JOINT
BUDGET
COMMITTEE

STAFF BUDGET BRIEFING
FY 2017-18

DEPARTMENT OF HUMAN SERVICES

(Behavioral Health Services)

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

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DEPARTMENT OF HUMAN SERVICES

DEPARTMENT OVERVIEW

The Department of Human Services is responsible for the administration and supervision of most non-medical public assistance and welfare activities of the State, including financial and nutritional assistance programs, child protection services, rehabilitation programs, and programs for older Coloradans. The Department is also responsible for inspecting and licensing child care facilities. The Department operates two mental health institutes, three regional centers for persons with intellectual and developmental disabilities, and ten institutions for delinquent juveniles. The Department also contracts with community-based organizations for: behavioral health services that are not otherwise available, services for persons with intellectual and developmental disabilities, and the supervision and treatment of delinquent juveniles.

This staff budget briefing document concerns the Department's Office of Behavioral Health, which is responsible for policy development, service provision and coordination, program monitoring and evaluation, and administrative oversight of the state's public behavioral health system. Funding in this section supports community-based mental health and substance use disorder services that are otherwise not available. This includes services for people with low incomes who are not eligible for Medicaid, as well as services for Medicaid-eligible clients that are not covered by the Medicaid program[1]. Funding in this section also supports administration and operation of the State's two mental health institutes, which provide inpatient hospitalization for individuals with serious mental illness. The institutes serve three populations: (a) individuals with pending criminal charges who require evaluations of competency to stand trial and services to restore competency; (b) individuals who have been found to be not guilty by reason of insanity; and (c) adults and adolescents who are referred for admission by the community mental health centers, county departments of social services, or the Division of Youth Corrections.

DEPARTMENT BUDGET: RECENT APPROPRIATIONS

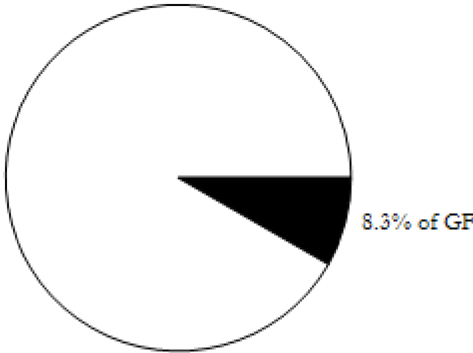
Funding Source	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18 *
General Fund	$446,285,574	$478,617,095	$486,328,896	$513,562,321
Cash Funds	135,533,939	156,643,072	164,992,153	157,256,275
Reappropriated Funds	30,798,095	34,086,127	34,245,215	34,434,733
Federal Funds	4,425,000	4,425,000	4,425,000	4,425,000
TOTAL FUNDS	**$617,042,608**	**$673,771,294**	**$689,991,264**	**$709,678,329**
Full Time Equiv. Staff	4,522.3	4,592.3	4,615.1	4,640.8

*Requested appropriation.

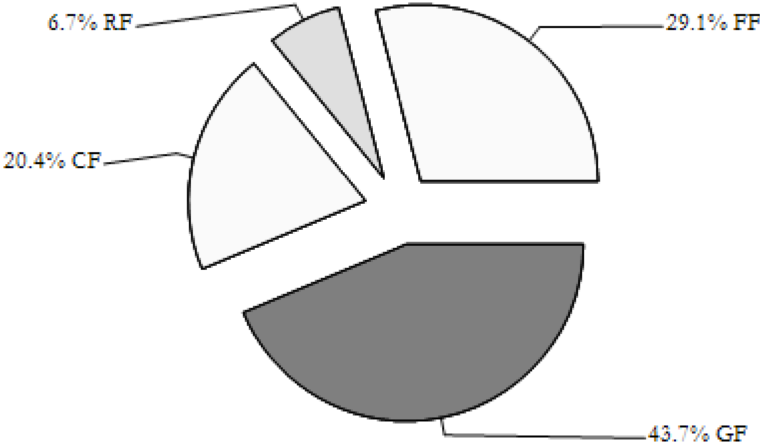
[1] Most mental health and substance use disorder services for Medicaid-eligible clients are funded through the Department of Health Care Policy and Financing.

DEPARTMENT BUDGET: GRAPHIC OVERVIEW

Department's Share of Statewide General Fund

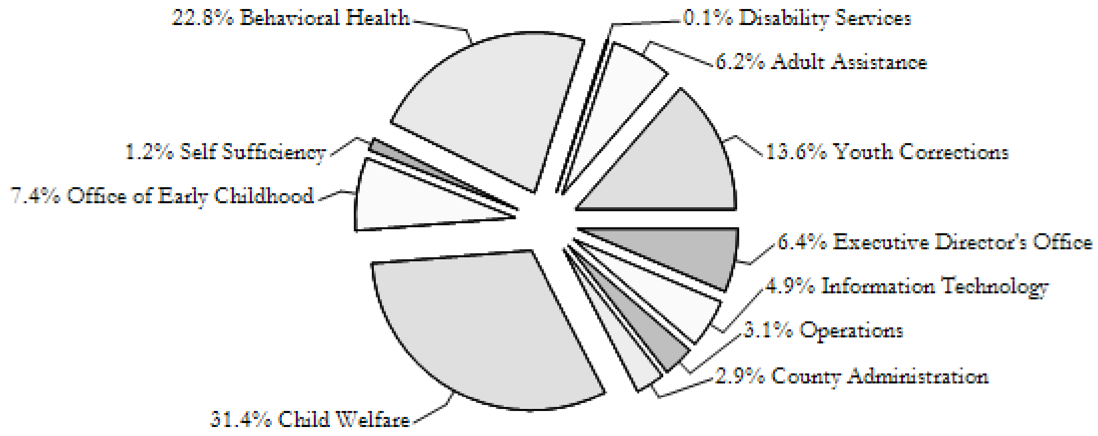


Department Funding Sources

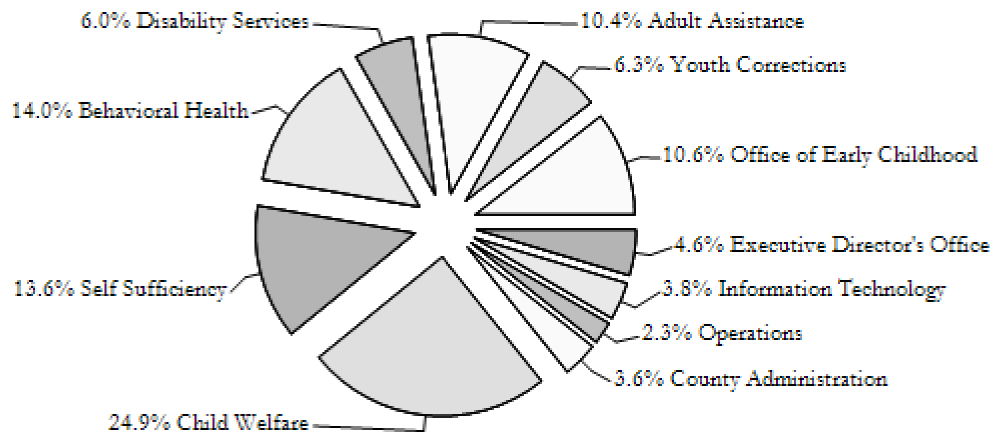


All charts are based on the FY 2016-17 appropriation.

Distribution of General Fund by Division



Distribution of Total Funds by Division



All charts are based on the FY 2016-17 appropriation.

GENERAL FACTORS DRIVING THE BUDGET

The Department's Office of Behavioral Health administers funding for community-based mental health and substance use-related services that are not otherwise available. This includes services for people with low incomes who are not eligible for Medicaid, as well as services for Medicaid-eligible clients if such services are not covered by the Medicaid program. The Department also operates two mental health institutes, which provide inpatient hospitalization for individuals with serious mental illness. Funding in the "Behavioral Health Services" section of the Department's budget consists of 71.5 percent General Fund, 13.3 percent federal funds, 8.2 percent cash funds, and 7.0 percent reappropriated funds. Major sources of cash funds include marijuana tax revenues, patient revenues earned by the mental health institutes, and revenue from a variety of drug- and alcohol-related surcharges and fines. Major sources of reappropriated funds include transfers of Medicaid funds from the Department of Health Care Policy and Financing and transfers of General Fund and drug surcharge revenues from the Judicial Department.

MENTAL HEALTH INSTITUTES

The Department administers and operates two mental health institutes that provide inpatient hospitalization for up to 543 individuals with serious mental illness. One institute is located in Pueblo and the other is located on the Fort Logan campus in southwest Denver. The institutes serve three populations:

- Individuals with pending criminal charges who require evaluations of competency to stand trial and services to restore competency;
- Individuals who have been found not guilty by reason of insanity; and
- Adults and adolescents who are referred for admission by community mental health centers, local hospitals, or the Department's Division of Youth Corrections.

The resources for the first two populations are referred to as "forensic" beds, and the resources for the third population are referred to as "civil" beds.

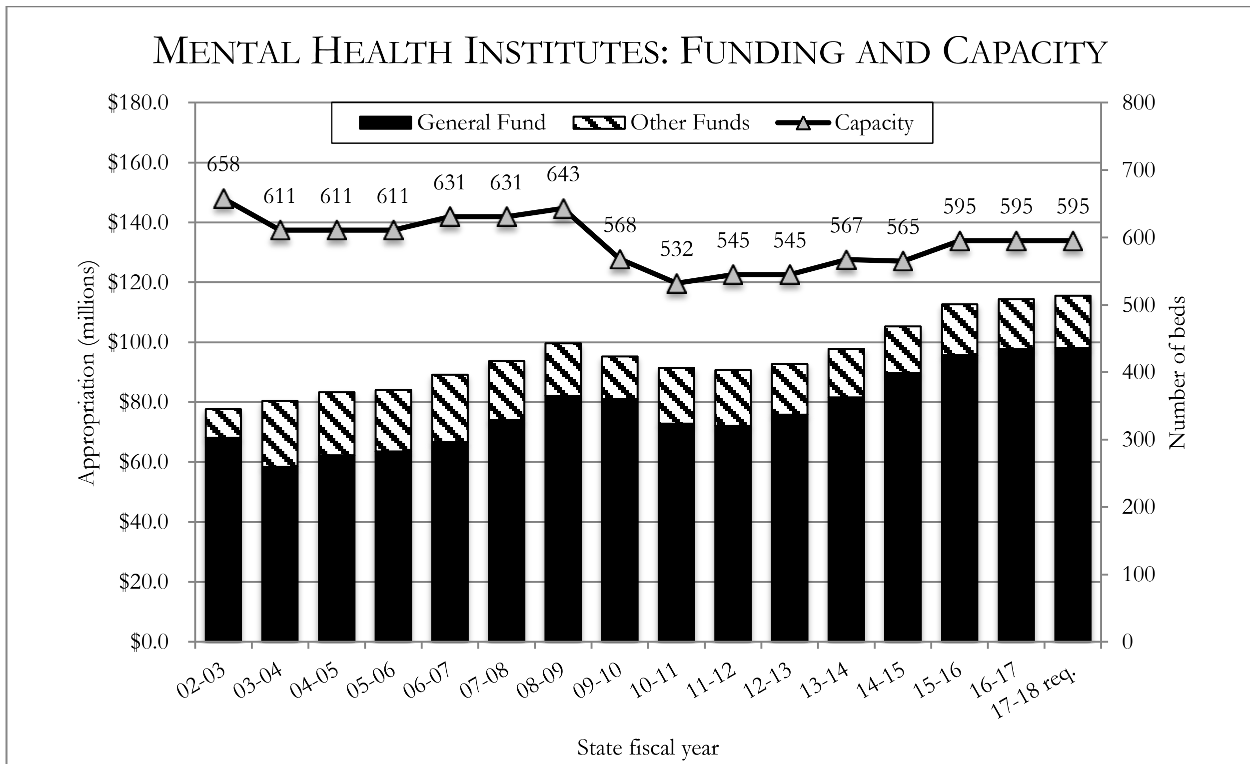
The institutes are primarily supported by General Fund appropriations. Other sources of revenue include: patient revenues (including federal Medicare funds and Medicaid funds transferred from the Department of Health Care Policy and Financing), funds transferred from the Department of Corrections (DOC) for food services provided to DOC facilities on the Pueblo campus, and marijuana tax revenues that support the Circle Program in Pueblo. Funding for the institutes is affected by capacity, personnel costs, and operational costs (including medication expenses and the cost of purchasing medical services from local hospitals and medical providers). The chart on the next page depicts recent changes in the institutes' funding and bed capacity; capacity figures reflect both civil and forensic beds.

The total capacity of the institutes declined during each of the last two economic downturns. The most recent closures approved by the General Assembly include:

- closure of the medical/surgical unit at Pueblo in FY 2009-10;
- closure of the children's, adolescent, and geriatric treatment divisions at Fort Logan in FY 2009-10; and
- closure of the therapeutic residential childcare facility treatment division at Fort Logan in FY 2010-11.

In addition, in late FY 2014-15, the Department modified an existing unit to treat patients who had previously been transferred to the DOC. This decreased the number of beds in Pueblo by two.

The General Assembly has also approved requests to increase capacity in recent years to address the increasing demand for forensic beds. In FY 2013-14, the General Assembly provided funding for the Department to contract with a vendor to operate a 22-bed *jail-based* program for individuals requiring competency evaluations or restoration services. The General Assembly added funding in FY 2015-16 to expand this program by 30 beds. This program is called the Restoring Individuals Safely and Effectively or "RISE" Program, and is currently operated by Correct Care, LLC, within the Arapahoe County Detention Facility in Centennial. The following chart includes the funding and capacity for the RISE Program.



NOTE: Appropriation data excludes funding for centrally appropriated employee benefits such as health insurance.

COMMUNITY-BASED PROGRAMS AND SERVICES

The Office of Behavioral Health contracts with 17 community mental health centers (Centers) across the state to provide mental health services that are not otherwise available. Each Center is responsible for providing a set of core services, ranging from public education to inpatient services. Each Center has an allocation of inpatient beds at one of the mental health institutes, and is responsible for managing admissions to the allotted beds for adults within their service area.[2] The Office also contracts with four managed service organizations (MSOs) for the provision of substance use disorder treatment and detoxification services that are not otherwise available. MSOs subcontract with local treatment providers across the state to deliver these services. Finally, the

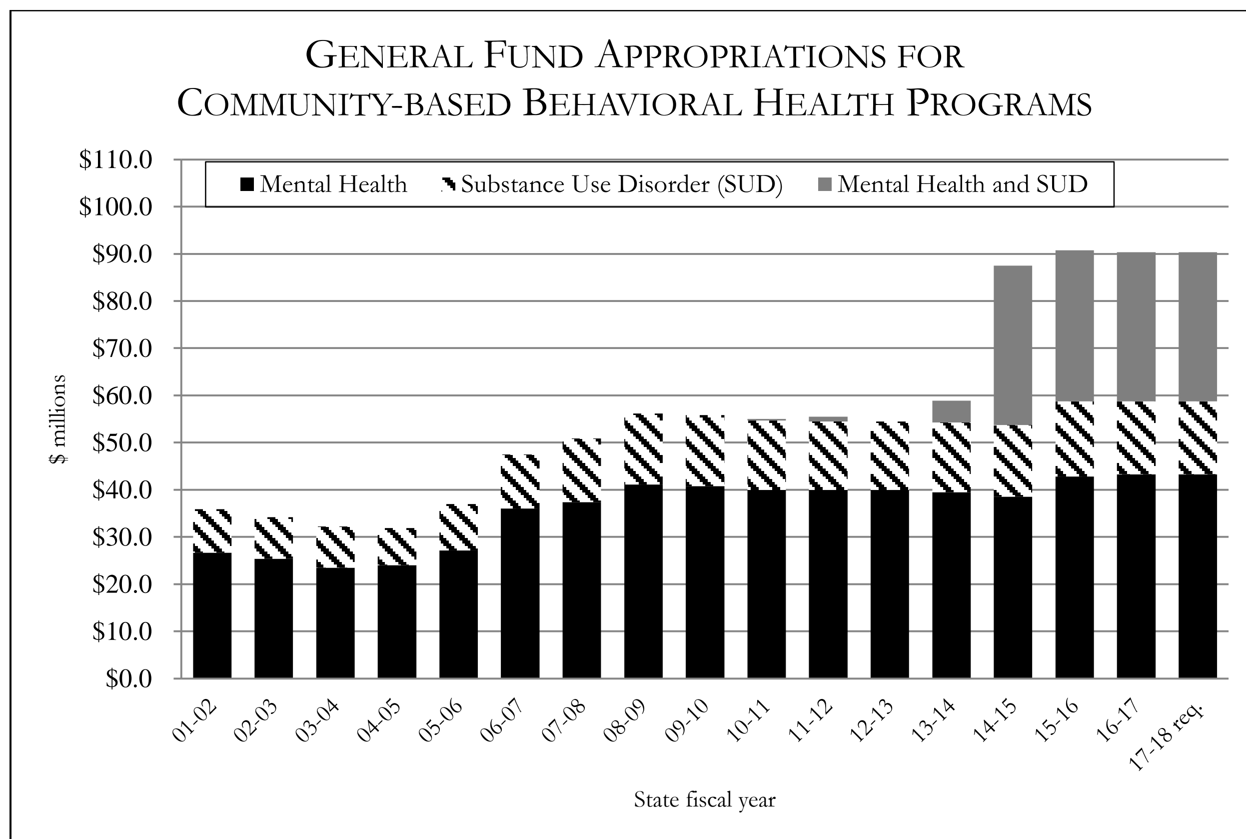
[2] Please note, however, that due to increased demand for forensic beds at the mental health institutes, the number of beds actually available for civil patients referred by the Centers has declined significantly.

Office also contracts with other organizations to provide certain types of treatment services or services targeting specific populations.

Most mental health and substance use disorder services for Medicaid-eligible clients are funded through the Department of Health Care Policy and Financing. Unlike the Medicaid program, behavioral health services provided through this department are not an entitlement. Thus, the number of individuals receiving services and the level of service provided is largely driven by the level of state and federal funds available each year. The General Assembly periodically adjusts funding for the Centers, MSOs, and other community providers to account for inflationary changes and to ensure that programs are viable over the long-term. The rate changes are generally consistent with the common policy adopted by the Joint Budget Committee for a variety of community providers.

