Reduce recidivism for offenders with mental illness
- Safely manage, prepare, and transition offenders with mental illness from prison to the community
- Increase social skills, psychiatric stability, and independent living skills of offenders with mental illness
- Demonstrate programmatic, therapeutic, and fiscal effectiveness through measurable outcomes

Preliminary Cost Estimate: The Department of Corrections, Mental Health Subprogram recognizes that projected costs for the 50 bed Pilot Pre-Release Program for Offenders with Mental Illness (PPRPOMI) are broad assumptions dependent on many factors such as location and access to community-based agencies. Estimated costs are based on:

- General Operating Costs: based on DOC contracted pre-release program per diem allocation
- Personnel Services: based on DOC Budget Office calculations
- Medical Operating Costs: based on FY05 Monthly DOC Medical POPM allocation rate of $121.24 per offender. Medical costs include outpatient medical, CMHI-P contract, and emergency medical care.
- Medication Costs: based on the FY05 Monthly DOC Pharmacy POPM allocation rate of $306.51 per offender for offenders housed at San Carlos Correctional Facility.

Preliminary PPRPOMI Cost Estimate

Operating Cost Category	Formula/Estimate Used	Annual Cost	Daily Cost Per Offender
General Operating (housing, food, physical plant maintenance, communications, transportation, security equipment, clinical equipment)	DOC contracted FY05 Per Diem Allocation	$912,500.00	$50.00
Personnel Services	Refer to Detail Personal Services	$1,037,597.00	$56.85
Medical (outpatient, contract and emergency services)	FY05 Monthly Medical POPM Allocation	$72,744.00	$3.99
Medications (psychiatric and general medical)	FY05 Monthly Pharmacy POPM Allocation for SCCF	$183,906.00	$10.08
Start-Up	$1000 per offender (one time cost)	$50,000.00	$2.74
Total		**$2,256,747.00**	**$123.66**

PPRPOMI Personnel Services Cost Breakdown

Personnel Services	FTE	Costs
Team Leader/Psychologist	1.0	$72,563.00
Medical/Mental Health	7.7	$466,210.00
Housing and Security	8.0	$390,497.00
Case Management	1.0	$56,043.00
Community Re-Entry	1.0	$52,284.00
Total	**18.7**	**$1,037,597.00**

DOC assumes that the medical and psychiatric care (including psychiatric medication) costs will be comparable to those DOC expenditures at San Carlos Correctional Facility, which is a prison for mentally ill offenders. Medical and pharmacy costs will be an additional expense for DOC for which appropriation will be needed.

PPRPOMI has identified two (2) Social Worker III positions. One position will be targeted for a mental health professional; one position will be targeted for a substance abuse professional.

The PPRPOMI cost estimates are based on a 50 bed capacity. Preliminary PPRPOMI total and daily cost estimates are a significant reduction from the total and daily prison costs for housing, security/supervision, and healthcare costs. The Department of Corrections daily cost for an incarcerated offender with mental illness is approximately $165.00 per day. The PPRPOMI projected cost estimate is $123.66 per offender per day.

Program and Operational Components

PPRPOMI is designed to manage the clinical and correctional, pre-release needs of 50 male offenders for a period of 90 days (3 months). PPRPOMI will provide intensive pre-release transitional services to at least 200 offenders with mental illness, annually.

The Department of Corrections recognizes PPRPOMI as a special, pilot program. The Department of Corrections recommends that PPRPOMI be a separate, minimum security unit or free-standing facility, situated outside of a correctional facility. It is advantageous for PPRPOMI to operate within a community setting (preferably a community locale where the majority of offenders will be paroling), thereby PPRPOMI and community-based programs will work collaboratively. The design supports PPRPOMI being located in a major metropolitan area on the Front Range.

