

State of Colorado Correctional Treatment Board



FY2015 Funding Plan

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Office of Behavioral Health
Department of Human Services*

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Colorado Judicial Branch*

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*Division of Criminal Justice
Department of Public Safety*

The Correctional Treatment Board is pleased to present its FY2015 Correctional Treatment Funding Plan that allocates over \$20.0M in state resources to support the evaluation, assessment and treatment of criminal offenders with substance-abuse and co-occurring disorders. Established in statute effective July 1, 2012, the Correctional Treatment Board is tasked with ensuring a fair and reasonable allocation of cash fund resources for the treatment of criminal offenders. In an effort to work toward this goal, the Correctional Treatment Board spent the past year learning about each agency's current use of correctional resources while trying to get information on service gaps across the state. Outreach to local treatment boards is underway and the Board is looking at ways to achieve a more consistent reporting of program outcomes and expenditures across the criminal justice system. This plan reflects the programmatic priorities of the Board through the various appropriations to the four state agencies as outlined in this report.

Fund Overview

Cash Fund Overview

The Correctional Treatment Cash Fund was established pursuant to HB12-1310 which consolidated three major sources of State funding for substance abuse/co-occurring assessment and treatment: The Drug Offender Surcharge Fund, SB03-318 Funding (Drug Treatment Fund) and HB12-1352 Funding. Prior to HB12-1310, these funding sources were separate appropriations with separate oversight boards and statutory stipulations. HB12-1310 consolidated all of these funds into one cash fund—The Correctional Treatment Cash Fund—with one oversight board—The Correctional Treatment Board—in order to create a coordinated and collaborative effort across all criminal justice agencies with input from county and statewide criminal justice organizations. Funding in the Correctional Treatment Cash Fund is targeted for only those criminal justice clients with substance-abuse and/or co-occurring behavioral health disorders. All funding is appropriated to four state agencies which oversee and manage a variety of programs and services that meet the needs of this target criminal justice population.

Summary of Annual Appropriations

	<u>FY2013</u>	<u>FY2014</u>	<u>FY2015</u>
Corrections	3,002,227	3,002,227	3,357,227
Public Safety	2,666,766	2,916,766	5,101,766
Human Services	3,090,516	4,290,156	4,850,156
Judicial	6,281,709	6,310,125	6,460,125
Non-Agency Specific	222,859	222,859	472,859
Total	15,264,077	16,742,133	20,242,133
Change over prior year		1,478,056	3,500,000

Judicial Branch:

The Judicial Branch uses its correctional treatment resources to support substance use testing and mental health and substance abuse treatment for all probation clients as well as problem-solving court clients. Funding also supports a small portion of probation FTE salary and benefits, 1.0 Board Staff FTE and the annual Collaborative Justice Conference. The Judicial Budget includes the “non-agency specific” appropriation which is money that covers the state indirect cost assessment as well as money used for research projects that benefit the entire criminal justice system.

Department of Public Safety, Division of Criminal Justice (DCJ):

DCJ receives funding to help cover the cost of specialized intensive residential treatment and therapeutic community beds; to pay for out-patient treatment vouchers for clients in community corrections facilities; and to fund 1.0 research/training FTE within the Division of Criminal Justice. Funds are also used to support classroom training costs for substance abuse and risk/need assessments for probation, parole, TASC, community corrections, and prison staff. Residential and out-patient treatment funds are allocated to local community corrections boards across the state and managed by the boards for treatment of community corrections clients. Each board must report quarterly on spending levels.

Fund Overview

Department of Human Services, Office of Behavioral Health (OBH):

OBH uses its funding for three main programs and services. The Jail-Based Behavioral Services (JBBS) program provides substance-abuse and mental health services for clients in county jails. Correctional Resources are also used to support outpatient treatment services and Short-Term Intensive Residential Remediation Treatment (STIRRT) program.