The General Assembly also appropriates additional funds for the provision of specific services or services targeting specific populations (e.g., alternative placements for people who would otherwise require hospitalization at a mental health institute, school-based behavioral health services for children, and services for juvenile and adult offenders).

The following chart depicts recent General Fund appropriations for community-based behavioral health services and the request for FY 2017-18. The significant increases provided for FY 2013-14 and FY 2014-15 primarily relate to the creation of a statewide behavioral health crisis response system and an effort to expand the Centers' capacity to deliver behavioral health stabilization services to individuals who would otherwise require treatment at the mental health institutes.



In addition to General Fund appropriations depicted in the previous chart ($90.4 million for FY 2016-17), the Office administers funds from the federal Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant, Medicaid funding transferred from the Department of Health Care Policy and Financing, General Fund and drug surcharge revenues transferred from the Judicial Department, marijuana tax revenues, and various drug and alcohol-related fees and surcharges. These other fund sources are anticipated to provide an additional $55.0 million to support community-based behavioral health services in FY 2016-17.

SUMMARY: FY 2016-17 APPROPRIATION & FY 2017-18 REQUEST

DEPARTMENT OF HUMAN SERVICES, BEHAVIORAL HEALTH SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2016-17 APPROPRIATION:						
HB 16-1405 (Long Bill)	$259,658,773	$189,322,150	$16,063,002	$19,051,329	$35,222,292	1,290.4
Other legislation	6,126,557	494,557	6,000,000	(368,000)	0	3.2
TOTAL	**$265,785,330**	**$189,816,707**	**$22,063,002**	**$18,683,329**	**$35,222,292**	**1,293.6**
FY 2017-18 REQUESTED PPROPRIATION:						
FY 2016-17 Appropriation	$265,785,330	$189,816,707	$22,063,002	$18,683,329	$35,222,292	1,293.6
R8 Crisis services system enhancements	0	0	0	0	0	0.0
R10 Mental health institute security enhancements	609,307	609,307	0	0	0	0.0
R14 Substance use disorder treatment at the mental health institutes	556,986	0	556,986	0	0	8.0
R16 Mental health institute capital outlay	350,377	350,377	0	0	0	0.0
Non-prioritized request items	80,321	67,090	0	13,231	0	0.9
Centrally appropriated line items	134,448	0	134,448	0	0	0.0
Annualize prior year legislation	15,717	15,717	0	0	0	0.6
Technical changes	(596,735)	0	(596,735)	0	0	0.0
Annualize prior year budget actions	(558,400)	(570,125)	3,081	2,296	6,348	0.1
TOTAL	**$266,377,351**	**$190,289,073**	**$22,160,782**	**$18,698,856**	**$35,228,640**	**1,303.2**
INCREASE/(DECREASE)	$592,021	$472,366	$97,780	$15,527	$6,348	9.6
Percentage Change	0.2%	0.2%	0.4%	0.1%	0.0%	0.7%

R8 CRISIS SERVICES SYSTEM ENHANCEMENTS: The request includes an increase of $900,000 General Fund to enhance the state's behavioral health crisis response system. Specifically, the Department proposes increases of:

- $600,000 (an increase from $2,395,915 to $2,995,915) for the telephone hotline ; and
- $300,000 (from $600,000 to $900,000) for marketing.

This request is budget neutral because the Department proposes a $900,000 reduction (from $5,147,901 to $4,247,901) in the appropriation for Community Transition Services, a line item that provides funding for intensive behavioral health services and supports for individuals with serious mental illness who transition from a mental health institute back to the community, or who require more intensive services in the community to help avoid institutional placement.

R10 MENTAL HEALTH INSTITUTE SECURITY ENHANCEMENTS: The request includes $609,307 General Fund for security enhancements at both mental health institutes, including: $401,667 for security cameras (34 replacements for seclusion and restraint rooms and 45 new cameras for areas not currently monitored); $117,160 for security staff training, weaponry, and gear; and $90,480 for physical modifications to certain entrances and a nurse station. The Department indicates that $34,788 of ongoing funding would be required to maintain security cameras.

R14 SUBSTANCE USE DISORDER TREATMENT AT THE MENTAL HEALTH INSTITUTES: The request includes a total of $661,947 cash funds from the Marijuana Tax Cash Fund (including

$104,961 for centrally appropriated employee benefits) to add 8.0 FTE certified addiction counselors to expand substance use disorder treatment at both mental health institutes.

R16 MENTAL HEALTH INSTITUTE CAPITAL OUTLAY: The request includes $350,377 General Fund to implement a standardized equipment replacement and minor renovation plan at both mental health institutes.

NON-PRIORITIZED REQUEST ITEMS: The request includes $80,321 total funds for budget requests that are initiated by the Department of Health Care Policy and Financing (HCPF) and the Department of Corrections (DOC).

NON-PRIORITIZED ITEMS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
NP6 HCPF oversight of departmental resources	$67,090	$67,090	$0	$0	$0	0.9
NP5 DOC food inflation	42,650	0	0	42,650	0	0.0
NP4 DOC Mother baby unit	(29,419)	0	0	(29,419)	0	0.0
TOTAL	**$80,321**	**$67,090**	**$0**	**$13,231**	**$0**	**0.9**

CENTRALLY APPROPRIATED LINE ITEMS: The request includes $134,448 cash funds from the Marijuana Tax Cash Fund for FY 2017-18 salary increases for employees of the Circle Program. This program, which is part of the mental health institute in Pueblo, is an intensive treatment program that serves men and women who suffer from co-occurring mental health and substance use disorders.

ANNUALIZE PRIOR YEAR LEGISLATION: The request includes $15,717 General Fund to reflect the second-year impact of two bills that passed during the 2016 legislative session.

ANNUALIZE PRIOR YEAR LEGISLATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Annualize SB 16-019 (Videotape mental condition evaluations)	$13,924	$13,924	$0	$0	$0	0.4
Annualize HB 16-1410 (Competency evaluation location)	1,793	1,793	0	0	0	0.2
TOTAL	**$15,717**	**$15,717**	**$0**	**$0**	**$0**	**0.6**

TECHNICAL CHANGES: The request includes technical changes that reduce appropriations by a total of $596,735 cash funds, including:

- The elimination of temporary increases in annual spending authority from the Persistent Drunk Driver Cash Fund ($365,000) and the Adolescent Substance Abuse Prevention Fund ($65,000); and
- The elimination of administrative appropriations from the Offender Mental Health Services Fund ($99,815) and the Alcohol and Drug Abuse Prevention Fund ($66,920) to correct a technical error in the appropriation clause for H.B. 16-1408 (concerning cash fund allocations for health-related programs).

ANNUALIZE PRIOR YEAR BUDGET ACTIONS: The request includes a reduction of $558,400 total funds to reflect the second-year impact of several FY 2016-17 budget actions.

Annualize Prior Year Budget Actions						
	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FTE
Annualize prior year salary survey	$207,874	$196,149	$3,081	$2,296	$6,348	0.0
Annualize FY 16-17 R3 Court-ordered competency evaluations and restoration treatment	4,726	4,726	0	0	0	0.1
Annualize FY 16-17 BA10 MHI electronic health record system	(771,000)	(771,000)	0	0	0	0.0
TOTAL	**($558,400)**	**(570,125)**	**$3,081**	**$2,296**	**$6,348**	**0.1**

Behavioral Health-related Items Included in the Governor's FY 2017-18 Budget Request That Are Not Included Above

Marijuana Tax Cash Fund

As part of his proposed budget for FY 2017-18, the Governor has requested a total of $16.3 million from the Marijuana Tax Cash Fund for supportive housing and rapid rehousing initiatives (two budget requests submitted by the Department of Local Affairs). Much of this funding would be used for individuals with behavioral health needs. The Governor's budget also includes an additional $16.0 million from the Marijuana Tax Cash Fund that is set aside for various legislative and budget initiatives. The information provided by the Governor's Office during the November 30, 2016, budget hearing indicated that this amount includes:

- $4 million to divert low-level drug offenders and people with behavioral health needs from the criminal justice system into community-based treatment and support services such as housing, healthcare, and job training; and
- $4 million to potentially implement recommendations from the Mental Health Hold Task Force.

Capital Construction Projects

As discussed in the first issue brief, the Department has submitted a FY 2017-18 capital construction request for $5,420,468 from the Capital Construction Fund to expand the Hawkins High Security Forensic facility at the mental health institute at Pueblo by adding a new 24-bed unit.

ISSUE: CAPITAL CONSTRUCTION REQUEST FOR MENTAL HEALTH INSTITUTE EXPANSION

The Department submitted a FY 2017-18 capital construction request for $5.4 million to expand the Hawkins High Security Forensic facility at the mental health institute at Pueblo by 24 beds. This new unit would be used to serve individuals requiring competency evaluations or competency restoration services.

SUMMARY

- In 2012, the Department entered into a Settlement Agreement related to a legal challenge concerning the length of time pretrial detainees wait to receive competency evaluations and competency restoration treatment.

- The General Assembly approved an urgent request from the Department for $2.7 million in FY 2015-16 (and $4.1 million in ongoing funding) to expand a jail-based competency program because the Department was at risk of violating the Settlement Agreement. The General Assembly also passed legislation to further address the Department's concerns by limiting court discretion to order that a competency evaluation be conducted at the mental health institute and by providing funding for transport staff to maximize the efficient use of institute beds.

- A year ago the Department proposed a potential project to address safety concerns by relocating some units at the mental health institute at Pueblo (CMHIP) that serve adolescents and adults with a co-occurring mental illness and substance use disorder. This proposal would have also added 20 beds for patients preparing to be discharged into the community. The most recent capital construction request proposes a different project to construct a new unit to serve adults requiring competency services.

RECOMMENDATION

Staff recommends that the Committee ask the Department to discuss its FY 2017-18 capital construction request. Staff also recommends that the Committee ask the Department to provide the context necessary for the General Assembly to understand the Department's view of the State's role in providing direct care for individuals with serious mental illness, and its overall strategy for securing the necessary facility and operational resources to fulfill this role.

DISCUSSION

Background Information: JBC Actions to Address Settlement Agreement Concerning Competency Services

In 2012 the Department entered into a Settlement Agreement related to a legal challenge concerning the length of time pretrial detainees wait to receive competency evaluations and competency restoration treatment. The Agreement requires the Department to admit these pretrial detainees to the mental health institute at Pueblo no later than 28 days after the individual is ready for admission, and to maintain a monthly average of 24 days or less for admission.

Funding to Expand Jail-based Competency Services

In September 2015, the Department requested that the Joint Budget Committee (JBC) approve a $2,727,097 General Fund appropriation for FY 2015-16 to address continued increases in the number of court-ordered competency evaluations and competency restoration services. The ongoing funding request for FY 2016-17 totaled $4,111,685 General Fund. The Department indicated that the timing of this request was urgent because it was at risk of violating the Settlement Agreement and it was potentially at risk for further legal action, including a possible contempt of court judgement.

The request included two components:

- Funding ($567,249 for FY 2016-17) to add 4.6 FTE Psychologists and 1.0 FTE Administrative Assistant at the mental health institute at Pueblo to perform the competency evaluations and prepare the reports for the court.
- Funding ($3,544,436 General Fund for FY 2016-17) to expand from 22 to 52 beds the jail-based program for individuals requiring competency evaluations or competency restoration services. The request was based on the contracted $307.50 per bed daily rate for the existing jail-based competency program, which compared to the FY 2015-16 inpatient daily rate at the Pueblo institute's forensic psychiatry daily rate of $676.00 per bed. This portion of the request also included funding to add 1.0 FTE Program Manager and 1.0 FTE Administrative Assistant to review patient files to determine eligibility for the program, and act as a liaison between CMHIP and the contract vendor.

The JBC approved both requests, and the General Assembly ultimately passed the JBC-sponsored bills that included these appropriations.

Statutory Changes and Funding for Transport Staff (H.B. 16-1410)

During the 2015 budget briefing and hearing process, the JBC had extensive discussions with the Department of Human Services and with Judicial Branch agencies about why the number of court-ordered competency evaluations continued to rise. Based on these discussions, the JBC sponsored H.B. 16-1410 to continue to address the Department's challenges in meeting the terms of the Settlement Agreement. This act:

- Limits the court's discretion to order that a competency evaluation be conducted at CMHIP by specifying that the evaluation must be done on an outpatient basis or at the place where the defendant is in custody unless: (a) the court makes certain specified findings; (b) the court receives a recommendation from the CMHIP court services evaluator that conducting the evaluation at CMHIP is appropriate; or (c) the court receives written approval from the Department.
- Prohibits the court from considering the need for the defendant to receive a competency evaluation when setting bond.
- Directs a county sheriff, if a defendant needs to return to the county jail after CMHIP has completed a competency evaluation, to make all reasonable efforts to take custody of the defendant as soon as practicable.
- Appropriates $107,076 General Fund to the Department for FY 2016-17 for CMHIP to hire two secure transport staff to facilitate the transportation of defendants between jails, CMHIP, and the jail-based competency program located in the Arapahoe County Detention Center.

Department Use of Funds Approved for FY 2015-16

The Department provided information in response to a staff inquiry concerning transfers of funds between line item appropriations for the mental health institutes *[see Appendix C, Long Bill footnote 50 for further information about these transfers]*. This information indicated that the Department did not spend $1,489,032 of the General Fund that was appropriated for FY 2015-16 for the jail-based competency evaluation and restoration program (62.9 percent of the amount requested by the Department in September 2015). It appears that this money was transferred under the flexibility provided by a Long Bill footnote and used to increase funds available for personal services and operating expenditures at one or both mental health institutes. This transfer is in addition to amounts that were transferred from other mental health institute line item appropriations (e.g., contract medical services and pharmaceuticals) to cover personal services expenditures at the institutes.

"Contingent" Budget Request for Facility-related Changes at both Mental Health Institutes

Last year, as part of his FY 2016-17 budget request, the Governor included several "contingent" funding requests that were intended to be considered if the General Fund revenue projections improved. As these items were not part of the Governor's official budget request, they were not included in the documents that JBC staff prepare as part of the normal budget process. The Department of Human Services submitted a contingent budget request titled, "Program Relocation for Improved Safety and Beds". This request identified risks within the Adolescent Behavioral Treatment Unit at CMHIP. The request involved relocating the adolescent unit and the Circle Program, and adding 20 transitional beds for patients preparing to discharge into the community.

FY 2017-18 Capital Construction Request

The Department submitted a FY 2017-18 capital construction request for $5,420,468 from the Capital Construction Fund to expand the Hawkins High Security Forensic facility at CMHIP by adding a new 24-bed unit. The Hawkins High Security Forensic facility, which was constructed in 2009, was designed to accommodate future expansion. The Department indicates that this proposal is the most cost-effective way to increase institute bed capacity because it would be utilizing the existing infrastructure capacity already built at the Hawkins facility to accommodate the new unit (e.g., water, sewer, and HVAC).

The new unit would be used for individuals requiring competency evaluations or restoration services. The Department indicates that this proposal is intended to help the Department maintain the terms of the Settlement Agreement concerning time frames for performing competency evaluations and providing restoration services.

Staff inquired whether the Department conducted a cost-benefit analysis to determine how this capital construction request compares to a further expansion of jail-based competency-related services. The Department indicates that this unit would be used for individuals who require significant behavioral plans and are considered highly dangerous to self or others. In contrast, individuals who are receiving services in the jail-based RISE Program or in other community settings tend to be less aggressive and more able to be in an open unit model.

Staff Recommendations

The Department's FY 2017-18 capital construction request raises several questions for staff. At this point, staff is unable to explain how the series of events described above connect to the Department's most recent capital construction request. It is important for the General Assembly to understand the Department's view of the State's role in providing direct care for individuals with serious mental illness, and the Department's strategy for securing the necessary facility and operational resources to fulfill this role.

Staff has listed below some potential questions the Committee may consider asking the Department to respond to at the hearing to provide a more coherent picture for the General Assembly as it considers the Department's most recent request.

1. Describe the Department's recent and ongoing facility and operational planning processes concerning the mental health institutes and the State's role in providing direct care for individuals with serious mental illness. Please include a discussion of:
    a. the Department's Facility Program Plan and Site Master Plan project that was funded in FY 2014-15 and the Department has indicated will be completed in early 2017;
    b. the study conducted by the Western Interstate Commission on Higher Education (WICHE) concerning the state's current and future behavioral health needs (completed in April 2015);
    c. the Department's Operational Program Plan that was finalized in August 2016; and
    d. the study that was funded in FY 2015-16 and conducted by WICHE concerning the effectiveness of the Circle Program and related operational scenarios (completed September 2016).
2. How does the Department's FY 2017-18 capital construction request fit into this planning process?
3. Provide data concerning the Department's compliance with the Settlement Agreement time frames from the inception of the Agreement to date.
4. Describe how the Department's projections concerning the need for inpatient competency evaluation and restoration services have been impacted by:
    a. the recently approved expansion of the jail-based competency evaluation and restoration program; and
    b. House Bill 16-1410, which included statutory changes to limit judicial discretion to order inpatient competency evaluations as well as resources to hire two secure transport staff to facilitate the transportation of defendants between jails, the mental health institutes, and the jail-based competency program.
5. Explain why the Department did not spend $1,489,032 (62.9 percent) of the General Fund that was requested in September 2015 for the jail-based competency evaluation and restoration program as intended. How were these funds used, and why?
6. Provide any available data indicating the number of individuals who require *inpatient* competency evaluation and restoration services, and those who are better served in a jail or community setting.
7. How does the FY 2017-18 capital construction request relate to the "contingent" budget request the Department submitted last year for facility-related changes at both mental health institutes?
8. What are the projected annual operating costs of the proposed 24-bed unit?

ISSUE: OSPB BEHAVIORAL HEALTH FUNDING STUDY

A recently released study overseen by the Governor's Office of State Planning and Budgeting (OSPB) examined how funding should be distributed and aligned between the Department of Human Services and the Department of Health Care Policy and Financing and among service providers to best support mental health and substance use disorder services statewide.