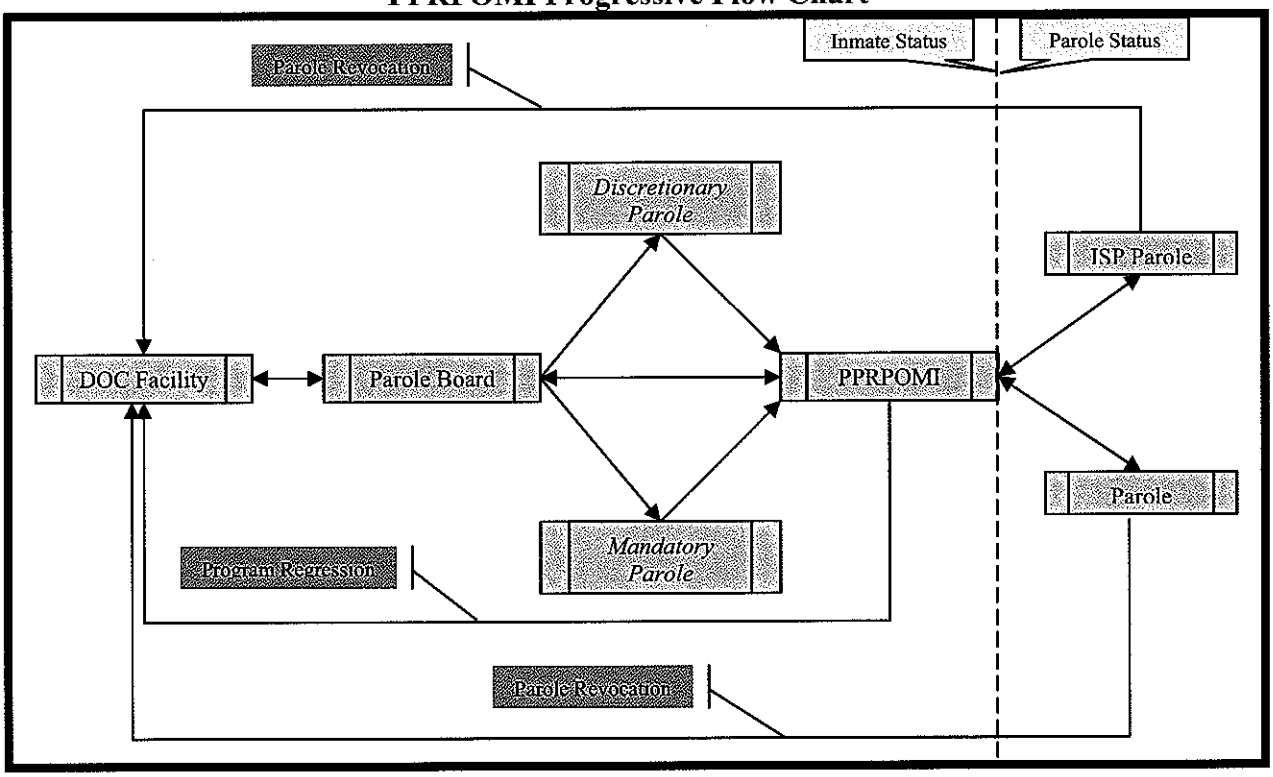
PPRPOMI will be flexible in order to manage offenders who, while on parole, experience a psychiatric decompensation and are taken into custody. In lieu of being returned to jail or prison, the parolee can be placed in PPRPOMI for psychiatric stabilization and treatment. The State Parole Board, in cooperation with the Department of Corrections, Adult Parole, Community Corrections and YOS, will retain the authority to remove an offender from parole and place the offender in PPRPOMI as a remedial step to minimize re-incarceration.

The goals and objectives for PPRPOMI will be based on an integration of correctional and clinical philosophies. PPRPOMI would be supervised by a Team Leader/Psychologist and be staffed with medical, mental health, substance abuse, community reintegration, case management, and correctional professionals. Community Parole Officers will work directly with PPRPOMI staff regarding offender parole preparation and parole plans.

Key stakeholders and partners include the State Parole Board, Division of Criminal Justice, Division of Mental Health, Division of Health Care Policy and Financing, Division of Vocational Rehabilitation, Division of Developmental Disabilities, and the Division of Labor. Memorandums of Understanding (MOU) will be developed to direct the interagency collaboration and service provision.

Program Structure: PPRPOMI, strategically, follows as a prison step down model: CDOC Facility to Parole Board to Pilot Pre-Release Program for Offenders with Mental Illness (PPRPOMI) to Parole, either Intensive Supervision Parole or general parole. PPRPOMI allows for offenders to be regressed back to a DOC facility based on program failure or parole revocation. Offenders can also be regressed from ISP or general parole back to PPRPOMI for psychiatric stabilization in place of offender re-incarceration.

PPRPOMI Progressive Flow Chart



Offenders will be referred to PPRPOMI by the State Parole Board as a conditional placement prior to being released on discretionary or mandatory parole. The Parole Board will set all conditions of PPRPOMI participation as well as all conditions for parole supervision.

The CDOC will work directly with the State Parole Board regarding identifying and monitoring offenders referred to as well as participating in PPRPOMI and while under parole supervision.