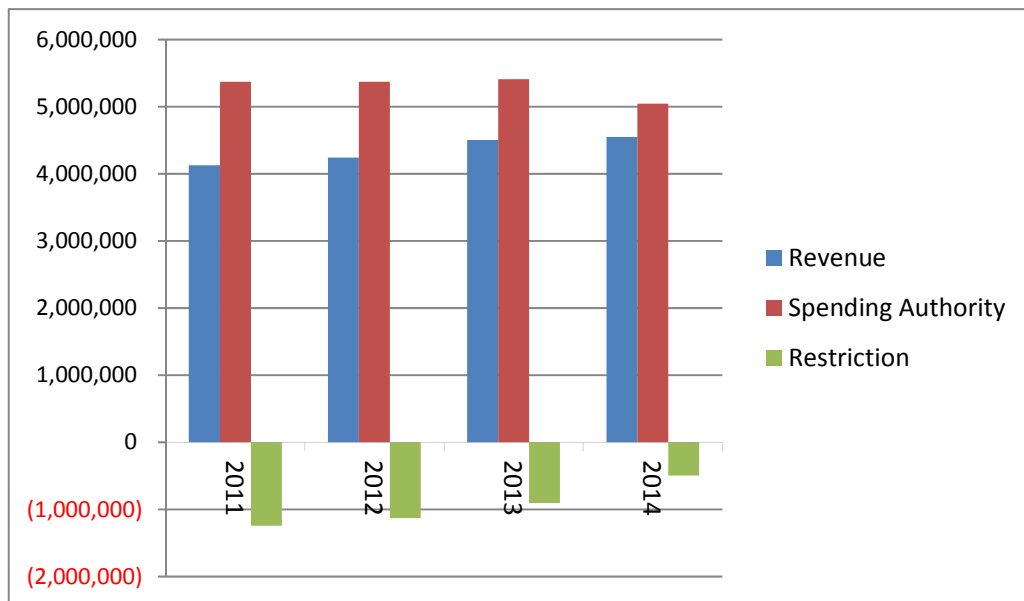
Department of Corrections (DOC):

DOC uses its correctional treatment funds to support case management, substance use testing and outpatient treatment for parole clients. This is done through a contract with Treatment Alternatives for Safer Community (TASC), which is an outside organization that provides these services to parolees with substance-abuse and/or co-occurring disorders.

Correctional Treatment Cash Fund Revenue

The Correctional Treatment Cash Fund (CTCF) receives cash revenue from the drug offender surcharge, which is assessed on offenders convicted of drug crimes, as well as general fund money that is appropriated to the Judicial Branch and passed through to the cash fund for allocation by the Correctional Treatment Board. Since the CTCF was established, and prior to that as the Drug Offender Surcharge Fund, cash revenue has not been sufficient to match appropriated spending authority. Despite a reduction in cash spending authority in FY2014, the Board still has to restrict spending levels because of insufficient revenue from the assessment and collection of the drug offender surcharge. Restrictions are shared by each state agency that receives correctional treatment resources. The Board receives quarterly spending and revenue reports so that it can monitor revenue and expenditures and assess the overall health of the fund. Revenue has been increasing over the past few years and the Board expects that within the next few years, revenue will be sufficient to avoid having to restrict annual spending authority.