SUMMARY

- The expansion of Medicaid eligibility in January 2014 has had a significant impact on Colorado's behavioral health service delivery systems. The General Assembly expanded the substance use disorder benefit for Medicaid clients, also effective in January 2014, and the General Assembly authorized and funded a statewide behavioral health crisis response system which became operational in FY 2014-15. All of these changes have significantly impacted service provider operations and the roles and responsibilities of the two departments. Some of the existing state agency approaches and procedures related to contracting, billing, reporting, and providing oversight have proven ill-suited for the new system.

- A recently released study was intended to examine some of these impacts to determine how state funding, administration, and oversight activities can be improved to make them more compatible with the new system. The study includes eight recommendations, and the Governor recently sent a letter to the Joint Budget Committee describing related initiatives that have been implemented, planned, or are under way.

- In September 2015, at the same time the Joint Budget Committee approved the funding for the OSPB study, it denied a request from the Department of Human Services to reduce appropriations that support services provided by community mental health centers to indigent mentally ill clients. Instead, the Committee sent a letter to Executive Director Bicha encouraging the Department to continue efforts to work cooperatively with the affected service providers to develop contract terms that are informed by available data, are practical, and ensure that providers can continue to provide essential services during this transition period.

RECOMMENDATION

The Department current method of contracting with community mental health centers and managed service organizations is overly complex and burdensome on both the Department and providers. The Department's new capacity-based protocol and recently implemented performance-based payments are resulting in a significant amount of state funds remaining unspent, and the most significant under-expenditures are in those areas where the Governor and the General Assembly have invested resources to strengthen the State's community-based behavioral health service delivery system. Staff recommends that the General Assembly provide clear direction to the Department about whether its administration of these appropriations is consistent with the General Assembly's intent.

DISCUSSION

Background: September 2015 Interim Supplemental Request

In September 2015 the Department of Human Services submitted a request to the Joint Budget Committee to reduce General Fund support for community mental health centers (Centers) by $2.5 million for FY 2015-16 based on the impact of Medicaid eligibility expansion. Specifically, the Department requested two adjustments to FY 2015-16 appropriations:

- Reduce the General Fund appropriation to the Department for "Services for Indigent Mentally Ill Clients" by $2.5 million to partially reflect an anticipated reversion of the appropriation at the end of FY 2015-16. The Department essentially sought legislative approval of some proposed changes to its contracts with Centers. These changes included: (1) utilizing lower contracted client numbers and reduced case rates; and (2) reinvesting $2.0 million of the projected savings back into Centers to cover one-time systemic and capacity needs of Centers as they transition to full implementation of Medicaid eligibility expansion.
- Increase the General Fund appropriation to the Office of State Planning and Budgeting (OSPB) for "Personal Services" by $200,000 so that it can contract with an outside vendor to examine how funding should be distributed and aligned between the Department of Human Services (DHS) and the Department of Health Care Policy and Financing (HCPF) and among service providers to best support mental health and substance use disorder services statewide.

The Committee approved the request for the OSPB study, but denied the request to reduce the appropriation for Centers. Instead, the Committee sent a letter to Director Bicha stating the following:

> "The Joint Budget Committee has considered the Department's interim supplemental request concerning Community Behavioral Health System Realignment (ES-02). We appreciate the Department's recent efforts to work cooperatively with the affected service providers to develop contract terms that are informed by available data, are practical, and ensure that Centers can continue to provide essential services during this transition period. This letter is intended to provide feedback to the Department in response to the proposed contract modifications. We ask that you consider the following issues as you finalize the contracts for the remainder of FY 2015-16.
>
> - If the purpose of the proposal is to allow Centers more time to assess and react to recent changes in the Medicaid program, the limitation on which Centers may access these funds seems unwarranted. If this is a short-term solution, a simpler approach may be to establish a minimum and maximum level of funding for each Center for FY 2015-16, thereby reducing uncertainty and allowing Centers to focus on making appropriate operational and capacity changes.
>
> - While Centers should continue to prioritize those individuals with the most serious mental health needs, the Committee supports the proposal by the Colorado Behavioral Healthcare Council to change the Department's contract definition of "medically indigent" (at least for FY 2015-16) to include indigent uninsured individuals who have a mental disorder consistent with the current Medicaid covered diagnosis. This would allow some Centers to receive

reimbursement for services provided to individuals who have not yet been categorized with the most serious mental health needs, and it may allow the Department to gather data about this population from all Centers to determine the number of uninsured individuals and their service needs. Such data could facilitate the Administration's goal of quantifying the impact of Medicaid eligibility expansion on the behavioral health system, and inform future policy decisions about what behavioral health services the State intends to fund for the non-Medicaid eligible population.

- Given the delay in finalizing the revised contract and the proposed purpose of reinvesting the savings, it seems prudent to minimize the administrative burden placed on Centers that need access to these flexible funds. Perhaps rather than a cost-reimbursement process the Department could require each Center to report and describe actual expenditures of such funds."

Following the Committee's action on the interim supplemental request, the Department worked with the Centers to finalize the FY 2015-16 contracts with a goal of minimizing unspent funds. Specifically, for FY 2015-16, the Department made the following changes to the contract terms:

- Changes to the definition of “medically indigent clients” include adding a category of “lower severity” clients.
- Changes to the per-client rate paid to each Center for each severe medically indigent client served. Average per-client rates range from $1,189 to $3,240 depending on level of severity and the rate by Center.
- The basis for determining the amount available to each Center was determined through negotiations with the Centers.

The Department stated that the funding may be spent on the following: “The program is intended to be used to cover needed behavioral health system capacity that is not funded or insufficiently funded by Medicaid or other payer sources. The following areas that could be covered include:

- Staff training costs associated with evidence based practices
- Unreimbursed client transportation costs
- Unreimbursed psychiatric services
- Other gaps in services that are not fully funded through other sources and will assist clients or Centers to successfully transition to the new service delivery system provided under the Affordable Care Act.”

The Department offered two options for reimbursement of these services. The first option is a modified cost reimbursement basis. If the Centers have other revenues they must offset the costs with those revenues and invoice the Department the difference. The second option is a cost reimbursement basis to cover costs such as trainings and workforce development. This entails the submission of invoices with supporting documentation such as receipts. Contractors were required to submit a plan for consideration for approval for the use of the funds by November 1, 2015.

The Department reported a General Fund reversion of only $10,805 from the “Services for Indigent Mentally Ill Clients” for FY 2015-16.

OSPB Behavioral Health Funding Study
The Office of State Planning and Budgeting contracted with the Western Interstate Commission for Higher Education (WICHE) to examine how funding should be distributed and aligned between DHS and HCPF and among service providers to best support mental health and substance use disorder services statewide. While the supplemental request set forth a time frame indicating that study would be finalized and submitted by July 2016, the process took longer than anticipated and the study was not released until December 1, 2016[3].

On December 5, 2016, the Committee received a copy of a letter from the Governor concerning the study. The Governor's letter describes the OSPB's interest in "learning how the State can best refine its approach to funding essential behavioral health services, including how to ensure an effective safety net of services while also ensuring no duplication of services". The contractor was directed to document behavioral health funding sources before and after Medicaid eligibility expansion in January 2014 to identify any areas of duplication/overlap, and opportunities to more effectively target state dollars. Specific requirements included:

- An inventory of behavioral health funding sources in Colorado, including changes from the federal Affordable Care Act (ACA), mental health parity laws and regulations, and other state level investments into the behavioral health system.
- An inventory of changes to populations covered by public and private health insurance for behavioral health services, including the behavioral health funding needs of individuals who are insured, uninsured, and under-insured.
- The costs of operating a community mental health center to effectively serve its community and respond to disasters, including current funding sources for these costs.
- Recommendations regarding the alignment of behavioral health funding across state agencies, including oversight and management of behavioral health services, allocation of appropriations to the Department of Human Services' Office of Behavioral Health, reimbursement for behavioral health services, and services provided to indigent clients with OBH funds

The study reviews the various state systems for providing public behavioral health services. In addition to an in depth analysis of the funding allocation and reimbursement methodologies utilized by DHS and HCPF, the study includes a helpful appendix that describes the various state agencies that provide behavioral health services, including DHS programs that are not covered in this briefing document (child welfare, youth corrections, and regional centers for people with intellectual and developmental disabilities), as well as other state departments (Corrections, Judicial, Labor and Employment, Local Affairs, Public Health and Environment, and Public Safety). This appendix includes a brief description of the line item appropriations that fund (at least in part[4]) behavioral health services. Staff has included this information as an appendix to this document *[see Appendix E]*.

[3] Due to the limited time available prior to finalizing this document, staff has largely relied upon the study's Executive Summary, the Governor's letter to JBC Chairman Lambert dated December 2, 2016, concerning the study, and a memorandum from the OSPB to Doyle Forrestal, the Executive Director of the Colorado Behavioral Healthcare Council.

[4] This appendix includes grand totals for appropriations for FY 2011-12 and FY 2014-15. Please note that some of the listed appropriations cover services other than behavioral health services, so the total is slightly overstated. In addition, this appendix lists the number of client served by various agencies. The grand total number of clients served for FY 2014-15 is significantly larger than for FY 2011-12 because it includes 107 million individuals impacted by the Department of Public Health and Environment's marijuana education campaign.

Study Recommendations and OSPB Responses

The Governor's letter summarizes the eight recommendations that were included in the study and describes the initiatives that have been implemented, planned, or are underway that relate to the report's recommendations. In his letter, the Governor notes that his office is working on these recommendations with state agencies, the General Assembly, the provider community, and other stakeholders "as we further transition beyond today's behavioral health landscape into Phase II of the Accountable Care Collaborative and integrated health care". Staff has summarized this information below.

Recommendation #1 – Potential consolidation of behavioral health programs: The OSPB should conduct a detailed review of each state behavioral health program administered outside of HCPF and DHS' Office of Behavioral Health (OBH). The review should examine each program's cost and benefits, including the costs and benefits of relocating the program to a centralized behavioral health agency such as HCPF or OBH. The review should include qualitative input from agency and program staff, along with input from individuals receiving services and providers and other identified stakeholders. The program reviews should also include a "revenue maximization" analysis of whether or not services currently funded entirely by General Fund are eligible for Medicaid reimbursement.

> OSPB Response: OSPB is currently beginning a review of state behavioral health programs and the feasibility of streamlining or reorganizing funding to enhance efficiency or maximize Medicaid reimbursement. While HCPF and OBH have worked to align contracting requirements, develop shared performance goals, and maximize Medicaid funding between the two agencies, we agree that we should continue to explore opportunities for greater efficiency, alignment and revenue maximization across state programs. The scope of this project is still being determined, but it will involve interviews and input from both state agencies and providers, as well as other stakeholders. We aim to complete this review by August 2017.

Recommendation #2 – State role in serving those who are underinsured: The Governor's Office and OBH should examine the behavioral health and health insurance policy implications created as a result of the increase in the number of underinsured individuals and investigate methods to assist these individuals, particularly those with a Serious Mental Illness or Serious Emotional Disturbance, in obtaining behavioral health services.

> OSPB Response: The issue of subsidizing copayments, deductibles, and covering services for individuals who are underinsured is a policy discussion that extends beyond CDHS or HCPF. There would not be an impact on members covered under Medicaid, as most of these members are covered by Behavioral Health Organizations (BHOs) and do not pay deductibles or copayments for behavioral health services. However, the potential for disruption of the Health Insurance Exchange and actuarial ratings associated with private health insurance providers has implications beyond State programs and beyond behavioral healthcare. The Governor's Office is exploring these implications and the feasibility of this recommendation to assist underinsured individuals in obtaining behavioral health services.

Recommendation #3 – Potential changes to use and method of distributing non-Medicaid state funds: OBH should continue to explore alternative payment approaches for the use of indigent funds, including funding provided through the "Services for Mentally Ill Clients" appropriation for:

- Individuals who meet the current OBH indigent definition as Target and Non-Target clients. OBH should explore alternatives to target number requirements, including providing funding for underinsured individuals and individuals who move on and off Medicaid or remain uninsured.
- Individuals who are currently covered by Medicaid but need behavioral health services not currently covered by Medicaid to support their recovery needs.

OBH should continue to explore ways to expand support for prevention and early intervention, supportive housing, supportive employment, and peer/navigation services in coordination with the Medicaid benefit.

> OSPB Response: OSPB agrees with the underlying assumptions in the recommendation and will continue to support department efforts to address it, including alternatives to the Target client numbers and increasing support for prevention and recovery services. As mentioned in response to recommendation #2, the decision to cover people who are underinsured is complex and the Governor's Office is exploring the feasibility of this option.
>
> While we recognize room for improvement, it is important to note that OBH has worked closely with the Colorado Behavioral Healthcare Council (CBHC) over the past three years to refine the case rate OBH pays to Centers for individuals that meet Target definitions. Additionally, OBH has worked closely with the Centers to obtain estimates of the number of Target and Non-Target individuals they will serve and a process to reconcile these numbers quarterly. To the extent that Centers have been able to provide accurate projections, OBH has modified contracts to ensure that the unexpended funds are reallocated to address high priority areas (such as maintaining capacity in alternatives to hospitals, promoting the adoption of evidence-based practices such as supported employment, and supporting residential and housing-related services).
>
> The expansion of funding to enhance recovery and early intervention services has been a top priority. OBH and HCPF have explored some alternative payment methodologies, including where to maximize federal Medicaid reimbursement and reduce the burden on the State General Fund. The departments have identified only a few areas of impact, and instead have determined that the shift in coverage of some services under the Medicaid program allows for the coverage of other necessary behavioral health prevention and recovery services for which Medicaid cannot pay. OBH has reallocated five percent of block grant funding from the mental health treatment contracts that are funded through the "Services for Mentally Ill Clients" appropriation to support screening and brief intervention and recovery support services. OBH intends to allocate an additional five percent of block grant funding to these efforts in FY 2017-18 contracts. Further, OBH is evaluating options to pay additional performance incentives to providers who are successful in reducing homelessness among their clients.

Recommendation #4 – Concerns about potential duplicative billing: OBH should take immediate action to significantly reduce or eliminate the payment of indigent client funding to Centers for individuals who are Medicaid eligible and enrolled in a BHO. Actions could include conducting periodic and regular comparisons of encounter data files, including the methodology used in this study, and the risk-based compliance monitoring process described by OBH. OBH may also find benefit in

grouping or segregating the specific encounters and Colorado Client Assessment Records (CCARs) submitted by Centers as a basis for case rate payment.

> <u>OSPB Response</u>: OSPB agrees with this recommendation and will support both departments in efforts to determine how to best compare service utilization across their programs as a means of preventing and eliminating duplicative billing between OBH and Medicaid. We are concerned by the study's finding of $2.1 million in estimated potential overpayments in FY 2014-15 and are digging in to further understand this finding, while evaluating options to remediate any past duplications that may have occurred and avoid this problem going forward. However, we note the complexity of behavioral health funding streams and the burden on both the State and providers. We are only two years into Medicaid expansion and there is still much work to be done on refining our payment procedures. Our priority going forward is to work with state agencies and the providers to better understand issues brought up by the report—but also, more broadly—to better understand what we pay for and how, as well as how to increase accountability and transparency in publicly funded behavioral health services.
>
> Efforts underway include:
>
> - At the request of OBH, the DHS Division of Audit is completing additional analysis of data presented in this report related to individuals who were billed by the Centers to OBH and were also enrolled in Medicaid. This analysis will include examining the duplicate encounters submitted to HCPF and OBH and the frequency with which Centers were paid case rates for Target or Non-Target clients who were also enrolled in Medicaid. This analysis will include examination of eligibility windows and reversals, and quantify the error rate by Center.
> - OBH and HCPF have jointly developed a proposal to enhance the Medicaid Management Information System (MMIS) to complete eligibility checks and process claims for BHOs contracting with HCPF and the Centers and Managed Service Organizations contracting with OBH. The two Departments are currently negotiating costs with the vendor and exploring financing mechanisms for information technology improvements.
> - OBH and HCPF are in the process of refining the approach to identifying the duplication on an ongoing basis in order to prevent it from occurring, until the MMIS changes can be implemented.
> - OBH has recently undertaken a reorganization of the Community Behavioral Health Division and created a compliance administration team to oversee a risk-based compliance process. The intention is to use risk based contract monitoring to identify contractors or groups of contractors with specific risk factors and increase the monitoring associated with these risks.

Recommendation #5 – Potential changes to the allocation of funding among regions and providers: OBH should continue to examine the funding allocation methodologies for each of the programs and services it administers and work to refine these methodologies to incorporate and reflect current behavioral health needs and the resources of the state's communities. When examining new contract entities or new funding sources, OBH and HCPF should create a more objective allocation formula that takes into account the changing state demographics, behavioral health needs and trends, and the

distribution of resources and services within and between the geographical regions used to allocate funds.

> OSPB Response: OSPB concurs with the recommendation to reassess the statewide funding allocation for behavioral health services. As noted in the Behavioral Health Funding Study, Colorado is ahead of most other states in regard to analyzing behavioral health population needs and trends (including investments in the 2009 WICHE "Population in Need" study, the 2015 "Needs Analysis: Current Status, Strategic Positioning and Future Planning" by WICHE, and this 2016 report). OBH has made a commitment that new monies would be allocated based on needs and demographics and considers these factors when allocating or re-allocating regional funding.
>
> However, historical funding allocations have proven difficult to override. Historical allocations mean that the same amount is allocated each fiscal year, regardless of changes in populations, the need for services, or other mitigating factors present in the Center or MSO catchment area. We encourage more in-depth work with our providers and contracting entities toward allocation methods that may be simpler, more equitable, and a better reflection of current needs. It will take a commitment from all parties to make any substantive level of change in this process.
>
> Other efforts are underway. Although limited in scope, the SB 16-202 process requires the MSOs to conduct an analysis of community need for substance abuse services and submit this to the State by March 1, 2017. In addition, OBH is assessing the options for aligning its contracting regions with the Regional Accountable Entities (RAE) that will administer the HCPF's Accountable Care Collaborative (ACC) program beginning in July 2018.
>
> This would require redefining regions currently used in contracting, developing a methodology for funding distribution to regions based on need, and re-procuring contracts to align with the new regional jurisdictions. In the interim, OBH and HCPF have been working closely to identify ways to further align contract incentives across contracts.