PPRPOMI Programs: PPRPOMI is designed as a multidisciplinary, collaborative model to community reintegration. PPRPOMI programs are rooted in a) the preparation of offenders to enter the community and b) the availability and readiness of community resources (i.e. housing, employment, health care) to accept offenders in society. The program components stress psychiatric stability, medication compliance, pro-social behavior, relapse prevention, social skills and support networks, job attainment and retention, housing, and independent daily living skills.

- *Integrated Treatment Team*: Multi-disciplinary PPRPOMI staff will monitor offender treatment progress, psychiatric stability, level of functioning, and readiness for community re-entry. PPRPOMI staff, assigned Community Parole Officer, and community-based agencies will develop parole plans and coordinate community mental health treatment, public health benefits, employment, and housing.

- *Assessment*: PPRPOMI will conduct a comprehensive pre-release assessment, community risk and needs assessment, and on-going mental health evaluations, critical for parole planning and community transition.

- *Psychiatric Services*: On-site, psychiatric evaluation, medication management, and crisis intervention services.

- *Mental Health Treatment*: Preparatory classes and counseling interventions focused on problem-solving, social skills, self-advocacy, self-management of mental health symptoms, and criminalistic thinking. Specific interventions include:

    - Assertiveness Training
    - Social Skill Development
    - Medication Self-Management
    - Independent Living Skill Development
    - Substance Abuse-Relapse Prevention
    - Anger Management

- *Community Reintegration*: PPRPOMI is designed to prepare offenders for independent living and successful negotiation of community resources; housing, clothing, job preparation, health benefits, and accessing support systems.

    - Housing and Clothing Assistance
    - Money Management
    - Identification Cards
    - Benefit Applications (i.e., Medicaid, Social Security Insurance, Colorado Indigency Care Program)
    - Social support networks and family systems reunification
    - Vocational Rehabilitation: Develop job search, resume writing, interviewing, and retention skills. Direct referrals to the Division of Vocational Rehabilitation

The overriding premise to the Department of Corrections, PPRPOMI is to move offenders with mental illness who are eligible for parole out of prison by mediating or even eliminating the obstacles for community re-entry. The Department of Corrections will have the option to utilize the highly influential peer culture of the program participants. By implementing a modified therapeutic community (TC) as the program model, PPRPOMI would incorporate key elements of peer culture, community enhancement, therapeutic treatment, and re-entry skill activities (Sacks, et al., 1999; Sacks, et. al., 2004).

PPRPOMI Intensive Supervision Parole/Aftercare Component. The Department of Corrections, Mental Health Subprogram proposes that PPRPOMI include an intensive community supervision and treatment, or aftercare, program component. It is well established that effective continuity of care from prison to the community for offenders with mental illness endorses a two pronged approach: a prison-based pre-release program and a community-based aftercare program (NIC, 2004; Sacks, et. al., 2004). Combined pre-release and aftercare programs significantly decrease the risk of offenders re-offending and increase the probability that offenders will positively re-establish themselves in their communities (Fritz, et al, 2004; Zamble & Quinsey, 1997).

The proposed PPRPOMI aftercare component will combine Intensive Supervision Parole (ISP; case management, day/call-in reporting, random drug screening, restitution collection, and electronic monitoring) with outpatient/day treatment services (job development and tracking, mental health counseling, psychiatric evaluation and medication administration, relapse prevention, housing plans, tracking public benefit applications, and crisis intervention). The Community Parole Officer will be integral in the aftercare component.

The PPRPOMI aftercare component will be 180 days (6 months) in length. The Department of Corrections will contract with a private vendor for intensive supervision services and aftercare program services. Medical and medication costs will be covered under the offender's attainment of public (i.e. Medicaid) or private insurance.

PPRPOMI Aftercare Component Cost Estimate

Operating Cost Estimate	Formula/Estimate Used	Annual Cost	Daily Cost Per Offender
Intensive Supervision Parole Contract: (electronic equipment, case management, day reporting, and community parole officer)	DOC contracted FY05 ISP Per Diem Allocation x 200 offenders	$2,065,900.00	$28.30
Aftercare Programs: (outpatient mental health treatment, psychiatric services, community re-entry services, substance abuse treatment,)	Projected fee for service contracts for community re-entry and outpatient treatment	$2,190,000.00	$30.00
TOTAL		**$4,255,900.00**	**$58.30**

* The preliminary Aftercare component cost estimates are based on 200 offenders (projected annual population) moving from PPRPOMI to ISP/parole.

* Intensive Supervision Parole: based on FY05 DOC contracted Community ISP per diem rate. This includes costs for electronic monitoring, case management, day reporting, drug screening, and the community parole officer.