Revenue, Spending Authority and Restrictions

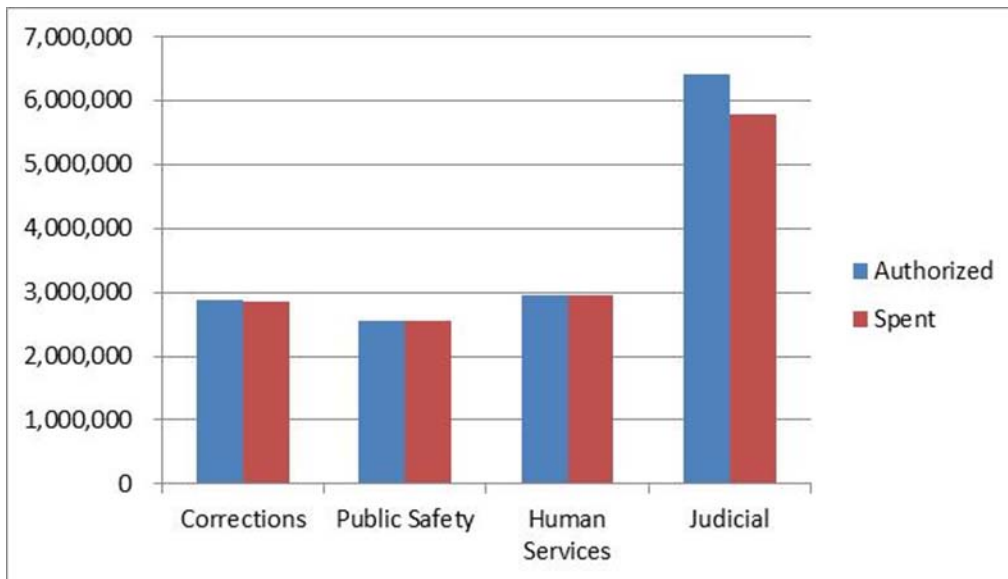


FY2013 Spending

FY2013 Expenditures

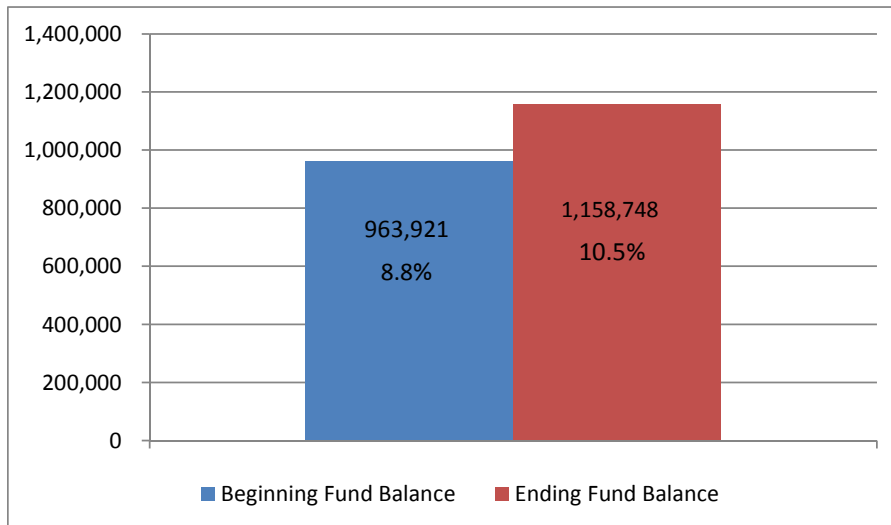
FY2013 was the first year the Board oversaw the allocation and expenditure of fund resources. In FY2013, a total of \$14.1M in correctional treatment resources was spent on a variety of programs and services to treat offenders. Each agency spent almost all of its allocation as outlined below.

FY2013 Spending - Authorized vs. Actual



In an effort to help build the cash fund balance, the Judicial Branch was able to under-spend its Correctional Treatment Allocation for FY2013 while still meeting its obligation to respond to offender needs. The FY2013 ending fund balance was \$1.1M, or 10.5% of prior year expenditures. The Correctional Treatment Board acknowledges this is less than the State's target cash fund reserve rate and is working toward increasing the fund balance to meet the target rate of 16.5%.

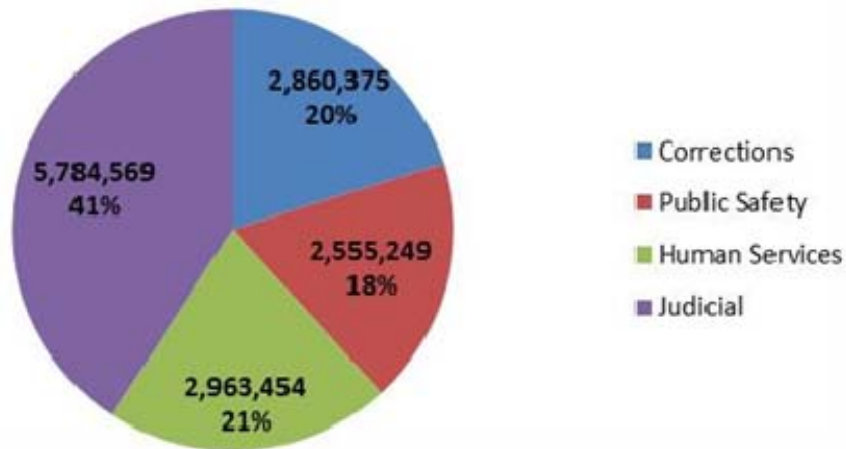
Correctional Treatment Cash Fund Balance