Recommendation #6 – Simplifying DHS contractual and accounting procedures: OBH should continue to explore options to reduce or simplify reimbursement methods used in order to minimize payment for services that are covered by Medicaid and simplify the accounting for both the state and providers. One strategy that OBH and HCPF continue to explore is use of the Medicaid Management Information System (MMIS) to streamline eligibility checking and payments for applicable programs. DHS should prioritize investment in this integration of eligibility determination and payment processing. DHS should review the legislative intent of the various General Fund appropriations that are being offset based on the OBH capacity-based protocol. HCPF should examine options to simplify and align Medicaid reimbursement for SUD providers with mental health services. This may include examining sub capitation and standardized BHO contract provisions to address the administrative and reimbursement complexities created by the need for SUD providers to contract with multiple BHOs.

> OSPB Response: OBH meets regularly with CBHC, Center, and MSO representatives to refine the contracting and reimbursement methods applied. In conjunction with these contractors and their representatives, OBH is working on a number of refinements to the current reimbursement approaches to simplify the accounting for both providers and the

state for the FY 2017-18 contracts. Further, OBH and HCPF have developed a proposal for modification of the MMIS to allow for eligibility and payment processing for both OBH and HCPF. The two Departments are currently negotiating costs with the vendor. It is anticipated that this will reduce burden for both providers and OBH and prevent duplicate billing across the two Departments.

Regarding simplifying Medicaid reimbursement for SUD providers, HCPF's 1915(b) Federal Waiver—under which the Community Behavioral Health Program operates—sets out requirements for service delivery that differs from the OBH current allowable provider types.

The Department recognizes the need for OBH alignment with the Federal requirements in order to maximize Medicaid reimbursement for allowable services. HCPF and DHS collaborate on the development of the Uniform Service Coding Standards Manual, which is updated quarterly to ensure standardization of reimbursement for services where possible. The Department is also pursuing a State Plan Amendment (SPA) to ensure alignment of OBH and HCPF SUD provider credentialing requirements.

Recommendation #7 – Implementing a system to suspend Medicaid benefits (S.B. 08-006): HCPF should complete its work to implement suspension, rather than termination, of Medicaid benefits for institutionalized individuals, including Colorado Department of Correction (DOC) inmates and Colorado Mental Health Institute patients.

OSPB Response: HCPF is working in collaboration with DOC to identify and suspend Medicaid eligibility in the Colorado interchange, Colorado's Medicaid Management Information System, for DOC inmates as of March 1, 2017. Suspending eligibility for Colorado Mental Health Institute patients is more complicated, and will not be implemented immediately with the new MMIS, as the federal Institutions of Mental Disease (IMD) exclusion allows for appropriate Medicaid payments for individuals under the age of 21 and over the age 64.

Recommendation #8 – Potential to make RAEs responsible for Medicaid and non-Medicaid clients: OSPB, HCPF, and DHS should examine options to place administrative responsibilities for non-Medicaid behavioral health services and supports with the Regional Accountability Entities created by HCPF as part of Phase II of the Accountable Care Collaborative, either under the state responsibility of OBH or under the responsibility of a state behavioral health authority. Making this structural change to the state's behavioral health system could strengthen the coordination and equity of care provided to individuals across the state, while also improving effectiveness and efficiency in the use of state and federal funds.

OSPB Response: OSPB and the departments are supportive of exploring opportunities to align non-Medicaid behavioral health services and supports with the responsibility of the Regional Accountable Entities (RAEs). However, this is a large undertaking which may require additional resources and/or state and federal authority before implementation could take place. Discussions between OBH and HCPF so far have covered options for contracting with RAEs directly or contracting with entities that serve the same regions or geographically aligned subsets of the RAE regions.

Potential Next Steps for the General Assembly

The expansion of Medicaid eligibility in January 2014 has had a significant impact on Colorado's behavioral health service delivery systems. The number of Medicaid clients who are eligible for behavioral health services increased from about 650,000 in FY 2012-13 to more than 1.2 million in FY 2015-16 (91.4 percent). Appropriations to DHS and HCPF for behavioral health services increased by $367.3 million (72.2 percent) over this same time period. The General Assembly expanded the substance use disorder benefit for Medicaid clients, also effective in January 2014, and the General Assembly authorized and funded a statewide behavioral health crisis response system which became operational in FY 2014-15.

All of these changes have significantly impacted service provider operations and the roles and responsibilities of DHS and HCPF. Providers were required to quickly expand capacity, which included expanding facilities and hiring staff. Many substance use providers had to establish systems and procedures to bill and receive reimbursement for Medicaid clients. Some of the existing state agency approaches and procedures related to contracting, billing, reporting, and providing oversight have proven ill-suited for the new system. The OSPB study was intended to examine some of these impacts to determine how state funding, administration, and oversight activities can be improved to make them more compatible with the new system.

The Joint Budget Committee's response to the September 2015 supplemental request encouraged DHS to continue efforts to work cooperatively with the affected service providers to develop contract terms that are informed by available data, are practical, and ensure that providers can continue to provide essential services during this transition period. A year later, staff believes that this is still the correct approach. Any reforms should be aimed at reducing complexity, streamlining accounting requirements, and aligning performance and reporting requirements.

One of the issues raised in the study that is central to the budget process concerns the methods used by DHS to distribute funding that is appropriated for behavioral health services. The study identifies several payment methods currently used by DHS for behavioral health programs, including:

- Per client from an encounter and a client record;
- Separate monthly payments (case rates) varying based on the type of programs included in the provider's contract (i.e., outpatient, residential, detox);
- per diem rates;
- cost reimbursement ("program cost model");
- "Capacity based" reimbursement (reimbursements that are adjusted by non-OBH revenues);
- Performance based payments; and
- Flexible funding, specific to the needs of individual Centers.

The study notes that requiring providers to use multiple methods to obtain reimbursement for contracted services "creates an administrative burden and requires more resources be directed to these administrative and billing activities when the resource may be better allocated toward providing services to clients". The study notes that DHS created a new "capacity based protocol" to ensure that service capacity exist in communities irrespective of payer. This method requires both Centers and MSOs to submit detailed monthly reports itemizing program costs and revenues. DHS reimburses providers, up to the contract amount, for "unfunded costs" after adjustments for revenue received from other payers (typically insurance, including Medicaid and Medicare). The study notes that this method makes it challenging for providers to plan for and provide services, as it

creates uncertainty as to what level of revenue will be available to staff and operate the program. This method also does not allow programs to retain any excess earnings or offset expenses for capital expenditures, both critical considerations for expanding programs and maintaining or upgrading capital equipment or building new facilities.

The study also indicates that this method may also contribute to reversions of General Fund appropriations, and questions whether the General Assembly intended that General Fund appropriations for various behavioral health programs be reduced ("offset") based on calculations related to Medicaid and other sources of funds available to providers. In recommendation #6, the study suggests that DHS "review the legislative intent of the various General Fund appropriations that are being offset based on the OBH capacity-based protocol". To put this issue into context, staff prepared a table detailing recent reversions of state funds for various line item appropriations for behavioral health services. It is staff's understanding that these reversions were primarily due to the capacity-based protocol and new performance-based funding models that have been implemented by DHS.

REVERSIONS OF STATE APPROPRIATIONS FOR DHS COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES

Line Item	FY 2014-15		FY 2015-16	
	$	%	$	%
Mental Health Community Programs:				
Services for Indigent Mentally Ill Clients	$106,634	*0.3%*	$10,805	*0.0%*
Medications for Indigent Mentally Ill Clients	6,598	*0.4%*	32,243	*2.1%*
School-Based Mental Health Services	4,593	*0.4%*	32,544	*2.7%*
Assertive Community Treatment Programs	0	*0.0%*	88,257	*1.8%*
Alternatives in Inpatient Hospitalization at a Mental Health Institute	18,457	*0.6%*	4	*0.0%*
Mental Health Services for Juvenile and Adult Offenders	179,857	*5.5%*	59,010	*1.9%*
Mental Health Treatment Services for Youth (H.B. 99-1116)	227,616	*24.1%*	48,102	*5.0%*
Substance Use Treatment and Prevention:				
Treatment and Detoxification Contracts	1,387,985	*9.4%*	987,958	*6.5%*
Short-term Intensive Residential Remediation and Treatment (STIRRT)	74,006	*2.1%*	414,545	*11.6%*
Prevention Contracts	34,613	*22.2%*	105,742	*67.5%*
Persistent Drunk Driver Programs	144,905	*7.1%*	318,201	*15.6%*
Law Enforcement Assistance Fund Contracts	0	*0.0%*	109,283	*42.9%*
Balance of Substance Abuse Block Grant Programs	4,524	*2.3%*	9,136	*4.6%*
Community Prevention and Treatment	87,314	*10.7%*	167,157	*21.8%*
Rural Substance Abuse Prevention and Treatment	26,350	*17.4%*	0	*0.0%*
Integrated Behavioral Health Services:				
Crisis Response System - Walk-in, Stabilization, Mobile, Residential, and Respite Services	4,151,791	*18.4%*	639,524	*2.8%*
Community Transition Services	2,920,801	*37.8%*	1,256,966	*24.4%*
Jail-based Behavioral Health Services	545,196	*10.6%*	788,251	*15.4%*
Rural Co-occurring Disorder Services	0	*0.0%*	494,194	*48.4%*
Total	**$9,921,240**	***9.6%***	**$5,561,922**	***5.3%***

NOTE: Excludes Medicaid funding, including the state matching funds.

As indicated above, a total of $15.5 million state funds (including $10.7 million General Fund) that was appropriated for behavioral health services in the last two years were not distributed to behavioral health service providers. The most significant gaps between the appropriation and

distributions related to the behavioral health crisis response system and "community transition services". The latter line item funds intensive behavioral health services and supports for individuals with serious mental illness who transition from a mental health institute back to the community, or who require more intensive services in the community to help avoid institutional placement. Both of these appropriations were central to the Governor's initiative in 2013 to strengthen Colorado's behavioral health system. Staff recommends that the Committee provide direction to DHS about whether its current practices are consistent with the intent of the General Assembly.

The study also raises two IT system-related issues and one policy issue that would need to be addressed by HCPF rather than DHS. Staff has included below some questions that the Committee may want to consider asking HCPF to respond to at their January 3 hearing:

1. *[Recommendation #6]* Describe the current status of the proposal to modify the Medicaid Management Information System (MMIS) to allow for eligibility and payment processing for both Medicaid and non-Medicaid clients. Discuss whether this is likely to be a viable option for reducing the administrative burden on service providers and ensuring that the State is not paying twice for the same service.

2. *[Recommendation #7]* [Background information: Federal Medicaid rules allow states to suspend Medicaid eligibility for individuals in institutions for more than 30 days, including state hospitals, prisons, and juvenile facilities (for individuals who emancipate). In 2008, the Colorado state legislature passed a law to require that persons who are eligible for Medicaid just prior to their confinement in a jail, juvenile commitment facility, Department of Corrections (DOC) facility, or Department of Human Services facility shall have their Medicaid benefits suspended, rather than terminated, during the period of their confinement." Colorado has not yet fully implemented this option.] Explain the significant delay in implementing this act, describe what the Department has done to date to implement this act, and provide a time table that specifies the actions the Department will take to complete implementation for both DOC inmates and patients at the mental health institutes.

3. *[Recommendation #8]* Discuss the potential options for placing administrative responsibilities for both Medicaid and non-Medicaid behavioral health services and supports with the Regional Accountability Entities as part of Phase II of the Accountable Care Collaborative. What are the potential benefits and drawbacks of this type of consolidation?

ISSUE: DATA SYSTEM FOR TRACKING PSYCHIATRIC BED AVAILABILITY

In response to a legislative request, the Department submitted a report that discusses the feasibility of developing and implementing a real time statewide data system for tracking the availability of psychiatric beds for individuals who are placed on a 72-hour mental health hold.

SUMMARY

- Last January, the County Sheriffs' Association made a presentation to the Joint Budget Committee concerning the limited availability of psychiatric beds for individuals who have been placed on a 72-hour mental health hold.

- One suggestion offered during the presentation was the potential for the State to develop a data system that would allow first responders and other relevant professionals to efficiently determine what facilities have an available psychiatric bed and facilitate the process of requesting that a facility with an available bed accept an individual for admission.

- The Committee asked the Department of Human Services to research and evaluate the feasibility of developing and implementing such a system. The Department submitted a response that identifies the key features of such a system, and identifies a couple of potential options.

RECOMMENDATION

Staff recommends that the Committee ask the Department to discuss whether it recommends moving forward with the development and implementation of a real time statewide data system for tracking the availability of psychiatric beds for individuals placed on an involuntary 72-hour mental health hold. If so, the Department should:

- Clarify what role, if any, the Department envisions the behavioral health crisis response system hotline or mobile response units performing to facilitate admission of individuals on a mental health hold in appropriate psychiatric facilities; and
- identify next steps, including any necessary legislative action.

DISCUSSION

Background: Meeting with County Sheriffs' Association

On January 12, 2016, the County Sheriffs' Association made a presentation to the Joint Budget Committee concerning the limited availability of psychiatric beds for individuals who have been placed on a 72-hour mental health hold. In response to the presentation, Chairman Hamner asked staff to gather information to assist the Committee in determining what steps can be taken to address the concerns raised by the sheriffs. Staff asked the Department to clarify some of the issues that were raised, provide available data about the current system capacity, and respond to the sheriffs' suggestion to create a new data system. Staff has provided below a summary of the information that was gathered and shared with the Committee in mid-March.

What is an "M1 hold"?
An "M1"is a legal document that initiates an involuntary 72-hour mental health hold. When a qualified mental health professional determines that an individual "appears to be an imminent danger to others or to himself or herself or appears to be gravely disabled", that person can be taken into custody and placed in a facility designated or approved by the Executive Director of the Department of Human Services for further evaluation and treatment for up to 72 hours. The court can also order a mental health evaluation without an assessment by a qualified mental health professional. These are called "M-3" holds and usually happen in rural areas. These processes are authorized in Section 27-65-105, C.R.S., so the facilities that provide the evaluation and treatment for individuals on a these mental health holds are sometimes referred to as a "27-65" facilities.

Why are these individuals being held in jails?
An individual who is placed on a mental health hold may be held in a jail setting "if no other suitable place of confinement for treatment and evaluation is readily available". However, statute only allows an individual on a mental health hold to be held in a jail for up to 24 hours (excluding weekends and holidays). The Department indicated last February that it had not received information that individuals are being released from M-1 or M-3 holds due to a lack of bed availability.

How many mental health hold beds are available and where are they located?
A total of 3,388 beds have been designated to provide short-term or long-term inpatient psychiatric care for evaluation and treatment for individuals held under these mental health hold (also called "civil commitment") procedures. These beds are located around the state in hospitals, residential child care facilities (RCCF), psychiatric residential treatment facility (PRTF), crisis stabilization units (CSU), and acute treatment units (ATU). The new behavioral health crisis system includes a total of 123 designated beds, including 61 newly created beds in Grand Junction (11), Fort Collins (12), Aurora (23), Westminster (8) and Lakewood (7). Staff has included as Appendix F the list provided by the Department last February identifying the 3,388 designated beds, by location and type. In addition, staff has included in Appendix G a map of the 60 facilities that were designated by the Department as of September 2016. To be designated, a facility must be licensed by the Department of Public Health and Environment as hospital, RCCF, ATU, or a CSU, or be a community mental health center. Please note that a facility may be licensed but may not be staffed to accept any patients.

Finally, the Department notes that some hospital emergency departments elect to not obtain "27-65-105 designation". These hospitals may hold individuals placed on M-1 and M-3 holds, but they do not report this data to the Department, nor to any other regulatory or oversight body.

How does the current system capacity compare to the need?
The two mental health institutes have a total of 543 designated beds, including 20 that are for children and adolescents.

- The institute at Fort Logan has 94 beds for adults, and it has run a little over 97 percent of capacity in each of the last two fiscal years.
- The institute at Pueblo has a total of 429 beds for adults, but 72 of these beds are designated for "forensic" (rather than civil) admissions. There are also 20 beds for children and adolescents that are mixed for both civil and forensic use. The institute ran at 88.7 percent capacity for all beds in FY 2013-14, and at 92.7 percent capacity in FY 2014-15.

The Department does not collect census data for designated mental health hold beds in private facilities.

Can facilities with designated mental health hold beds refuse to accept an individual?
Facilities with designated beds, including crisis stabilization units (CSU), are not expressly required to treat all individuals placed on a mental health hold. Sometimes these facilities must go on "divert status" when they are full. With respect to designated beds that are part of the behavioral health crisis response system, the Department requires contractors to evaluate all individuals seeking crisis services with the following exceptions: those with medical needs that exceed the capabilities of the crisis facility, and those with behavioral aggression and violence that cannot be de-escalated through non-violent crisis intervention techniques. The Department requests that it be informed any time a client on an M-1 or M-3 hold is denied access to a CSU so that it an comprehensively track and address this issue.

Would it be feasible to implement an active, real time, data system that would allow those entities that are involved in mental health holds to see the number and location of all available beds?
The Department identified four possible options to consider, including one recently funded in North Carolina that is connected to providers' electronic health record systems ($350,000 for one-time costs and $134,000 for ongoing operations). The Department suggested considering the feasibility of using the crisis hotline to organize and disseminate information related to bed capacity and utilization within the crisis system. In order to move forward to design, develop, and implement a new system, the Department would need to engage providers and other stakeholders and further clarify the goals of the system and the available resources among the providers across Colorado. The Department would also need more time to develop an accurate cost assessment for each option.

The Department notes that a psychiatric bed registry would simply inform law enforcement and other professionals that an inpatient bed is available. There would still need to be a process of determining whether the facility with the available bed will admit a specific individual.

Request for Information Concerning Data System
The Committee asked the Department to take additional time to provide a more comprehensive response to the last question above concerning a psychiatric bed tracking system. Staff has included the "request for information" below, followed by a summary of the Department's response.