* Aftercare Programs: based on projected DOC contracted outpatient mental health, case management, and community re-entry costs and average DCJ program/treatment daily rates associated with specialized community corrections facilities.

PPRPOMI and Aftercare: The Department of Corrections identifies the combined PPRPOMI and Aftercare component as the "Best Practice" approach to community re-entry for offenders who are severely mentally ill.

Preliminary Total Cost Estimate: PPRPOMI and Aftercare Component

PPRPOMI	**$2,256,747.00**
Aftercare Component	**$4,255,900.00**
TOTAL	**$6,512,647.00**

Implementation Strategies

- Determine the operational logistics and physical location of PPRPOMI. There are advantages for the Department of Corrections to own or lease physical space, possibly in conjunction with another State Department or Division and operate PPRPOMI independently. There are fiscal and operational advantages for the Department of Corrections to contract with a private, independent vendor to operate PPRPOMI. Given the pilot status of PPRPOMI, the Department of Corrections recommends retaining programmatic, fiduciary, and supervisory authority of the program.

- Appropriate General Funds to support operating and personnel costs associated with the PPRPOMI pilot project.

- Recommend statutory language changes or clarifications to support the Department of Corrections funding and operating a parole pilot pre-release program based in the community, as applicable.

- Recommend statutory language changes or clarifications to support the State Parole Board directing authority to refer or place offenders in a pilot pre-release program as a pre-condition to discretionary or mandatory parole.

- Develop operational procedures and administrative regulations outlining program components and interface between DOC prisons facilities, State Parole Board, the Pilot Pre-Release Program, and Adult Parole and Community Corrections.

- Create Memorandums of Understanding between the Department of Corrections and key State agency stakeholders which support and execute services to offenders who are transitioning from prison to the community.

- Determine fiscal and operational feasibility of adding an aftercare component to PPRPOMI and, if so, contracting with a private vendor to provide intensive supervision and aftercare program services.

Appendix A
National Statistics and Trends

- Approximately 2.3 million offenders are in Federal, State, and local prisons and jails (U.S. Department of Justice, 2000).

- 105,336 inmates where on psychiatric medications (U.S. Department of Justice, 2000)

- 53% of State inmates with mental illness have a current or previous sentence for violent behavior, compared to 45% of State inmates without an identified mental illness (U.S. Department of Justice, 2001)

- On average, inmates with mental illness serve a longer portion of their sentence than inmates without mental illness (Ditton, 1999)

- The average length of stay for inmates at Riker's Island (New York City's largest jail) is 42 days. Inmates with mental illness serve on average, 215 days (Butterfield, 1998)

- It is estimated that 1 in 5 offenders leaving prison do so without any community-based referrals (Travis, et al,).

Appendix B
National Examples of Pre-release Programs for Offenders with Mental Illness

Several states and countries have taken proactive steps to develop continuity of care programs to address the special release needs of offenders with mental illness:

- The National Parole Board in Canada requires psychological risk assessments for all offenders prior to parole (Criminal Justice Consensus Project, 2002)

- Memorandum of Understanding between the New York State Parole Division and the Office of Mental Health helps coordinate mental health evaluations for parole boards

- Utah has a Forensic Mental Health Council which coordinates recommendations for the Utah Parole Board (Criminal Justice Consensus Project, 2002)

- Missouri Parole Board: Multidisciplinary Team. Parole Board refers offenders with mental illness to in-prison and post-prison mental health care program which plans and prepares offenders for community living. Two phase program: 4 month in prison, pre-release program and 2 month community release center program. Missouri Parole Board also contracts with an external psychologist who consults the Parole Board regarding release plans and risk assessments (Criminal Justice Consensus Project, 2002).

- Maryland Community Justice Treatment Program (MCJTP) prepares treatment and aftercare plans for mentally ill offenders and provides comprehensive community follow-up services after their release. The program focuses on connecting with community mental health treatment providers, medication compliance, and housing. The program has local advisory boards which monitors the offenders' community transition, program service delivery, community training and offender recidivism (NIC, 2004; Ortiz, 2000)

- Texas Council on Offenders with Mental Impairments program provides a pre and post-release program of offenders with mental illness. Utilizes partnerships with community based programs and the Texas Parole Board (Criminal Justice Consensus Project, 2002).

- Texas Continuity of Care Program, a legislatively mandated pre-release, referral program that identifies mentally ill offenders 6 months prior to release and connects the offenders with community-based counselors/staff to develop release plans and make referrals to community based mental health providers (Ortiz, 2000).