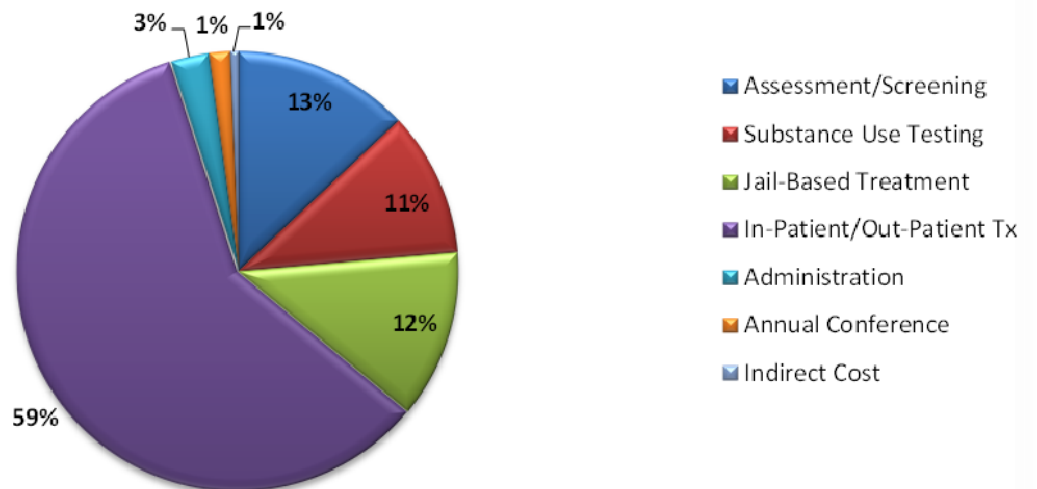
FY2013 Spending

For FY2013, the Board inherited an already-established funding structure that supported various base budget programs and services within each state criminal justice/behavioral health agency. The following charts reflect the spending amounts by each agency and also demonstrate the service categories that are currently being supported by the Correctional Treatment Cash Fund.