> *DHS RFI #1:* Department of Human Services, Behavioral Health Services, Community Behavioral Health Administration -- The Department is requested to provide, by November 1, 2016, a report concerning the feasibility of developing and implementing a real time statewide data system for tracking the availability of psychiatric beds that have been designated or approved by the Department to evaluate and treat a person who has been placed on an involuntary 72-hour mental health hold pursuant to Section 27-65-105, C.R.S. The Department is requested to work with key stakeholders and service providers, as well as the Governor's Office of Information Technology, to:
>
> (1) identify the system features that would be necessary to allow law enforcement and other relevant professionals to efficiently determine what facilities have an available bed and facilitate the process of requesting a facility with an available bed to accept the patient for admission;

(2) identify the features that would be necessary to allow the Department to track the availability of beds and evaluate the adequacy of the number of designated beds for various regions and populations;

(3) identify examples of data systems that have been developed by other states that could potentially serve as a model for Colorado; and

(4) develop an estimate of the cost of developing, implementing, and maintaining a system that includes the desired features.

Department Response

Colorado currently lacks a centralized methodology for identifying open beds across the state in designated facilities that are able to provide evaluation and treatment to individuals held under civil commitment statutes. A comprehensive bed tracking system would enable local agencies to have access to real-time data about the location of available beds in designated facilities, and it would reduce the incidence of people detained in emergency rooms or jails as a result of a mental health crisis.

The inability to quickly identify and request an available bed creates great inefficiencies for people interacting with the system, including:

- Individuals who need the services and their families;
- First responders;
- Court personnel;
- Hospital emergency department staff;
- Law enforcement personnel; and
- Other professionals who work within the mental health system.

The Department identified four steps needed to ensure a bed tracking system will be effective:

1. Identify the basic information that will be available to describe the facility. To ensure that the information is useful, at a minimum, the database should include:
    a. The name, address and license type of each designated facility;
    b. Admission and exclusion criteria for each designated facility to include gender, age, medical complications, diagnoses or behaviors excluded (such as intellectual or developmental disabilities, substance use disorders, traumatic brain injury, or histories of violence);
    c. Payer sources accepted by each designated facility; and
    d. Designated facility contact information to be used to arrange admissions.
2. Identify the type of data to be entered on bed availability and the frequency of reporting. This would include the number and types of beds available and restrictions such as age or gender. To be most useful, the information would need to be entered at least every shift and ideally in real-time as admissions and discharges occur.
3. Identify how the reporting requirements would be enforced. Requirements could be included in licensing or designation rule and enforced by the Department's Office of Behavioral Health or the Department of Public Health and Environment within the current statutory authority.
4. Determine whether the bed search and coordination of transfer will be centralized at the state level, regional, or completely dispersed.

Finally, the success of this system will be dependent on a statewide stakeholder agreement of procedures and processes for searching, locating and arranging for admission to a facility once a bed has been located.

Key Features

The Department conducted a review of the bed tracking data systems and similar resources currently being used in Colorado. The Department also conducted a literature review and phone interviews with a number of other states that have completed a feasibility study or implemented a system of bed tracking for the psychiatric beds in their states (including Michigan, New York, Iowa, Vermont, Virginia, Minnesota, and Wisconsin). Based on this review the Department identified the following key features of a bed tracking system:

- Availability of web-based data entry or mobile application tools;
- Specific information about the beds available, such as whether particular beds were isolation holds, restricted for male or female patients, or for patients of a particular age or need;
- Mandatory participation in real-time data entry by all participating facilities;
- Access to data by all external partners including law enforcement officers and emergency departments through the web-based or mobile application tool;
- Automated bed status based on patient location with the real-time data visibility;
- Real-time data exchange with automatic system updates about discharge status, bed assignments, and transfers;
- Minimal manual data entry;
- A minimum of three facility updates per day to qualify if real-time data is not available;
- Ability to accept de-identified information about psychiatric patients who need a bed so that available beds may be matched to specific patient characteristics; and
- Information on payer source and other limitations on access to specific beds or facilities.

Cost Estimate to Develop Centralized Web-based System

The Department collaborated with the Governor's Office of Information Technology to identify an option and corresponding cost estimate to implement a statewide bed tracking system that includes the desired features. Using a feasibility study conducted by Iowa in 2013, the Department and OIT estimate the development of a new data system for Colorado would cost approximately:

- $593,466 General Fund in year one (for the creation of a web-based database tool); and
- $25,000 General Fund in year two and beyond (for provider training, ongoing technical assistance, and support).

The Department's response indicates that the most cost effective approach to develop a centralized web-based system would be to competitively procure the development and creation of the system. The selected contractor would provide further coordination and technical assistance among providers to connect to and update the tracking system. Community providers would self-report their bed availability information directly into the website. The estimate is based on the Department coordinating with OIT at all stages of project development, and OIT having a Project Manager to oversee the project implementation and a Business Analyst for project development and creation of the business requirements with the selected contractor.

Potential Option to Use Existing Emergency Preparedness System
The Department also investigated the EMResource, used by the Department of Public Health and Environment (CDPHE). EMResource is a proprietary tool used for emergency preparedness and hospital availability for first responders. The web-based tool is designed to address resource management needs across the health care continuum. The tool equips those involved in health care and emergency response with practical, convenient, and holistic operational views of the area and regional resources. Although this system is currently being used in Colorado only for emergency health situations, the system has key characteristics that would be optimal for behavioral health crisis situations, such as:

- A web-based and mobile application tool designed to address bed availability across the health care continuum;
- Operational views of the area and regional resources;
- Data collection of information from a variety of health care settings;
- Provides users with information on the bed status at a facility, emergency department or the number of patient beds at an inpatient care facility in order to make critical decisions on where to transport to serve specific client needs;
- Capacity of status reporting and customized queries; and
- Automatic alerts of changes in bed availability status.

The EMResource system is currently supported by federal disaster preparedness funding. Should this system be expanded or adapted to provide psychiatric bed tracking data, there would be fiscal implications for database development and provision of required training and coordination by the State. The two departments will continue to research whether this system can be adapted to meet the identified needs, along with associated costs.

Stakeholder Input
Finally, the Department convened key stakeholders to review the feasibility of development and implementation of a real-time statewide data system for tracking the availability of psychiatric beds in Colorado. In September 2016, the Department held meetings with the Behavioral Health Planning and Advisory Council to solicit their recommendations on the potential solutions. The Council reviewed the information about findings from other states and the key features of the EMResource system. As a result of this review, the Council provided support for the considerations outlined in this report and further recommended that the Department explore the option of expanding the EMResource system to include behavioral health bed tracking information. Since the EMResource system is currently used by many local law enforcement agencies and first responders, the expansion has the potential to eliminate duplication of efforts in data collection. Based on the description of the EMResource system provided by CDPHE, Council recommended the expansion of the EMResource for the purpose of bed tracking.

Staff Recommendation
Staff recommends that the Committee ask the Department to discuss whether it recommends moving forward with the development and implementation of a real time statewide data system for tracking the availability of psychiatric beds for individuals placed on an involuntary 72-hour mental health hold. If so, the Department should:

- Clarify what role, if any, the Department envisions the behavioral health crisis response system hotline or mobile response units performing to facilitate admission of individuals on a mental health hold in appropriate psychiatric facilities; and
- identify next steps, including any necessary legislative action.

ISSUE: RECOMMENDATIONS CONCERNING THE INVOLVEMENT OF INDIVIDUALS WITH BEHAVIORAL HEALTH NEEDS IN THE CRIMINAL JUSTICE SYSTEM

Three groups have been meeting regularly during the 2016 legislative interim to discuss the involvement of individuals with behavioral health needs in the criminal justice system. Each group will make recommendations that will come before the General Assembly.

SUMMARY

- While each of the three groups has a different authorization, membership, and charge, there is significant overlap in representation on the groups and many of the topics discussed.

- Members of a legislative committee will be introducing legislation in the 2017 session concerning medication consistency for those involved in the criminal justice system, competency restoration services for juveniles, and supportive housing services for individuals with mental illness who are released from the Department of Corrections or jails. This latter bill appears to overlap with a housing-related initiative in the Governor's FY 2017-18 budget request.

- Two other groups that include some legislative members appear likely to make recommendations designed to change the responses to behavioral health needs, including individuals in crisis and those who are placed on a 72-hour mental health hold.

DISCUSSION

Several groups have been meeting over the course of the 2016 legislative interim discussing the involvement of individuals with behavioral health needs in the criminal justice system. Staff has provided an overview of the following three groups that will be making recommendations that will come before the General Assembly:

- The Mental Illness in the Criminal Justice System Legislative Oversight Committee;
- The Commission on Criminal and Juvenile Justice' Mental Health/Point of Contact through Release from Jail Task Force; and
- The Governor's Mental Health Hold Task Force.

For the latter two groups above, recommendations are not yet final. Staff has described below each group's authorization, membership, and purpose, and provided available information concerning recent or upcoming group recommendations.

Mental Illness in the Criminal Justice System Legislative Oversight Committee

Authorization:

Established by S.B. 04-037 and currently authorized in Section 18-1.9-1-3, C.R.S.

Membership:

Six-member legislative Oversight Committee [Rep. Singer (Chair), Sen. Martinez-Humenik (Vice-chair), Reps. Humphrey and Lee; Senators Newell and Woods]

32-member Advisory Task Force including representatives of the following entities:

- State Executive Branch: Departments of Corrections; Education; Health Care Policy and Financing; Human Services; Labor and Employment; Law; Public Safety
- State Judicial Department: Judicial officers (3); Probation Services; Office of the Alternate Defense Counsel; Office of the Child's Representative
- Local law enforcement agencies
- County departments of social services
- Community mental health centers
- Practicing mental health professionals
- District attorneys
- Criminal defense bar

The remaining members include a person with knowledge of public benefits and public housing in Colorado, and three members of the public who have personal or family experience of a person with mental illness being involved in the Colorado criminal justice system

Purpose:
The Oversight Committee is responsible for the oversight of the Advisory Task Force and recommending legislative changes. The Advisory Task Force is directed to examine the identification, diagnosis, and treatment of persons with mental illness who are involved in the criminal and juvenile justice systems, including the examination of liability, safety, and cost as they relate to these issues.

The authorizing legislation directs the Advisory Task Force to consider, at a minimum, the following issues:

- housing for a person with mental illness after his or her release from the criminal and juvenile justice system;
- medication consistency, delivery, and availability;
- best practices for suicide prevention, within and outside of correctional facilities;
- treatment of co-occurring disorders;
- awareness of and training for enhanced staff safety, including expanding training opportunities for providers; and
- enhanced data collection related to issues affecting persons with mental illness in the criminal and juvenile justice systems.

The legislation authorizes the Advisory Task Force to work with other task forces, committees, or organizations that are pursuing policy initiatives similar to those listed above. The Advisory Task Force is required to consider developing relationships with other groups to facilitate policy-making opportunities through collaborative efforts.

The Advisory Task Force is required to submit a report of its findings and recommendations to the Legislative Oversight Committee annually by October 1. The Oversight Committee is required to submit an annual report to the General Assembly by January 15 of each year regarding the recommended legislation resulting from the work of the Task Force.

Recent/Upcoming Recommendations:
The Oversight Committee recommended four bills (described below) for consideration in the 2017 legislative session. On October 14, the Legislative Council approved all four bills.

<u>Bill A - Staffing Task Force Mental Illness Justice System.</u> The bill modifies current law concerning funding and staff support for the Advisory Task Force. Specifically, the bill:

- allows the Office of Behavioral Health in the Department of Human Services (DHS) and any other state agency with an active representative on the Task Force to receive and expend gifts, grants, and donations in support of the Task Force;
- permits the Office of Behavioral Health to provide staff assistance to the Task Force within existing appropriations;
- clarifies that the existing Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems Cash Fund may receive moneys appropriated or transferred by the General Assembly; and
- removes language that prohibits the transfer of unexpended moneys in the Fund to the General Fund or another fund.

<u>Bill B - Medication Mental Illness in Justice Systems.</u> The bill requires DHS and the Department of Corrections to promulgate rules to require providers under each department's authority to use a medication formulary that has been developed collaboratively by departments, agencies, and providers. The bill allows for patient-specific information to be shared between various entities for the sole purpose of ensuring medication consistency. DHS, along with other state entities, must develop a plan by which patient-specific information can be shared electronically, while still complying with confidentiality requirements. DHS is to encourage certain providers to utilize cooperative purchasing for the medication formulary, unless the provider can obtain the medication elsewhere at a lower cost and is required to conduct annual and biannual reviews of the formulary to address any urgent concerns related to the formulary, update the formulary, and ensure compliance with the formulary.

<u>Bill C - Competency Restoration Services and Education.</u> The bill establishes the Office of Behavioral Health in DHS as the agency responsible for restoration education and the coordination of competency restoration services and sets forth the duties, responsibilities, and reporting requirements of the office. The bill adds the requirement that provision of restoration services and a juvenile's participation in those services occur in a timely manner. The bill requires the court to review cases for juveniles in custody every 30 days. The bill also directs the court to consider whether restoration of competency should occur on an out-patient or out-of-custody basis for defendants on bond or summons.

<u>Bill D - Assistance To Released Mentally Ill Offenders.</u> The bill directs the Division of Housing in the Department of Local Affairs to establish a program to provide vouchers and supportive services to persons with mental illness who are being released from the Department of Corrections (DOC) or jails. DHS, in conjunction with DOC, is to implement reentry programs to assist persons with a mental illness who are being released from the DOC or jail.

Commission on Criminal and Juvenile Justice, Mental Health/Point of Contact through Release from Jail Task Force

Authorization:
Established by H.B. 07-1358 and currently authorized in Section 16-11.3-101 to 105 and Section 24-1-128.6 (8), C.R.S.

Membership:
The Director of the Division of Criminal Justice in the Department of Public Safety serves as a non-voting member of the Commission. The Commission includes 26 voting members, including four legislators, three at-large members, and representatives of the following entities:

- State Executive Branch: Departments of Corrections; Higher Education; Human Services; Law; Public Safety; State Parole Board and the Juvenile Parole Board
- State Judicial Department: two members appointed by the Chief Justice, including at least one current or retired judge; Office of the State Public Defender
- Two elected district attorneys
- Local police and sheriffs
- A county commissioner
- An expert in juvenile justice issues;
- A criminal defense attorney;
- A representative of a victims' rights organization
- A representative of a community corrections provider, a community corrections board member, or a mental health or substance abuse treatment provider; and

Purpose:
The mission of the Commission is to enhance public safety, ensure justice, and ensure protection of the rights of victims through the cost-effective use of public resources. The work of the Commission focuses on evidence-based recidivism reduction initiatives and the cost-effective expenditure of limited criminal justice funds. The Commission has the following duties:

- To conduct an empirical analysis of and collect evidence-based data on sentencing policies and practices, including but not limited to the effectiveness of the sentences imposed in meeting the purposes of sentencing and the need to prevent recidivism and revictimization;
- To investigate effective alternatives to incarceration, the factors contributing to recidivism, evidence-based recidivism reduction initiatives, and cost-effective crime prevention programs;
- To make an annual report of findings and recommendations, including evidence-based analysis and data;
- To study and evaluate the outcomes of Commission recommendations as implemented;
- To conduct and review studies, including but not limited to work and resources compiled by other states, and make recommendations concerning policies and practices in the criminal and juvenile justice systems (including the reduction of racial and ethnic disparities within the criminal and juvenile justice systems); and
- To work with other state-established boards, task forces, or commissions that study or address criminal justice issues.

The Commission establishes advisory committees that focus on specific subject matters and make recommendations to the full Commission. The Commission created a 16-member Mental Health/Point of Contact Through Jail Release Task Force in June 2016. The Task Force is chaired by Boulder County Sheriff Pelle, and it includes Rep. McCann and Sen. Cooke, State Public Defender Wilson, Dr. Fox from the DHS Office of Behavioral Health, and representation from the Parole Board, county commissioners, the defense bar, service providers, county jails, and federal agencies. The Task Force decided to approach their work in three stages:

- Changing responses to behavioral health needs – Explore: mental health hold cases; efforts involving law enforcement; joint efforts by law enforcement and behavioral health; and community behavioral health options and system opportunities.
- Provision of mental health services in jail
- Diversion within the criminal justice system

Recent/Upcoming Recommendations:
Based on the discussions concerning the first topic of changing responses to behavioral health needs, on December 8 the Task Force approved four recommendations (described below). These recommendations will be presented to the full Commission on December 9, and the Commission will vote on these recommendations in January 2017.

<u>Recommendation #1 - Strengthening a Community-Based Crisis Response.</u> Position the Behavioral Health Crisis Response System as the comprehensive response to behavioral health emergencies in all Colorado communities. Strengthen and enhance existing crisis services and provide resources to expand the system to ensure an appropriate health care response to behavioral health crises across Colorado. Consider amendments to statute (enacted by S.B. 13-266) to clarify the intent of the crisis system and formally introduce the responsibilities of being the preferred response to behavioral health crises across the state, and for engaging in community partnerships that facilitate such a response.

Crisis System contracting and regulatory reform should specify the operational components necessary to achieve these responsibilities. The General Assembly should commit resources to incentivize the development and expansion of an adequate crisis services provider network.

<u>Recommendation #2 - Changes to Emergency Mental Health Commitment Statute.</u> Amend Section 27-65-105, C.R.S., to remove jails and correctional facilities as a placement option for individuals on an emergency mental health hold. Introduce language that allows intervening professionals to transport individuals to an outpatient facility for immediate evaluation for treatment based on evidence of need.

<u>Recommendation #3 - Review the Mental Health First Aid curriculum for peace officer in-service training through POST on Mental Health First Aid.</u> Officials from the Colorado Peace Officer Standards and Training (POST) will work with staff from the Colorado Behavioral Healthcare Council (CBHC) to review and possibly expand Mental Health First Aid training through POST for the purpose of training up to 200 officers per month on this topic with training beginning in the spring of 2017.

Recommendation #4 - Introduce Mental Health First Aid® curriculum for inclusion in the POST basic academy. Officials from the Colorado Peace Officer Standards and Training (POST) will work with staff from the Colorado Behavioral Healthcare Council (CBHC) to review the Mental Health First Aid curriculum, and modify when possible, for inclusion in the POST basic academy standard curriculum.

Mental Health Hold Task Force

Authorization:
Governor Hickenlooper directed the Department of Human Services to create a Task Force to examine issues of concern around mental health holds in Colorado. The request was included in the letter the governor issued on June 9 when he vetoed Senate Bill 16-169, which addressed mental health hold practices. In vetoing the bill, the Governor issued a statement that said, in part:

> "We agree that appropriate mental health facilities are not always readily available to treat persons having a mental health crisis. While well-intentioned, we are concerned that SB 16-169 does not provide adequate due process for individuals."