- In Colorado, the Department of Corrections, Adult Parole, Community Corrections, and YOS, Community Re-Entry Unit oversees a federal grant which assists offenders with mental illness and substance abuse problems (who are parolees in the City and County of Denver) with access to housing, clothing, employment, health care, and medications. The key variables for successful community re-entry: housing, medication, and access to substance abuse/mental health treatment (Appendix H).

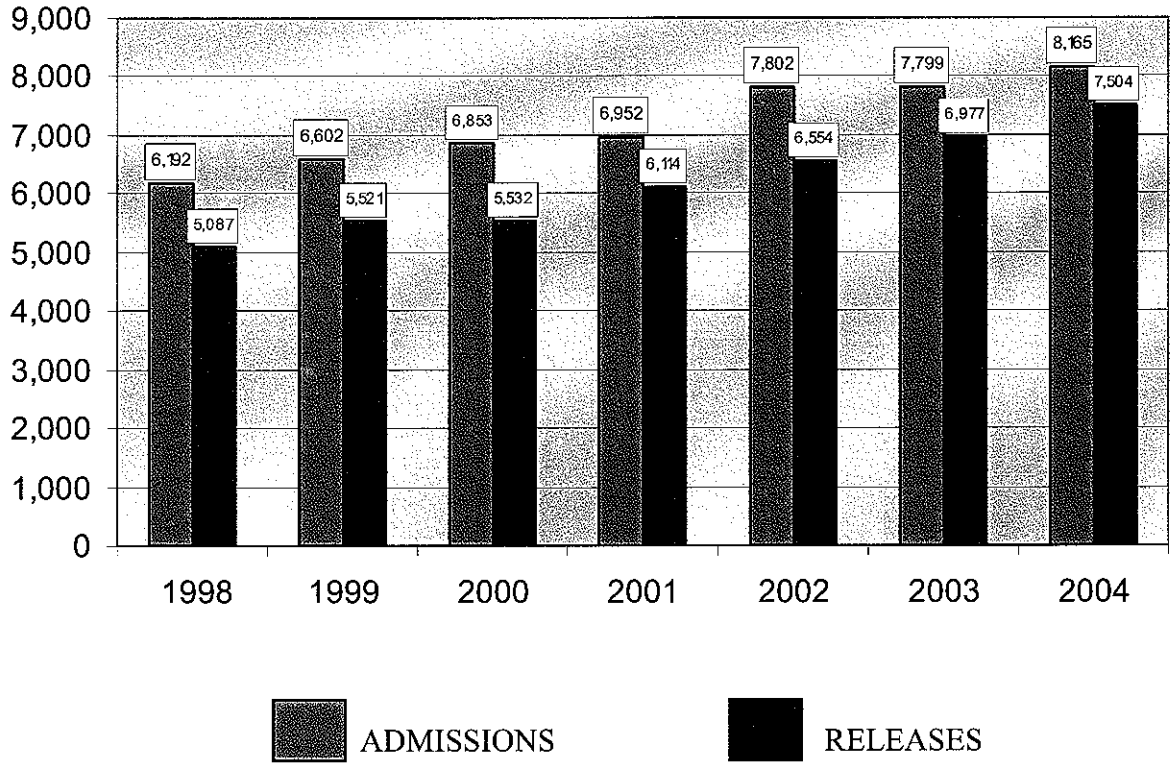
Appendix C
Colorado Department of Corrections: Colorado Prison Population Trends

The Colorado Department of Corrections (CDOC) has experienced an admission growth rate of 4.7% in 2004 with male admissions increasing 3.6% and female admissions rising 13.8%. Admissions have increased from 6,192 in 1998 to 8,165 in 2004.

Prison releases rose 7.6% in 2004 from 6,977 in 2003 to 7,504 in 2004. Discretionary parole releases rose 10.5% between 2003 and 2004 and mandatory parole releases rose 12.5% during the same time period.

Caseloads for Community Parole Officers (parole and intensive supervision parole) have risen from 3,402 in 1999 to 4,944 in 2004. The application of mandatory parole requirements have contributed remarkably to this increase.