FY2013 Correctional Treatment Spending
By Agency



FY2013 Correctional Treatment Spending
by service type

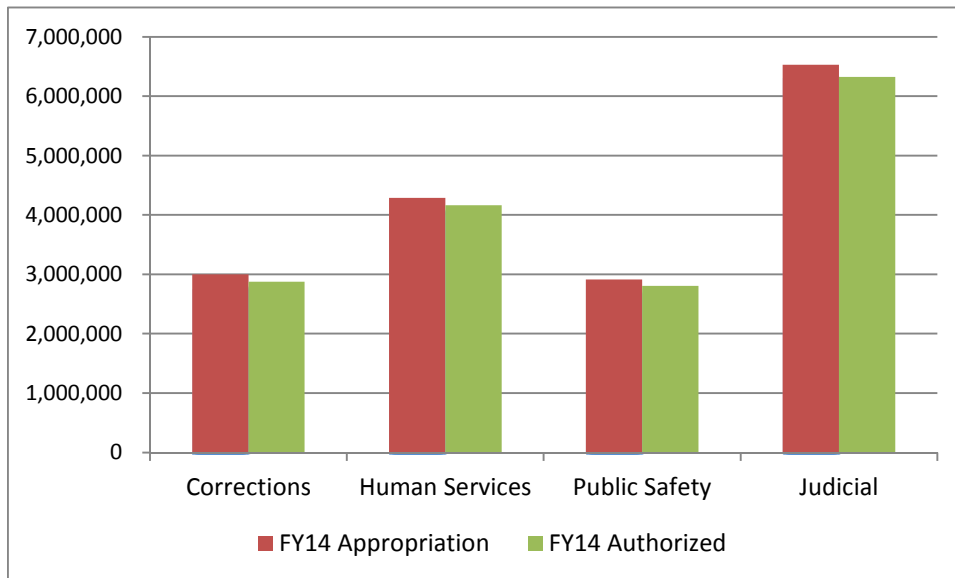


FY2014 Appropriation

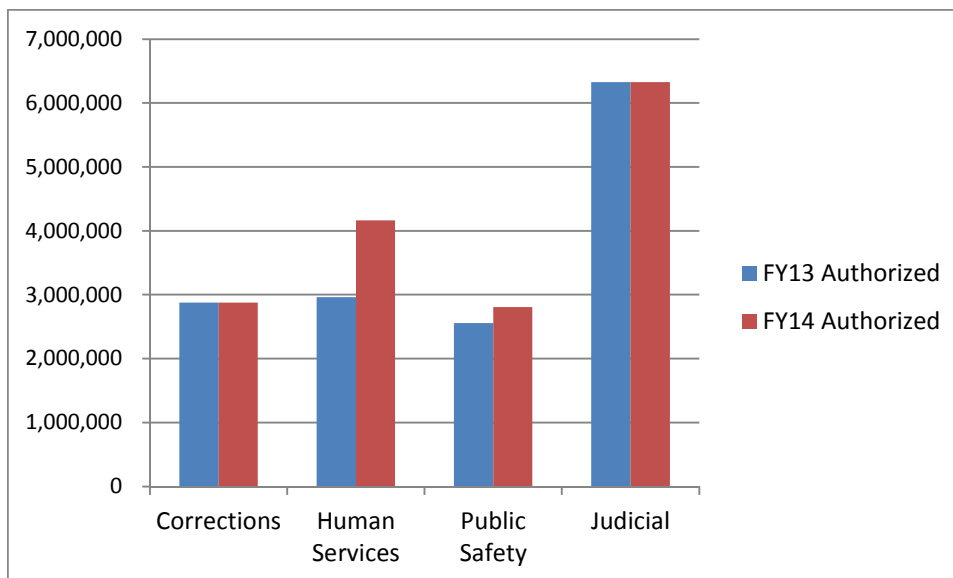
FY2014 Appropriation

For FY2014, the Correctional Treatment Board has authorized a total of \$16.7M in funding, which is an increase of \$1.4M over the FY2013 funded amount. The increase was stipulated in HB12-1310 and the Board determined it should be allocated for the jail-based behavioral services program within the Office of Behavioral Health (OBH) as well as to support the outpatient treatment funding within the Division of Criminal Justice (DCJ). The first chart below outlines the FY2014 appropriated versus authorized amount by agency. The authorized amount is less than the appropriation because of the shortage in drug offender surcharge revenue. The second chart reflects the change in authorized funding from FY2013 to FY2014 by agency.

FY2014 Appropriated vs. Authorized—By Agency



FY2013 and FY2014 Authorized Funding—By Agency



FY2015 Planned Allocations

FY2015 Funding

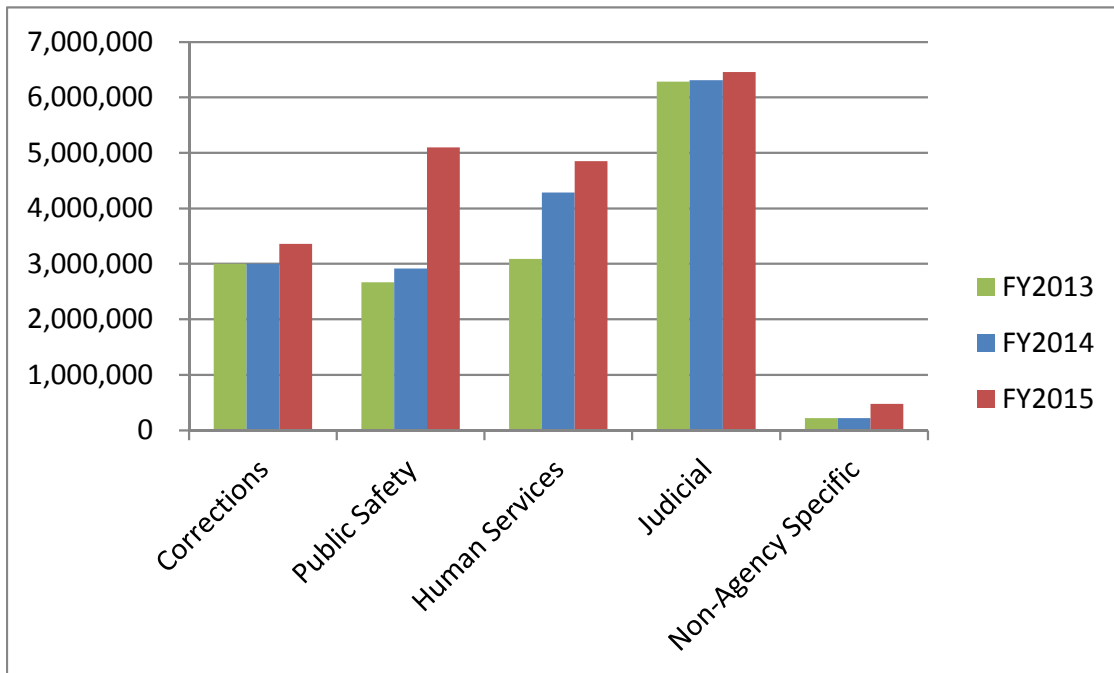
The Correctional Treatment Board has just over \$20.0M in funding to allocate for FY2015. This includes the FY2014 base appropriation of \$16.7M in addition to \$3.5M in new funding that resulted from the passage of SB13-250. This bill adjusted the sentencing of individuals convicted of drug crimes in an effort to keep people out of prison and instead, treat them in the community. The priorities for the FY2015 allocation include continued support for existing appropriations in each agency with new funding to support:

- Transition services for offenders leaving Jail-Based programs and re-entering the community. This will create greater long-term success by strengthening the offender's connection with community resources.
- Community corrections treatment vouchers . Local Treatment Boards have consistently indicated these treatment vouchers are integral to the success of clients in community corrections.
- Expanded residential treatment beds in Community Corrections for probation clients. SB13-250 promotes the use of community corrections as a condition of probation and there was considerable interest within probation and with local treatment boards in expanding probation IRT bed capacity within community corrections facilities.
- Parole increases for case management, expanded drug testing and co-pay incentives for parolees with clean UAs. Parole will expand its capacity in rural mountain communities with this funding, will help cover UA co-pay costs for offenders with clean UA's and will use the funding to help test for synthetic drug use to better help identify offender treatment needs.
- Funding for behavioral health out-patient treatment to back-fill the loss of federal funding.
- Funding for local diversion programs within DA offices around the state.
- Set-aside funding for board-authorized research and evaluation projects

FY2015 Funding Plan Summary	
Total Appropriation	20,242,133
Base Appropriations:	
DOC	(3,002,227)
DHS	(4,290,156)
DPS	(2,916,766)
Judicial	(6,532,984)
Sub-Total	3,500,000
New Program Funding:	
JBBS continuing care (DHS)	(310,000)
DCJ Vouchers (DPS)	(560,000)
IRT for Probation/Parole (DPS)	(1,625,000)
Synthetic Drug Testing (DOC)	(55,000)
Clean UA co-pay Incentives (DOC)	(200,000)
Parole rural case management (DOC)	(100,000)
SSC Treatment Funding (DHS)	(250,000)
Diversion Funding (JUD)	(150,000)
Research/Eval Projects (non-specific)	(250,000)
Unallocated	0

Conclusion

Year over Year Appropriated Amount—By Agency



Conclusion

The FY2015 funding plan is the result of the Board’s work over the past year which involved understanding and assessing each agency’s current use of correctional treatment resources combined with information received from local treatment boards on unmet needs. Much work still needs to be done to ensure efficiency and fairness in spending. Over the course of the next year, the Board will begin looking at and collecting population and outcome data for existing programs as well as work on consistency in financial reporting and explore the possibilities of improving/expanding data collection and reporting. Policies around Board funding priorities and qualifying programs/services need to be developed and there will be continued work on outreach to local boards.

The long-term goal of the Correctional Treatment Board is to look at possible efficiencies in how the State approaches and works with the treatment community, treatment matching offenders to the best type of treatment and continuing the focus on case management strategies and training. All of these activities will lead to an improved quality of offender management and treatment of criminal offenders with substance-abuse and co-occurring disorders which ultimately will create greater public safety in all communities across the state.