Membership:
On July 12, 2016, DHS Director Bicha announced the members of the Mental Health Hold Task Force:

- Legislators: Senators Aguilar and Jahn; Representatives Kraft-Tharp, Landgraf, and Martinez Humenik
- State Executive Branch: Margaret Heil, Department of Public Safety; Randy Kuykendall, Department of Public Health and Environment; Lenya Robinson, Department of Health Care Policy and Financing; Matt Mortier, Department of Regulatory Agencies' Division of Insurance; Nancy VanDeMark, DHS' Office of Behavioral Health
- State Judicial Branch: Julie Hoskins, Weld County Judge; Doug Wilson, State Public Defender
- Local Legal and Law Enforcement Agencies: Chris Johnson, County Sheriffs of Colorado; David Krouse, Fruita Police Department; Fred McKee, Delta County Sheriff; Patrick McKinstry, Denver City and County Attorneys Office
- Service Providers and Behavioral Health Professionals: Lori Banks, Colorado Crisis Connection; Elicia Bunch, Centennial Peaks Hospital; Richard Martinez, Colorado Psychiatric Society; Katherine Mulready, Colorado Hospital Association; Sharon Raggio, Mind Springs Health; Sally Ryman, Grand County Rural Health Network; Cheryl Storey, West Pines Behavioral Health
- Other Individuals with Applicable Expertise or Representing an Interested Organization: Vincent Atchity, Equitas Foundation; Mark Ivandick, Disability Law Colorado; Moe Keller, Mental Health Colorado; Amanda Kearney-Smith, Colorado Mental Wellness Network; Elizabeth Lowdermilk, Member 27-65 Advisory Committee; Denise Maes, Colorado ACLU; Valerie Schlecht, Colorado Cross Disability Coalition

Purpose:
The Governor charged the Task Force, by January 1, 2017, to make statutory, policy, and administrative recommendations to:

- Ensure proper mental health treatment for individuals in crisis, while satisfying individual's rights under the federal Emergency Medical Treatment and Labor Act (EMTALA) and due process standards. This should include exploring models used in other states;

- End the practice of confining in jail persons with mental illness who have committed no crime;
- Where appropriate, streamline and align regulatory oversight of the mental health hold process while ensuring necessary patient care requirements and protecting patient rights;
- Understand the need for, and overcome barriers to, providing inpatient psychiatric care to persons in mental health crisis;
- Maximize existing state resources, including examining potential enhancements that can be made to the current crisis services and transportation systems; and
- Develop data tracking and provider communication systems to better understand the scope of the mental health hold problem in Colorado.

Recent/Upcoming Recommendations:
As of November 16, the Task Force was considering nine draft recommendations (listed below). The Task Force met on December 7, and is scheduled to meet again on December 21.

<u>Recommendation #1 – End the Use of Law Enforcement Facilities for M1 Holds.</u> Amend Section 27-65-105, C.R.S. to eliminate the use of jails, lock-up, or other place of confinement for persons charged with or convicted of a crime.

<u>Recommendation #2 – Accelerate the Use of Alternatives to Law Enforcement Facilities for M-1 Holds.</u> While ensuring protection of civil liberties, encourage local government agencies, hospitals, and behavioral health providers to implement local arrangements and funding options for holds that immediately exclude any use of a law enforcement facility while the statutory changes are being made to Section 27-65-105, C.R.S.

<u>Recommendation #3 – Streamline Regulations and Establish a Stronger System of Accountability.</u> Streamline various regulatory powers delegated to CDPHE, DHS, and HCPF and establish an Ombudsman Office to ensure accountability. This body would ensure that individuals placed on mental health holds receive proper care and protection, that providers and regulators play their proper roles, and that grievances are impartially reviewed and resolved.

<u>Recommendation #4 – Establish a Tiered System of Designation for Carrying Out M-1 Holds.</u> Revise the current definition of Designated Facilities to include multiple tiers that ensure protection of individual rights throughout the M-1 hold process and which acknowledge the different levels of licensed care that providers are equipped and expected to provide. Oversight for the various tiers would be shared by CDPHE and DHS to best align with existing regulatory frameworks at the state and federal levels. Consistent data would be captured by any facility where an M-1 hold is placed.

<u>Recommendation #5 – Ensure Network Adequacy.</u> Ensure that each region of the state has an adequate network of providers—including the Crisis Response workforce as well as Medicaid and private providers—to ensure the availability and coordination of a continuum of proper psychiatric care. Regions should be based on the proposed Regional Accountable Entity (RAE) regions, possibly with sub-regions or geographic accessibility banding within the regions.

<u>Recommendation #6 – Expand and Extend the Behavioral Health Workforce.</u> Develop a short- and long-term behavioral health workforce expansion and extension plan to ensure adequate behavioral health staffing throughout the state that includes increased use of peer support, telehealth, integrated models of care, hub-and-spoke strategies, and crisis training for relevant staff.

Revise statute 27-65 to allow Advance Practice Nurses with minimum two years' behavioral health education to release mental health holds. As warranted, review levels of licensure needed to place and release mental health holds, ensuring that all relevant professional disciplines are included in the conversation. Remove barriers that limit current workforce from operating within the fullest extent of their licensure.

Recommendation #7 – Create a Sustainable and Reliable Data Monitoring System. Develop a comprehensive but sustainable data tracking system for mental health holds across Colorado that includes all sites where holds are conducted as well as appropriate extrapolation methods where actual data is difficult to capture. Data should be gathered in ways that protect individual privacy and include specific information (modeled on some language that was included in S.B. 16-169).

Recommendation #8 – Ensure Proper Payment for Mental Health Holds. Remove the barriers to reimbursement for services delivered during mental health holds. Examples include:

- having Medicaid cover substance abuse as a mental health disorder to prevent denial of claims involving dual-diagnosis; and
- having Crisis Response bill Medicaid for reimbursement and cover costs of the care delivered through Facility Placement Agreements.

Recommendation #9 – Pilot Transportation Solutions in Underserved Regions that Reduce the Costs, Stigma, and Trauma Associated with M-1 Transport. In underserved areas of the state, develop pilot transport systems that ensure mental and physical health parity, reduce the use of law enforcement staffing and vehicles, eliminate requirements for emergency department use when not medically necessary, and expand options for providing safe transport with minimal stigma attached.

Potential Funding Available to Implement Recommendations

As part of his proposed budget for FY 2017-18, the Governor has requested a total of $16.3 million from the Marijuana Tax Cash Fund for supportive housing and rapid rehousing initiatives. Much of this funding would be used for individuals with behavioral health needs. The Governor's budget also includes an additional $16.0 million from the Marijuana Tax Cash Fund that is set aside for various legislative and budget initiatives. The information provided by the Governor's Office during the November 30, 2016, budget hearing indicated that this amount includes:

- $4 million to divert low-level drug offenders and people with behavioral health needs from the criminal justice system into community-based treatment and support services such as housing, healthcare, and job training; and
- $4 million to potentially implement recommendations from the Mental Health Hold Task Force.

Appendix A: Number Pages

	FY 2014-15 Actual	FY 2015-16 Actual	FY 2016-17 Appropriation	FY 2017-18 Request	Request vs. Appropriation

DEPARTMENT OF HUMAN SERVICES
Reggie Bicha, Executive Director

(8) BEHAVIORAL HEALTH SERVICES

The Office of Behavioral Health is responsible for policy development, service provision and coordination, program monitoring and evaluation, and administrative oversight of the State's public behavioral health system. Funding in this section supports community-based mental health and substance use disorder services that are not otherwise available. Funding in this section also supports administration and operation of the State's two mental health institutes. This section is primarily supported by General Fund, the federal Substance Abuse Prevention and Treatment Block Grant, transfers from the Department of Health Care Policy and Financing of "HCPF" (originating as General Fund and federal Medicaid funds), mental health institute patient revenues, the federal Mental Health Services Block Grant, transfers from the Judicial Branch (originating as General Fund and drug offender surcharge revenues), and marijuana tax revenues.

(A) Community Behavioral Health Administration

Funding in this section supports staff who administer community-based mental health and substance use disorder services. This section is primarily supported by the federal Substance Abuse Prevention and Treatment Block Grant, the federal Mental Health Services Block Grant, General Fund, and transfers from HCPF (originating as General Fund and federal Medicaid funds).

	FY 2014-15 Actual	FY 2015-16 Actual	FY 2016-17 Appropriation	FY 2017-18 Request	Request vs. Appropriation
Personal Services	4,331,440	4,591,038	5,270,642	5,194,870 *	
FTE	49.3	55.1	62.6	63.5	
General Fund	1,323,612	1,309,100	1,659,469	1,724,823	
Cash Funds	240,399	239,273	383,805	234,035	
Reappropriated Funds	764,781	741,690	878,854	881,150	
Federal Funds	2,002,648	2,300,975	2,348,514	2,354,862	
Operating Expenses	254,436	285,539	298,683	283,613 *	
General Fund	19,679	36,638	22,529	28,182	
Cash Funds	22,096	9,445	42,177	21,454	
Reappropriated Funds	2,563	2,049	16,266	16,266	
Federal Funds	210,098	237,407	217,711	217,711	

	FY 2014-15 Actual	FY 2015-16 Actual	FY 2016-17 Appropriation	FY 2017-18 Request	Request vs. Appropriation
Federal Programs and Grants	8,271	213	21,000	21,000	
FTE	0.0	0.0	0.0	0.0	
Federal Funds	8,271	213	21,000	21,000	
Indirect Cost Assessment	2,088	1,712	270,861	270,861	
Cash Funds	2,088	1,712	3,280	3,280	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	267,581	267,581	
SUBTOTAL - (A) Community Behavioral Health Administration	4,596,235	4,878,502	5,861,186	5,770,344	(1.5%)
FTE	49.3	55.1	62.6	63.5	1.4%
General Fund	1,343,291	1,345,738	1,681,998	1,753,005	4.2%
Cash Funds	264,583	250,430	429,262	258,769	(39.7%)
Reappropriated Funds	767,344	743,739	895,120	897,416	0.3%
Federal Funds	2,221,017	2,538,595	2,854,806	2,861,154	0.2%

(B) Mental Health Community Programs

This section provides funding to support mental health services delivered through Colorado's community mental health centers. This section is primarily supported by General Fund, the federal Mental Health Services Block Grant, and marijuana tax revenues.

	FY 2014-15 Actual	FY 2015-16 Actual	FY 2016-17 Appropriation	FY 2017-18 Request	Request vs. Appropriation
Services for Indigent Mentally Ill Clients	36,629,154	36,667,693	38,136,753	38,136,753	
General Fund	30,413,968	31,028,647	31,539,452	31,539,452	
Reappropriated Funds	0	0	161,909	161,909	
Federal Funds	6,215,186	5,639,046	6,435,392	6,435,392	
Medications for Indigent Mentally Ill Clients	1,521,855	1,522,194	1,554,437	1,554,437	
General Fund	1,521,855	1,522,194	1,554,437	1,554,437	

	FY 2014-15 Actual	FY 2015-16 Actual	FY 2016-17 Appropriation	FY 2017-18 Request	Request vs. Appropriation
School-based Mental Health Services	1,188,380	1,180,711	1,213,254	1,213,254	
General Fund	1,188,380	1,180,711	1,213,254	1,213,254	
Assertive Community Treatment Programs	674,557	4,715,306	5,489,587	5,489,587	
General Fund	674,557	4,715,306	4,803,563	4,803,563	
Cash Funds	0	0	686,024	686,024	
Alternatives to Inpatient Hospitalization at a Mental Health Institute	3,261,625	3,337,483	3,337,487	3,337,487	
General Fund	3,261,625	3,337,483	3,337,487	3,337,487	
Mental Health Services for Juvenile and Adult Offenders	3,088,993	3,002,380	3,025,192	3,025,192	
Cash Funds	3,088,993	3,002,380	3,025,192	3,025,192	
Mental Health Treatment Services for Youth (H.B. 99-1116)	725,331	907,122	1,078,847	1,078,847 *	
General Fund	417,309	613,874	655,223	655,223	
Cash Funds	299,345	293,248	300,000	300,000	
Reappropriated Funds	8,677	0	123,624	123,624	
Mental Health First Aid	750,000	210,000	210,000	210,000	
General Fund	750,000	210,000	210,000	210,000	
SUBTOTAL - (B) Mental Health Community Programs	47,839,895	51,542,889	54,045,557	54,045,557	0.0%
FTE	0.0	0.0	0.0	0.0	0.0%
General Fund	38,227,694	42,608,215	43,313,416	43,313,416	0.0%
Cash Funds	3,388,338	3,295,628	4,011,216	4,011,216	0.0%
Reappropriated Funds	8,677	0	285,533	285,533	0.0%
Federal Funds	6,215,186	5,639,046	6,435,392	6,435,392	0.0%

	FY 2014-15 Actual	FY 2015-16 Actual	FY 2016-17 Appropriation	FY 2017-18 Request	Request vs. Appropriation

(C) Substance Use Treatment and Prevention

This section provides funding to support community-based substance use disorder services not otherwise available. This section also includes funding for pregnant women in need of substance use disorder treatment (including women who are eligible for Medicaid), as well as funding for a variety of substance abuse prevention programs. This section is primarily supported by the federal Substance Abuse Prevention and Treatment Block Grant, General Fund, transfers from HCPF (which originate as General Fund and federal Medicaid funds), transfers from the Judicial Branch (which originate as General Fund and drug offender surcharge revenues), and marijuana tax revenues.

(I) Treatment Services

	FY 2014-15 Actual	FY 2015-16 Actual	FY 2016-17 Appropriation	FY 2017-18 Request	Request vs. Appropriation
Treatment and Detoxification Contracts	30,743,690	30,577,780	30,502,316	30,502,316	
General Fund	11,793,199	12,224,470	12,242,908	12,242,908	
Cash Funds	1,602,901	1,373,330	464,905	464,905	
Reappropriated Funds	939,299	615,748	1,064,688	1,064,688	
Federal Funds	16,408,291	16,364,232	16,729,815	16,729,815	
Case Management for Chronic Detoxification Clients	411,673	364,914	369,464	369,464	
General Fund	2,538	2,581	2,581	2,581	
Federal Funds	409,135	362,333	366,883	366,883	
Short-term Intensive Residential Remediation and Treatment (STIRRT)	3,447,833	3,159,891	3,669,435	3,669,435	
General Fund	3,039,845	2,869,388	3,146,489	3,146,489	
Reappropriated Funds	407,988	290,503	522,946	522,946	
High Risk Pregnant Women Program	969,806	735,467	1,600,000	1,600,000 *	
Reappropriated Funds	969,806	735,467	1,600,000	1,600,000	

	FY 2014-15 Actual	FY 2015-16 Actual	FY 2016-17 Appropriation	FY 2017-18 Request	Request vs. Appropriation
SUBTOTAL -	35,573,002	34,838,052	36,141,215	36,141,215	0.0%
FTE	0.0	0.0	0.0	0.0	0.0%
General Fund	14,835,582	15,096,439	15,391,978	15,391,978	0.0%
Cash Funds	1,602,901	1,373,330	464,905	464,905	0.0%
Reappropriated Funds	2,317,093	1,641,718	3,187,634	3,187,634	0.0%
Federal Funds	16,817,426	16,726,565	17,096,698	17,096,698	0.0%
(II) Prevention and Intervention					
Prevention Contracts	5,398,574	4,202,270	5,589,289	5,524,289	
General Fund	34,490	35,076	35,076	35,076	
Cash Funds	85,312	15,893	106,635	41,635	
Federal Funds	5,278,772	4,151,301	5,447,578	5,447,578	
Persistent Drunk Driver Programs	1,890,919	1,717,622	2,035,823	1,670,823	
Cash Funds	1,890,919	1,717,622	2,035,823	1,670,823	
Law Enforcement Assistance Fund Contracts	255,000	145,718	255,000	255,000	
Cash Funds	255,000	145,718	255,000	255,000	
SUBTOTAL -	7,544,493	6,065,610	7,880,112	7,450,112	(5.5%)
FTE	0.0	0.0	0.0	0.0	0.0%
General Fund	34,490	35,076	35,076	35,076	0.0%
Cash Funds	2,231,231	1,879,233	2,397,458	1,967,458	(17.9%)
Federal Funds	5,278,772	4,151,301	5,447,578	5,447,578	0.0%

	FY 2014-15 Actual	FY 2015-16 Actual	FY 2016-17 Appropriation	FY 2017-18 Request	Request vs. Appropriation
(III) Other Programs					
Increasing Access to Effective Substance Use Disorder Services	0	0	5,823,632	5,828,335	
FTE	0.0	0.0	0.0	0.0	
Cash Funds	0	0	5,823,632	5,828,335	
Federal Grants	3,220,975	2,522,079	3,287,818	3,287,818	
FTE	0.0	0.0	0.0	0.0	
Federal Funds	3,220,975	2,522,079	3,287,818	3,287,818	
Balance of Substance Abuse Block Grant Programs	216,467	188,599	109,848	109,848	
General Fund	175,543	188,599	9,848	9,848	
Federal Funds	40,924	0	100,000	100,000	
Community Prevention and Treatment	692,659	598,194	756,298	756,298	
Cash Funds	692,659	598,194	756,298	756,298	
Gambling Addiction Counseling Services	82,343	12,051 0.1	100,000	100,000	
Cash Funds	0	12,051	100,000	100,000	
Reappropriated Funds	82,343	0	0	0	
Rural Substance Abuse Prevention and Treatment	124,829	151,243	175,000	175,000	
Cash Funds	124,829	151,243	175,000	175,000	
SUBTOTAL -	4,337,273	3,472,166	10,252,596	10,257,299	0.0%
FTE	0.0	0.1	0.0	0.0	0.0%
General Fund	175,543	188,599	9,848	9,848	0.0%
Cash Funds	817,488	761,488	6,854,930	6,859,633	0.1%
Reappropriated Funds	82,343	0	0	0	0.0%
Federal Funds	3,261,899	2,522,079	3,387,818	3,387,818	0.0%

	FY 2014-15 Actual	FY 2015-16 Actual	FY 2016-17 Appropriation	FY 2017-18 Request	Request vs. Appropriation
SUBTOTAL - (C) Substance Use Treatment and Prevention	47,454,768	44,375,828	54,273,923	53,848,626	(0.8%)
FTE	0.0	0.1	0.0	0.0	0.0%
General Fund	15,045,615	15,320,114	15,436,902	15,436,902	0.0%
Cash Funds	4,651,620	4,014,051	9,717,293	9,291,996	(4.4%)
Reappropriated Funds	2,399,436	1,641,718	3,187,634	3,187,634	0.0%
Federal Funds	25,358,097	23,399,945	25,932,094	25,932,094	0.0%

(D) Integrated Behavioral Health Services

This section provides funding for: a statewide behavioral health crisis response system; behavioral health services and supports for individuals transitioning from the mental health institutes to the community; and community-based mental health and substance use disorder services for offenders and other specialized populations. This section is supported by General Fund, transfers from the Judicial Branch (originating as General Fund and drug offender surcharge revenues), and marijuana tax revenues.