TOTAL ADMISSIONS AND TOTAL RELEASES (1998-2004)



*Colorado Department of Corrections (2004). *Statistical Report: Fiscal Year 2004.*

Appendix D
Colorado Department of Corrections

RECIDIVISM RATES FOR THREE YEAR RETURN RELEASES FOR CALENDAR YEARS 2000 AND 2001

	2000			2001		
RELEASE TYPE	MALES	FEMALES	TOTAL	MALES	FEMALES	TOTAL
Parole	55.6%	44.4%	54.1%	53.5%	45.5%	52.4%
Mandatory Parole	64.6%	59.5%	64.2%	66.0%	61.0%	65.6%
Post-Release Supervision	N/A	N/A	N/A	32.4%	N/A	30.6%
Probation	35.6%	24.0%	33.9%	31.6%	41.4%	32.8%
Court Order Discharge	52.2%	40.0%	50.8%	50.0%	47.1%	49.7%
Sentence Discharge	26.7%	23.7%	26.5%	26.2%	21.4%	25.8%
Other	8.8%	25.0%	10.5%	2.1%	0.0%	2.0%
TOTAL	50.9%	44.3%	50.3%	49.1%	45.1%	48.7%

CUMULATIVE RETURN RATES FOR CALENDAR YEAR RELEASESS 1996 THROUGH 2003

	CUMULATIVE PERCENT RETURNED AFTER:				
RELEASE YEAR	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS
1996	34.0%	42.7%	46.8%	49.6%	51.6%
1997	35.4%	44.7%	48.6%	51.5%	53.2%
1998	37.9%	47.7%	51.7%	54.1%	55.8%
1999	40.0%	48.8%	52.9%	54.6%	56.6%
2000	37.9%	46.5%	50.3%	52.9%	--
2001	36.7%	44.7%	48.7%	--	--
2002	36.3%	45.2%	--	--	--
2003	36.2%	--	--	--	--

*Colorado Department of Corrections (2004). *Statistical Report: Fiscal Year 2004.*

Appendix E
Colorado Department of Corrections

INMATE RELEASES BY TYPE
FISCAL YEARS 1999 THROUGH 2004

	PAROLE							
Fiscal Year	Disc.	Mand.	Mand. Reparole	Sentence Discharge	Probation	Court Order Discharge	Other	Total Releases
1999	2,744	1,363	--	521	194	137	562	5,521
2000	2,091	1,824	--	603	178	113	723	5,532
2001	2,216	2,127	--	618	214	137	802	6,114
2002	1,999	2,280	--	635	231	133	1,276	6,554
2003	2,122	2,630	--	534	265	107	1,319	6,977
2004	2,345	2,958	61	576	206	128	1,230	7,504

*Colorado Department of Corrections (2004). *Statistical Report: Fiscal Year 2004.*

Appendix F
Colorado Department of Corrections

ACTIVE PAROLE CASELOAD
AS OF JUNE 30, 1999 THROUGH JUNE 30, 2004

YEAR	REGULAR PAROLE	INTENSIVE SUPERVISION PAROLE	INTERSTATE PAROLE	TOTAL*
1999	2,852	550	320	3,722
2000	2,796	570	319	3,685
2001	3,371	514	307	4,192
2002	3,216	530	291	4,037
2003	3,681	879	298	4,858
2004	4,189	755	300	5,244

*Total excludes absconders and Colorado parolees placed out of state. There were 601 absconders and 1,393 parolees out of state on June 30, 2004.

AVERAGE DAILY PAROLE CASELOAD BY REGION
FISCAL YEARS 1999 THROUGH 2004

	REGION				
YEAR	Denver	Northeast	Southeast	Western	TOTAL*
1999	1,402	1,152	696	322	3,572
2000	1,403	1,184	743	357	3,687
2001	1,473	1,217	806	401	3,897
2002	1,548	1,233	844	416	4,041
2003	1,759	1,263	908	482	4,412
2004	1,948	1,293	1,009	559	4,809

*Total includes interstate parolees in Colorado from other states but excludes absconders and Colorado parolees out of state. The FY04 ADP was 547 absconders and 1,266 parolees out of state.

*Colorado Department of Corrections (2004). *Statistical Report: Fiscal Year 2004.*

Appendix G
Challenges to Community Reintegration: Offenders with Mental Illness

In that the majority of offenders leave prison, criminal justice systems, corrections, and communities are facing the challenge of adequately meeting the health care demands of people with mental illness. When offenders leave prison, they face many barriers that stress their abilities to attain a stable, crime-free lifestyle. Barriers to community re-entry include employment, family and social support, transportation, housing and homelessness, substance abuse, and mental illness (Colorado Department of Corrections, 2004). The combined barriers of limited education, minimal vocational skills, and insufficient resources with conflicted interpersonal skills, impulse control problems, impaired judgment, and emotional stability creates enormous hurdles for offenders with mental illness. These deficits can impair their independent living skills, employability, and ability to access community resources leading to failed community release plans, symptom relapse, and, more often than not, re-incarceration. Offenders with mental illness leaving prison need case management, day treatment, medication services, and housing (Ditton, 1999). Justifications for community reintegration models include:

- Few opportunities for treatment, housing, employment, and social services. Community-based agencies are often reluctant to serve offenders with mental illnesses (Ditton, 1999).

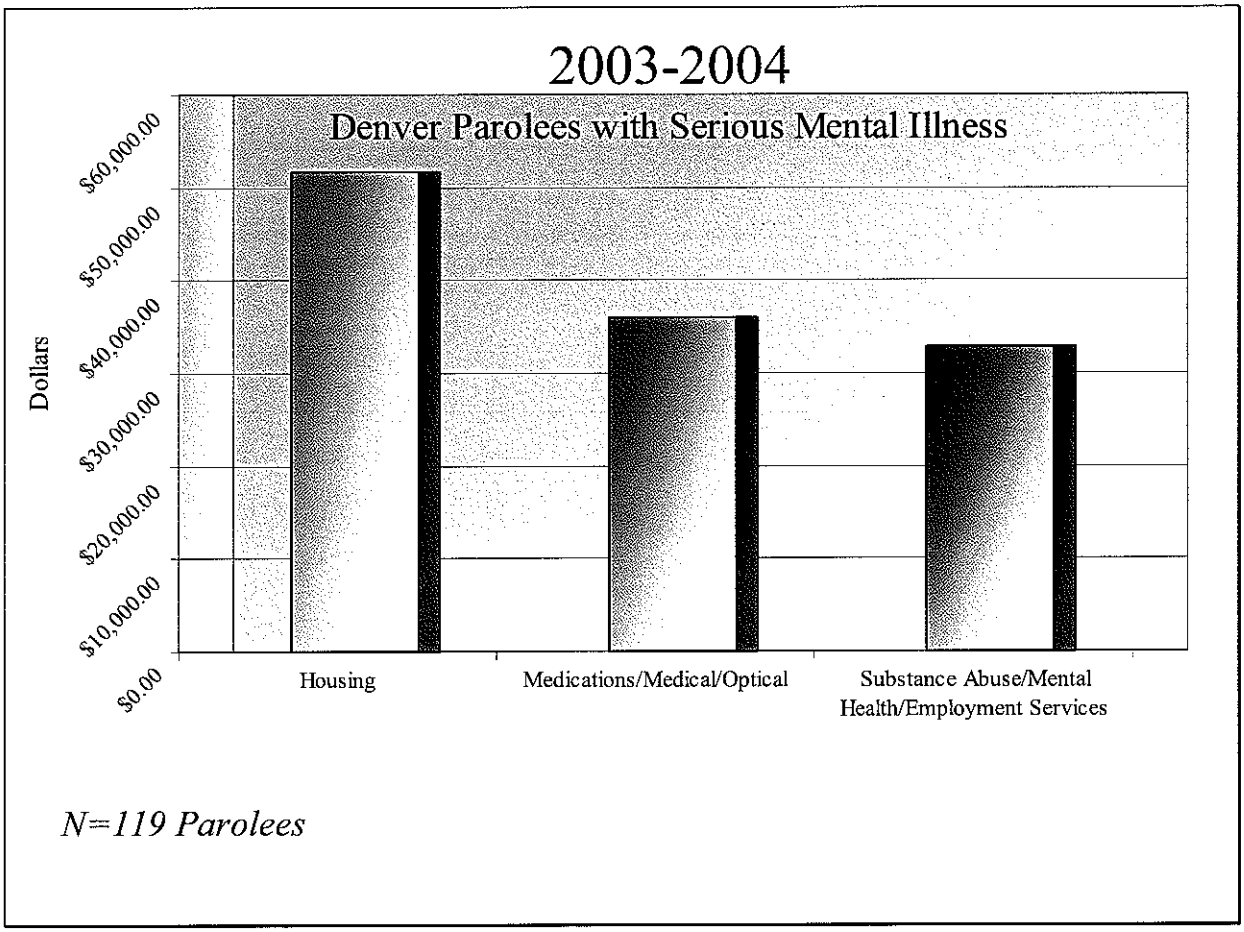
- Offenders with mental illness have difficulty with planning and follow-through in terms of securing housing, employment, health care, and social services. Family support is often non-existent and social services are difficult to obtain.

- Offenders with mental illness are often not effective self-advocates and are easily overwhelmed by the complexity of health care systems (Ditton, 1999).

- Psychiatric decompensation often leads to disruption in housing, employment, and health care which in turn risks homelessness, substance abuse relapse, psychiatric hospitalization, and re-incarceration.