	FY 2014-15 Actual	FY 2015-16 Actual	FY 2016-17 Appropriation	FY 2017-18 Request	Request vs. Appropriation
Crisis Response System - Walk-in, Stabilization, Mobile, Residential, and Respite Services	22,007,161	22,253,026	22,952,410	22,952,410	
General Fund	22,007,161	22,253,026	22,952,410	22,952,410	
Crisis Response System - Telephone Hotline	2,355,865	2,395,915	2,395,915	2,995,915 *	
General Fund	2,355,865	2,395,915	2,395,915	2,995,915	
Crisis Response System - Marketing	615,000	600,000	600,000	900,000 *	
General Fund	615,000	600,000	600,000	900,000	
Community Transition Services	4,801,597	3,890,935	5,147,901	4,247,901 *	
General Fund	4,801,597	3,890,935	5,147,901	4,247,901	
Cash Funds	0	0	0	0	
Jail-based Behavioral Health Services	1,207,129	4,340,271	5,083,522	5,083,522	
Reappropriated Funds	1,207,129	4,340,271	5,083,522	5,083,522	

	FY 2014-15 Actual	FY 2015-16 Actual	FY 2016-17 Appropriation	FY 2017-18 Request	Request vs. Appropriation
Rural Co-occuring Disorder Services	512,500	527,019	1,021,213	1,021,213	
General Fund	512,500	527,019	521,213	521,213	
Cash Funds	0	0	500,000	500,000	
SUBTOTAL - (D) Integrated Behavioral Health Services	31,499,252	34,007,166	37,200,961	37,200,961	0.0%
FTE	0.0	0.0	0.0	0.0	0.0%
General Fund	30,292,123	29,666,895	31,617,439	31,617,439	0.0%
Cash Funds	0	0	500,000	500,000	0.0%
Reappropriated Funds	1,207,129	4,340,271	5,083,522	5,083,522	0.0%

(E) Mental Health Institutes

The Department administers and operates two mental health institutes providing inpatient hospitalization for individuals with serious mental illness. The mental health institutes provide comprehensive psychiatric, psychological, rehabilitation, and therapeutic care. This section is primarily supported by General Fund, patient revenues (including federal Medicare funds and transfers from HCPF that originate as General Fund and federal Medicaid funds), funds transferred from the Department of Corrections (DOC) for food services provided by the mental health institute to DOC facilities located on the Pueblo campus, and marijuana tax revenues.

(1) Mental Health Institute - Ft. Logan

	FY 2014-15 Actual	FY 2015-16 Actual	FY 2016-17 Appropriation	FY 2017-18 Request	Request vs. Appropriation
Personal Services	17,951,731	19,235,070	19,131,795	19,134,893 *	
FTE	229.1	230.9	218.6	221.6	
General Fund	16,214,105	17,618,656	17,260,460	17,091,444	
Cash Funds	1,618,778	1,598,932	1,845,937	2,018,051	
Reappropriated Funds	118,848	17,482	25,398	25,398	
Contract Medical Services	814,208	756,692	1,269,465	1,269,465	
General Fund	814,208	756,692	1,269,465	1,269,465	

	FY 2014-15 Actual	FY 2015-16 Actual	FY 2016-17 Appropriation	FY 2017-18 Request		Request vs. Appropriation
Operating Expenses	1,196,938	1,145,944	1,066,278	1,408,080	*	
General Fund	1,073,211	986,535	902,046	1,224,764		
Cash Funds	123,727	123,727	136,753	155,837		
Reappropriated Funds	0	35,682	27,479	27,479		
Capital Outlay	0	801,818	20,814	112,916	*	
General Fund	0	801,818	20,814	112,916		
Pharmaceuticals	1,128,323	1,295,585	1,353,110	1,353,110		
General Fund	1,067,956	1,211,863	1,209,136	1,209,136		
Cash Funds	60,367	83,722	123,417	123,417		
Reappropriated Funds	0	0	20,557	20,557		
SUBTOTAL -	21,091,200	23,235,109	22,841,462	23,278,464		1.9%
FTE	229.1	230.9	218.6	221.6		1.4%
General Fund	19,169,480	21,375,564	20,661,921	20,907,725		1.2%
Cash Funds	1,802,872	1,806,381	2,106,107	2,297,305		9.1%
Reappropriated Funds	118,848	53,164	73,434	73,434		0.0%
(2) Mental Health Institute - Pueblo						
Personal Services	70,838,650	69,172,205	70,348,261	70,248,741	*	
FTE	1,023.7	1,015.6	985.4	991.1		
General Fund	57,736,095	58,903,464	61,307,220	60,924,847		
Cash Funds	5,484,689	4,244,441	2,658,908	2,941,761		
Reappropriated Funds	7,617,866	6,024,300	6,382,133	6,382,133		
Contract Medical Services	3,569,146	3,147,461	3,589,425	3,589,425		
General Fund	3,569,146	3,147,461	3,589,425	3,589,425		

	FY 2014-15 Actual	FY 2015-16 Actual	FY 2016-17 Appropriation	FY 2017-18 Request	Request vs. Appropriation
Operating Expenses	5,853,469	5,964,355	5,416,456	5,794,653 *	
General Fund	3,200,568	3,822,251	2,849,141	3,131,172	
Cash Funds	709,620	324,685	324,685	407,620	
Reappropriated Funds	1,943,281	1,817,419	2,242,630	2,255,861	
Capital Outlay	0	727,192	76,876	324,068 *	
General Fund	0	727,192	76,876	324,068	
Pharmaceuticals	3,447,299	3,717,011	3,783,371	3,783,371 *	
General Fund	3,149,894	3,099,347	3,165,707	3,165,707	
Cash Funds	297,405	254,851	254,851	254,851	
Reappropriated Funds	0	362,813	362,813	362,813	
Educational Programs	168,121	191,784	205,909	205,909	
FTE	2.4	1.9	2.7	2.7	
General Fund	0	41,572	52,720	52,720	
Reappropriated Funds	132,026	116,541	153,189	153,189	
Federal Funds	36,095	33,671	0	0	
Jail-based Competency Restoration Program	2,197,506	3,523,254	6,063,942	6,072,647	
FTE	1.0	4.5	3.0	3.0	
General Fund	2,197,506	3,523,254	6,063,942	6,072,647	
Circle Program	0	2,136,789	2,078,001	2,214,585 *	
FTE	0.0	19.9	21.3	21.3	
Cash Funds	0	2,119,468	2,060,680	2,197,264	
Reappropriated Funds	0	17,321	17,321	17,321	

	FY 2014-15 Actual	FY 2015-16 Actual	FY 2016-17 Appropriation	FY 2017-18 Request	Request vs. Appropriation
Circle Program Business Plan Analysis	0	189,733	0	0	
FTE	0.0	0.0	0.0	0.0	
General Fund	0	189,733	0	0	
SUBTOTAL -	86,074,191	88,769,784	91,562,241	92,233,399	0.7%
FTE	1027.1	1041.9	1012.4	1018.1	0.6%
General Fund	69,853,209	73,454,274	77,105,031	77,260,586	0.2%
Cash Funds	6,491,714	6,943,445	5,299,124	5,801,496	9.5%
Reappropriated Funds	9,693,173	8,338,394	9,158,086	9,171,317	0.1%
Federal Funds	36,095	33,671	0	0	0.0%
SUBTOTAL - (E) Mental Health Institutes	107,165,391	112,004,893	114,403,703	115,511,863	1.0%
FTE	1,256.2	1,272.8	1,231.0	1,239.7	0.7%
General Fund	89,022,689	94,829,838	97,766,952	98,168,311	0.4%
Cash Funds	8,294,586	8,749,826	7,405,231	8,098,801	9.4%
Reappropriated Funds	9,812,021	8,391,558	9,231,520	9,244,751	0.1%
Federal Funds	36,095	33,671	0	0	0.0%
TOTAL - Department of Human Services	238,555,541	246,809,278	265,785,330	266,377,351	0.2%
FTE	1,305.5	1,328.0	1,293.6	1,303.2	0.7%
General Fund	173,931,412	183,770,800	189,816,707	190,289,073	0.2%
Cash Funds	16,599,127	16,309,935	22,063,002	22,160,782	0.4%
Reappropriated Funds	14,194,607	15,117,286	18,683,329	18,698,856	0.1%
Federal Funds	33,830,395	31,611,257	35,222,292	35,228,640	0.0%

NOTES:
An asterisk (*) indicates that the FY 2017-18 request for a line item is affected by one or more decision items.

APPENDIX B
RECENT LEGISLATION AFFECTING DEPARTMENT BUDGET

2015 SESSION BILLS

S.B. 15-167 (MODIFY FY 2014-15 APPROPRIATIONS FROM MARIJUANA REVENUE): Aligns FY 2014-15 appropriations from the Marijuana Tax Cash Fund with actual marijuana tax revenue collected in FY 2013-14. With respect to the Department of Human Services, the act reduces the cash funds appropriation for Jail-based Behavioral Health Services by $452,787 (from $2,000,000 to $1,547,213). In addition, the act clarifies that a FY 2014-15 appropriation of $1,500,000 cash funds from the Marijuana Tax Cash Fund for the provision of substance use disorder treatment services for adolescents and pregnant women may be used for substance use disorder prevention services and intensive wrap around services, and the act authorizes the Department to spend any funds that remain available in FY 2015-16.

H.B. 15-1269 (TRANSFER PERSONS TO AND FROM CORRECTIONAL FACILITY): Repeals the authority of the Department of Human Services (DHS) to transfer a dangerous person receiving care at one of the mental health institutes to the Department of Corrections (DOC), unless that person is serving a sentence to the DOC. Clarifies that mentally ill inmates may only be transferred from the DOC to the DHS when the transfer is done in accordance with a policy that provides for due process and in situations where the inmate cannot be safely confined in a DOC facility. Authorizes the DHS to return an inmate to the DOC if that person cannot be safely confined in the DHS facility. The act does not include any appropriations. In June 2014, the DHS returned all five patients that had previously been transferred to the DOC back to the Colorado Mental Health Institute at Pueblo. The costs of implementing this change were covered by General Fund appropriations that were included in S.B. 15-149 ($2,413,428 for FY 2014-15) and S.B. 15-234 ($2,611,755 for FY 2015-16). These appropriations were based on the assumption that the DHS would require an additional 30.6 FTE for FY 2014-15 and 36.7 FTE for FY 2015-16.

H.B. 15-1367 (RETAIL MARIJUANA TAXES): Refers a ballot issue to voters in November 2015, asking whether the State may retain and spend revenue collected from the Proposition AA excise and special sales taxes on retail marijuana in FY 2014-15. Creates a $58.0 million Proposition AA Refund Account in the General Fund. Contingent on voter approval of the ballot issue, the act makes several appropriations to the Department of Human Services for FY 2015-16, including a $500,000 cash funds appropriation from the Proposition AA Refund Account for treatment and detoxification contracts.

Independent of whether the voters approve the ballot issue, the act broadens purposes for which funds in the Marijuana Tax Cash Fund (MTCF) may be expended and requires that appropriations from the MTCF for jail-based behavioral health services be made through the Correctional Treatment Cash Fund. The act includes a corresponding change to FY 2015-16 appropriations, replacing a $1,550,000 cash funds appropriation from the MTCF for jail-based behavioral health services with an appropriation of $1,550,000 reappropriated funds transferred from the Judicial Department.

2016 SESSION BILLS

S.B. 16-019 (VIDEOTAPE MENTAL CONDITION EVALUATIONS): Requires audio-visual recording of court-ordered mental condition examinations for individuals charged with class 1 or 2 felonies and felony sex offenses. Appropriates $62,831 General Fund to the Department of Human Services for FY 2016-17, and states the assumption that the Department will require an additional 0.4 FTE.

S.B. 16-202 (INCREASING ACCESS TO EFFECTIVE SUD SERVICES): Requires each of the State's designated regional managed service organizations (MSOs) to assess the sufficiency of substance use disorder services in its geographic region. Requires each MSO to prepare a community action plan to address the most critical service gaps and submit the plan to the Department of Human Services (DHS) and the Department of Health Care Policy and Financing by March 1, 2017. Provides for an annual appropriation from the Marijuana Tax Cash Fund (MTCF) for the initial community assessments and for the ongoing implementation of resulting community action plans. Requires the DHS to disburse to each MSO an annual allocation from the MTCF on July 1 each fiscal year, except that for FY 2016-17 forty percent of the allocation is disbursed upon receipt of an MSO's community action plan. Requires the DHS to contract for an evaluation of the effectiveness of intensive residential treatment of substance use disorder services provided through MSOs. Appropriates $6,000,000 cash funds from the MTCF to the DHS for FY 2016-17, and states the assumption that the DHS will require an additional 1.0 FTE.

H.B. 16-1408 (CASH FUND ALLOCATIONS FOR HEALTH-RELATED PROGRAMS): Establishes a new formula for the allocation of the annual payment received by the state as part of the Tobacco Master Settlement Agreement (Tobacco MSA). The new formula allocates all Tobacco MSA revenue by percentage shares, rather than the hybrid structure of fixed dollar amounts and capped percentage shares in multiple tiers. The formula increases annual allocations to most programs receiving funding under the current distribution, while eliminating dedicated funding for the three purposes in this department:

- Offender Mental Health Services Program in the Department of Human Services;
- Alcohol and Drug Abuse Prevention Program in the Department of Human Services; and
- Children's' Mental Health Treatment Program in the Department of Human Services.

For all of these purposes listed, the bill makes FY 2016-17 appropriations from the Marijuana Tax Cash Fund in the amounts that the programs are expected to receive under the current law allocation formula. Makes the following appropriation changes in this department related to funds from the Tobacco Master Settlement revenues and Marijuana Tax Cash Fund dollars.

SUMMARY OF TOBACCO MASTER SETTLEMENT AGREEMENT DISTRIBUTION FORMULA APPROPRIATION CHANGES				
SECTION	PROGRAM	GENERAL FUND	TOBACCO MASTER SETTLEMENT CASH FUNDS	MARIJUANA TAX CASH FUND
28	Mental Health Services for Juvenile and Adult Offenders	$0	($3,025,192)	$3,025,192
28	Mental Health Services for Youth (H.B. 99-1116)	0	(300,000)	300,000
28	Community Prevention Treatment - Alcohol and Drug Abuse	0	(756,298)	756,298
30	Tony Grampsas Youth Services	0	(2,626,328)	2,626,328
33	Nurse Home Visitor Program	0	6,743,164	0
TOTAL		**$0**	**$35,346**	**$6,707,818**

H.B. 16-1410 (COMPETENCY EVALUATION LOCATION): Limits the court's discretion to order that a competency evaluation be conducted at the Colorado Mental Health Institute at Pueblo (CMHIP) by specifying that the evaluation must be done on an outpatient basis or at the place where the defendant is in custody unless: (a) the court makes certain specified findings; (b) the court receives a recommendation from the CMHIP court services evaluator that conducting the evaluation at CMHIP is appropriate; or (c) the court receives written approval from the Department of Human Services (DHS). Prohibits the court from considering the need for the defendant to receive a competency evaluation when setting bond. Directs a county sheriff, if a defendant needs to return to the county jail after CMHIP has completed a competency evaluation, to make all reasonable efforts to take custody of the defendant as soon as practicable. Appropriates $107,076 General Fund to the DHS for FY 2016-17 for CMHIP to hire two secure transport staff (1.8 FTE for FY 2016-17) to facilitate the transportation of defendants between jails, CMHIP, and the restoration program located in the Arapahoe County Detention Center.

Repeals a provision that requires CMHIP to bill the court for the cost of defendants for whom the court has ordered an inpatient competency evaluation. Shifts a $368,000 General Fund appropriation to the Judicial Department for FY 2016-17 to the DHS, and eliminates an appropriation of $368,000 reappropriated funds for FY 2016-17 that authorizes DHS to receive and spend money received from the Judicial Department.

APPENDIX C
FOOTNOTES AND INFORMATION REQUESTS

The following Long Bill Footnotes (LBF) and Requests for Information (RFI) relate to behavioral health services administered by the Department of Human Services and are included in this Appendix:

Community Behavioral Health Administration
RFI #1 (NEW) – Report concerning the feasibility of developing and implementing a real time statewide data system for tracking the availability of psychiatric beds that have been designated or approved by the Department to evaluate and treat a person who has been placed on an involuntary 72-hour mental health hold

Mental Health Community Programs
LBF #48 (NEW) – Appropriation to expand access to inpatient psychiatric care for individuals who are diagnosed with physical health conditions that are exacerbated by co-occurring mental health problems
RFI #2 – Mental Health First Aid

Substance Use Treatment and Prevention
Statewide RFI #4 – Cash funds that are utilized by multiple state agencies

Integrated Behavioral Health Services
LBF #49 – Rural Co-occurring Disorder Services

Mental Health Institutes
LBF #50 – Authority to transfer funds between line item appropriations

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UPDATE ON LONG BILL FOOTNOTES

48 Department of Human Services, Behavioral Health Services, Mental Health Community Programs, Services for Indigent Mentally Ill Clients -- It is the intent of the General Assembly that $500,000 of this appropriation be allocated to a community mental health center in western Colorado for the purpose of covering the uncompensated costs of co-managing an observation unit for individuals who seek care from the emergency department of a regional medical center and who are diagnosed with physical health conditions that may be exacerbated by co-occurring mental health conditions.