The rate at which offenders with mental illness return to prison is staggering. The Department of Justice (2001) estimates that 81% of offenders with mental illness re-offend or are returned to prison due to parole violations in a 3 year period, as compared to 60% of offenders in general. Factors which impact recidivism for offenders with mental illness include limited or absent mental health treatment services, difficulty with accessing public benefits (i.e. Medicaid, SSI), substance abuse relapse, and the inability to secure housing and employment (Criminal Justice Consensus Project, 2002). For offenders with mental illness, leaving the structured environment of prison can be overwhelming and frightening. The adventure of life outside of prison can be daunting, complicated, and user-unfriendly, oftentimes leaving the offender thinking, "Life is easier in prison." Recidivism is a public safety concern. Protecting the public by incarcerating criminals is sound public policy, but with approximately 95% of incarcerated individuals leaving prison, it is imperative that prisons and communities cooperatively develop a continuum of care system which lessens recidivism and the idea that prison is a safer, "easier" place to live.

Appendix H
Colorado Department of Corrections
Community Re-Entry Unit: Offenders with Mental Illness



**Federal Grant Data for Parolees in the City and County of Denver*

Appendix I
PPRPOMI Personal Services Cost Estimate

SUBPROGRAM	CLASSIFICATION	GRADE		SALARY	SUBTOTAL	SHIFT	PERA	AED	MEDICARE	STD	INSURANCE	TOTAL	FTE	PARTIAL
Housing and Security														
	CO I	A22	2935	35,220	35,220	0	3,575	264	511	56	4,301	43,927	1.0	1.0
	CO I	A22	2935	35,220	35,220	2,642	3,843	284	549	61	4,301	46,899	1.0	1.0
	CO I	A22	2935	35,220	35,220	3,522	3,932	291	562	62	4,301	47,890	1.0	1.0
	CO I	A22	2935	35,220	35,220	3,522	3,932	291	562	62	4,301	47,890	1.0	1.0
	CO I	A22	2935	35,220	35,220	3,522	3,932	291	562	62	4,301	47,890	1.0	1.0
	CO II	A26	3234	38,808	38,808	2,911	4,234	313	605	67	4,301	51,239	1.0	1.0
	CO II	A26	3234	38,808	38,808	3,881	4,333	320	619	68	4,301	52,330	1.0	1.0
	CO III	A30	3565	42,780	42,780	0	4,342	321	620	68	4,301	52,433	1.0	1.0
Subtotal: Housing and Security				**296,496**	**296,496**	**19,999**	**32,124**	**2,374**	**4,589**	**506**	**34,408**	**390,497**	**8.0**	**8.0**
Medical														
	Admin Asst III	G38	2461	29,532	29,532	0	2,997	221	428	47	4,301	37,527	1.0	1.0
	Psychologist II	C62	5056	60,672	60,672	0	6,158	455	880	97	4,301	72,563	1.0	1.0
	Nurse I	C47	3516	42,192	135,014	13,501	15,074	1,114	2,153	238	13,763	180,859	3.2	3.2
	Nurse III	C53	4070	48,840	48,840	4,884	5,453	403	779	86	4,301	64,746	1.0	1.0
Subtotal: Medical				**181,236**	**274,058**	**18,385**	**29,683**	**2,193**	**4,240**	**468**	**26,666**	**355,696**	**6.2**	**6.2**
Mental Health														
	Psychiatrist Phys I	E13	9927	119,124	59,562	0	6,046	447	864	95	2,151	69,164	0.5	0.5
	Social Work/Coun III	C48	3628	43,536	87,072	6,530	9,501	702	1,357	150	8,602	113,914	2	2
Subtotal: Mental Health				**162,660**	**146,634**	**6,530**	**15,546**	**1,149**	**2,221**	**245**	**10,753**	**183,078**	**2.5**	**2.5**
Case Management														
	Corr Case Mgr I	A30	3565	42,780	42,780	3,209	4,668	345	667	74	4,301	56,043	1.0	1.0
Subtotal: Case Management				**42,780**	**42,780**	**3,209**	**4,668**	**345**	**667**	**74**	**4,301**	**56,043**	**1.0**	**1.0**
Community Re-Entry														
	G Prof III	H37	3306	39,672	39,672	2,975	4,329	320	618	68	4,301	52,284	1.0	1.0
Subtotal: Re-Entry				**39,672**	**39,672**	**2,975**	**4,329**	**320**	**618**	**68**	**4,301**	**52,284**	**1.0**	**1.0**
TOTAL				**722,844**	**799,640**	**51,099**	**86,350**	**6,381**	**12,336**	**1,361**	**80,429**	**1,037,597**	**18.7**	**18.7**

Appendix J
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