COMMENT: This footnote was first included in the FY 2016-17 Long Bill in connection with a $500,000 General Fund increase in the appropriation for "Services for Indigent Mentally Ill Clients" to expand access to inpatient psychiatric care for individuals who are diagnosed with physical health conditions that are exacerbated by co-occurring mental health problems. This footnote was included to specify the General Assembly's intent in

making the appropriation. It is staff's understanding that the Department used a request for proposal process and awarded the funds to Mind Springs Health.

49 Department of Human Services, Behavioral Health Services, Integrated Behavioral Health Services, Rural Co-occurring Disorder Services -- It is the intent of the General Assembly that this appropriation be used for the purpose of providing a full continuum of co-occurring behavioral health treatment services in southern Colorado and the Arkansas Valley.

COMMENT: This line item appropriation was first included in the FY 2013-14 Long Bill to provide funding ($500,000 General Fund) for a full continuum of co-occurring behavioral health services to adolescents and adults in southern Colorado and the Arkansas Valley. It is staff's understanding that this appropriation was provided based on data that demonstrated a gap in the service delivery system for southern Colorado related to the co-occurring, dually diagnosed population -- primary substance use and secondary mental health (Axis I) anxiety and depression. A corresponding footnote like the one above was included to specify the General Assembly's intent in making the appropriation.

The Department awarded these funds to Crossroads' Turning Point, Inc. (CTP), a partner in Signal Behavioral Health Network, Inc., as a result of the request for proposal process. The counties in sub-state planning area #4 benefit from this appropriation, including: Alamosa, Baca, Bent, Conejos, Costilla, Crowley, Huerfano, Kiowa, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande, and Saguache. The Department indicates that specific treatment clinics are located in Alamosa, Lamar, La Junta, Pueblo, and Walsenburg.

The services CTP provides include residential and outpatient based services with a combination of individual and group mental health therapies, individual and group substance use treatment, case management, medication assisted therapy, substance use testing, and other similar services.

For FY 2015-16, the General Assembly increased this appropriation by $500,000 General Fund, over and above the $21,213 General Fund that was added consistent with the statewide policy concerning community provider rates. For FY 2016-17, the appropriation remained unchanged in total, but the appropriation now includes $521,213 General Fund and $500,000 cash funds from the Marijuana Tax Cash Fund.

50 Department of Human Services, Behavioral Health Services, Mental Health Institutes -- In addition to the transfer authority provided in Section 24-75-108, C.R.S., the Department is authorized to transfer up to 10.0 percent of the total appropriations in this subsection among line items in this subsection.

COMMENT: This footnote was first included in the FY 2014-15 Long Bill. The FY 2014-15 Long Bill included two format changes to maintain a transparent delineation of expenditures at the mental health institutes while allowing the Department more flexibility to manage these appropriations and minimize the number mid-year appropriation adjustments. First, funding for outside medical expenses was removed from the Personal Services line items for each Institute and placed in a two new line item appropriations for "Contract Medical Services" – one for each Institute. Second, the above footnote was added to allow the

Department to transfer up to 10 percent of the total appropriations in the Mental Health Institutes subsection of the Long Bill, starting in FY 2014-15.

The Department is in compliance with this footnote. This footnote provides the Department with the authority to transfer up to 10.0 percent of total appropriations in the Mental Health Institutes subsection of the Long Bill among line items in that subsection. In FY 2015-16, the Department was authorized to transfer a total of $11,269,395 among line items ($112,693,952 X 10%). The Department transferred a total of $4,197,852 (3.7 percent of total appropriations) among line items in FY 2015-16, as detailed in the following table.

Transfers Among Line Item Appropriations for the Mental Health Institutes: FY 2015-16				
Long Bill Line Item	Fund Source	Transfers In	Transfers Out	Net Transfer
(1) Mental Health Institute - Ft. Logan				
Personal Services	Total Funds	$841,260	$0	$841,260
	General Fund	$840,960		$840,960
	Cash Funds			
	Reappropriated Funds	300		300
Contract Medical Services	Total Funds	0	(452,773)	(452,773)
	General Fund		(452,773)	(452,773)
	Cash Funds			
	Reappropriated Funds			
Operating Expenses	Total Funds	71,868	0	71,868
	General Fund	71,868		71,868
	Cash Funds			
	Reappropriated Funds			
Capital Outlay	Total Funds	0	(75,000)	(75,000)
	General Fund		(75,000)	(75,000)
	Cash Funds			
	Reappropriated Funds			
Pharmaceuticals	Total Funds	2,728	(300)	2,428
	General Fund	2,728		2,728
	Cash Funds			
	Reappropriated Funds		(300)	(300)
(2) Mental Health Institute - Pueblo				
Personal Services	Total Funds	1,506,996	(1,000,000)	506,996
	General Fund	1,506,996	(1,000,000)	506,996
	Cash Funds			
	Reappropriated Funds			
Contract Medical Services	General Fund	400,000	(791,964)	(391,964)
Operating Expenses	Total Funds	1,300,000	(322,783)	977,217
	General Fund	1,300,000	(322,783)	977,217
	Cash Funds			
	Reappropriated Funds			
Capital Outlay	Total Funds	75,000	0	75,000
	General Fund	75,000		75,000
	Cash Funds			
	Reappropriated Funds			
Pharmaceuticals	Total Funds	0	(66,000)	(66,000)
	General Fund		(66,000)	(66,000)
	Cash Funds			
	Reappropriated Funds			
Jail-based Competency Restoration Program	General Fund		(1,489,032)	(1,489,032)
Total	**Total Funds**	**$4,197,852**	**($4,197,852)**	**$0**
	General Fund	4,197,552	(4,197,552)	0
	Cash Funds	0	0	0
	Reappropriated Funds	300	(300)	0

UPDATE ON REQUESTS FOR INFORMATION

Requests Applicable to Multiple Departments

4 Department of Corrections; Department of Human Services; Judicial Department; Department of Public Safety; and Department of Transportation -- State agencies involved in multi-agency programs requiring separate appropriations to each agency are requested to designate one lead agency to be responsible for submitting a comprehensive annual budget request for such programs to the Joint Budget Committee, including prior year, request year, and three year forecasts for revenues into the fund and expenditures from the fund by agency. The requests should be sustainable for the length of the forecast based on anticipated revenues. Each agency is still requested to submit its portion of such request with its own budget document. This applies to requests for appropriation from: the Alcohol and Drug Driving Safety Program Fund, the Law Enforcement Assistance Fund, the Offender Identification Fund, the Persistent Drunk Driver Cash Fund, and the Sex Offender Surcharge Fund, among other programs.

COMMENT: This request for information is intended to ensure that Departments coordinate requests that draw on the same cash fund. Each Department is required to include, as part of its budget request, a Cash Fund Report (a "schedule 9") for each cash fund it administers to comply with the statutory limit on cash fund reserves, and to allow both the Office of State Planning and Budgeting and the Joint Budget Committee to make informed decisions regarding the utilization of cash funds for budgeting purposes. For funds that are shared by multiple departments, the department that administers the fund is responsible for coordinating submission of expenditure and revenue information from all departments to construct a schedule 9 that incorporates all activity in the fund. Three of the funds that are referenced in this RFI and pertain to this department are listed below, with a brief explanation of fund revenues and authorized expenditures.

Alcohol and Drug Driving Safety Program Fund [Section 42-4-1301.3 (4) (a), C.R.S.] - Section 42-4-1301.3, C.R.S., sets forth sentencing guidelines for persons convicted of driving under the influence (DUI), persons convicted of driving while ability impaired (DWAI), and persons who are habitual users of a controlled substance who are convicted of driving a vehicle. The Judicial Department is required to administer an Alcohol and Drug Driving Safety (ADDS) Program in each judicial district. This program is to provide: (1) pre-sentence and post-sentence alcohol and drug evaluations of all persons convicted of driving violations related to alcohol or drugs; and (2) supervision and monitoring of those persons whose sentences or terms of probation require completion of a program of alcohol and drug driving safety education or treatment.

The ADDS Program Fund consists of assessments designed to ensure that the ADDS Program is self-supporting. Assessments include fees paid by individuals for alcohol and drug evaluations, as well as inspection fees paid by approved alcohol and drug treatment facilities. The evaluation fee was increased from $181 to $200 in FY 2007-08. Money in the Fund is subject to annual appropriation to the Judicial Department and the Department of Human Services' Office of Behavioral Health for the administration of the ADDS Program. These two departments are required to propose changes to these assessments as required to

ensure that the ADDS Program is financially self-supporting. Any adjustment in the assessments approved by the General Assembly is to be "noted in the appropriation...as a footnote or line item related to this program in the general appropriations bill".

The Judicial Department's FY 2017-18 budget request includes a schedule 9 for this fund. The Judicial Department receives a direct appropriation from the Fund to support probation programs ($3,516,016 for FY 2016-17), and a portion of this funding is transferred to the Department of Human Services for the administration of alcohol and drug abuse services ($479,024 for FY 2016-17). The FY 2016-17 appropriation to the Judicial Department reflects a $2.0 million reduction to more accurately reflect available revenues and likely expenditures.

Law Enforcement Assistance Fund [Section 43-4-401, C.R.S.] – This fund consists of revenues from a $75 surcharge on drunk and drugged driving convictions to help pay for enforcement, laboratory charges, and prevention programs. Moneys in the fund are appropriated to the Department of Human Services (for a statewide program for the prevention of driving after drinking), the Department of Public Health and Environment (for evidential breath alcohol testing and implied consent specialists), and the Department of Public Safety's Colorado Bureau of Investigation (for toxicology laboratory services). Remaining funds are credited to a Drunken Driving Account and made available to the Department of Transportation's Office of Transportation Safety for allocation to local governments for drunken driving prevention and law enforcement programs. The Department of Human Services is appropriated $255,000 cash funds for FY 2016-17 for law enforcement assistance fund contracts. The Department of Transportation's FY 2017-18 budget request includes a schedule 9 for this fund.

Persistent Drunk Driver Cash Fund [Section 42-3-303 (1), C.R.S.] - This fund consists of penalty surcharge fees paid by persons convicted of DUI, DUI per se, or DWAI, as well as a person who is a habitual user of a controlled substance who is convicted of a misdemeanor for driving a vehicle. Moneys in the Fund are subject to annual appropriation to:

- pay the costs incurred by the Department of Revenue concerning persistent drunk drivers;
- pay for costs incurred by the Department of Revenue for computer programming changes related to treatment compliance for persistent drunk drivers;
- support programs that are intended to deter persistent drunk driving or intended to educate the public, with particular emphasis on the education of young drivers, regarding the dangers of persistent drunk driving;
- pay a portion of the costs of intervention and treatment services for persistent drunk drivers who are unable to pay for such services;
- assist in providing court-ordered alcohol treatment programs for indigent and incarcerated offenders;
- assist in providing approved ignition interlock devices for indigent offenders; and
- assist in providing continuous monitoring technology or devices for indigent offenders.

The Department of Human Services' FY 2017-18 budget request includes a schedule 9 for this fund.

For FY 2016-17, a total of $2,327,044 is appropriated from this fund to the Department of Human Services, including the following:

- $2,035,823 for Persistent Drunk Driver Programs (of this amount, $888,341 is transferred to the Judicial Department)
- $265,000 for Treatment and Detoxification Contracts
- $26,221 for Office of Behavioral Health administrative expenses.

In addition, the Department of Revenue spends $2,000 annually from this fund.

The schedule submitted by the Department of Human Services indicates that the Fund balance was $1,319,390 at the end of FY 2015-16 – well in excess of the statutory reserve balance of 16.5 percent of expenditures. However, the Committee approved a staff recommendation to increase the annual appropriation from this fund by $365,000 for three years, starting in FY 2014-15, to reduce the fund balance by $1,095,000 (thus leaving a balance of about 16.5 percent of base annual expenditures).

Requests Applicable to the Department of Human Services

1 Department of Human Services, Behavioral Health Services, Community Behavioral Health Administration -- The Department is requested to provide, by November 1, 2016, a report concerning the feasibility of developing and implementing a real time statewide data system for tracking the availability of psychiatric beds that have been designated or approved by the Department to evaluate and treat a person who has been placed on an involuntary 72-hour mental health hold pursuant to Section 27-65-105, C.R.S. The Department is requested to work with key stakeholders and service providers, as well as the Governor's Office of Information Technology, to: (1) identify the system features that would be necessary to allow law enforcement and other relevant professionals to efficiently determine what facilities have an available bed and facilitate the process of requesting a facility with an available bed to accept the patient for admission; (2) identify the features that would be necessary to allow the Department to track the availability of beds and evaluate the adequacy of the number of designated beds for various regions and populations; (3) identify examples of data systems that have been developed by other states that could potentially serve as a model for Colorado; and (4) develop an estimate of the cost of developing, implementing, and maintaining a system that includes the desired features.

COMMENT: The Department provided a report as requested. For more information, see the issue brief concerning a Data System for Tracking Psychiatric Bed Availability.

2 Department of Human Services, Behavioral Health Services, Mental Health Community Programs, Mental Health First Aid -- The Department is requested to provide, by November 1, 2016, a report concerning the expenditure and impact of state funds to support mental health first aid training. The Department is requested to include information concerning the number of instructors who were trained and the number of educators, first responders, and military service personnel who were certified as a result of FY 2015-16 expenditures. The Department is also requested to provide information about planned expenditures for FY 2016-17.

COMMENT: The Department provided the report as requested.

Background Information. The General Assembly first provided state funding for Mental Health First Aid (MHFA)[5] in FY 2013-14. MHFA is an internationally recognized training program that helps citizens to identify mental health and substance abuse problems, connect individuals to care, and safely de-escalate crisis situations if needed. MHFA program meets requirements established by the federal Substance Abuse and Mental Health Services Administration's registry of evidence based programs and practices. By reaching out to people who regularly interact with adults and youth, the program educates individuals regarding the early signs and symptoms associated with mental health and substance abuse issues so they can identify adults and youth who are at risk. The program is intended to teach lay people methods of assisting young people and adults who may be developing a behavioral health problem and encourage them to seek appropriate support and services as early as possible.

The General Assembly appropriated $750,000 General Fund for MHFA in FY 2014-15, and $210,000 General Fund for FY 2015-16 and FY 2016-17. The Department requests that this appropriation continue for FY 2017-18.

Department Response. The Department has contracted with the Colorado Behavioral Healthcare Council to provide the delivery of services known as "MHFA Colorado". The initial contract supported the operation of a centralized online registration and evaluation system for instructor training and certification courses, marketing and advertising, a website for public education, and program management. Marketing efforts were aimed at promoting courses as well as reducing stigma, increasing mental health literacy, and offering resources for connecting individuals with care.

A component of the contract was to facilitate a competitive selection process to identify and select qualified individuals to participate in adult and youth MHFA Instructor train-the-trainer events. Train-the-trainer events ensure a broad range of perspectives and target audiences, leverages existing local initiatives, and addresses geographic, cultural and linguistic diversity. Additionally, the contract provided for ongoing web trainings and educational materials for MHFA Instructors and other stakeholders on the MHFA Colorado website.

In FY 2014-15, a total of 105 MHFA Instructors were trained, and 6,274 individuals were certified in MHFA. MHFA Colorado subcontracted with the Western Interstate Commission for Higher Education (WICHE) to evaluate the impact of MHFA trainings and the impact of having a coordinated statewide MHFA initiative. Participant pre- and post-tests were administered before taking the course and at regular intervals after completing the course. This research indicates that MHFA training is best at increasing trainee confidence in helping someone experiencing a mental health crisis or challenge, expanding their use of effective helping behaviors, and advancing trainee knowledge about available mental health resources.

For FY 2015-16, the General Assembly appropriated $210,000 General Fund to continue to support MHFA instructor training to ensure that any first responders, educators, social

[5] For more information, see: http://www.mentalhealthfirstaid.org/cs/.

workers, medical personnel, family members, or members of the public who have the need or desire for MHFA certification can have access to a course. It is anticipated that alternative funding sources (federal funds, local funds, payments from course participants) would be used to support certification courses in FY 2015-16 and subsequent fiscal years.

In FY 2015-16, funds were used to deliver training, and for statewide coordination, and outreach and promotion efforts. A total of 105 MHFA Instructors were trained, and 758 individuals were certified in MHFA. Certification courses were offered in both urban/suburban and rural/frontier areas of the state. The Department provided the following information about the number of individuals certified in FY 2015-16:

- 238 first responders/ law enforcement;
- 169 faith-based;
- 122 rural/frontier (with no other designation);
- 83 educators;
- 75 organizations serving minority needs; and
- 71 active duty and retired military personnel.

The report also notes that a targeted outreach strategy resulted in the most significant participant diversity (in terms of race and ethnicity) in the 8-year history of MHFA Colorado. Other key accomplishments that are noted in the report include:

- Training additional deaf MHFA instructors to deliver courses specifically to the deaf and hard-of-hearing community;
- Enhancing instructor capacity and strategic partnerships developed with local school districts and higher education;
- Training rural and urban safety personnel and first responders and collaborating with other community partners;
- Expanding reach into the military community by training peer instructors from Peterson Air Force Base;
- Targeting certification courses to reach the Southern Ute and Ute Mountain tribes; and
- Offering extensive outreach to the faith-based community statewide.

APPENDIX D
DEPARTMENT ANNUAL PERFORMANCE REPORT

Pursuant to Section 2-7-205 (1) (a) (I), C.R.S., the Office of State Planning and Budgeting is required to publish an Annual Performance Report for the Department of Human Services by November 1 of each year. This report is to include a summary of the Department's performance plan and most recent performance evaluation. For consideration by the Joint Budget Committee in prioritizing the Department's budget request, the FY 2015-16 report dated October 2016 can be found at the following link:

https://drive.google.com/file/d/0B8ztIiGduUWbWkpSSGhKVGZMa2M/view

Pursuant to Section 2-7-204 (3) (a) (I), C.R.S., the Department of Human Services is required to develop a performance plan and submit that plan to the Joint Budget Committee and appropriate Joint Committee of Reference by July 1 of each year. For consideration by the Joint Budget Committee in prioritizing the Department's budget request, the FY 2016-17 plan dated June 23, 2016 can be found at the following link:

https://drive.google.com/file/d/0B8ztIiGduUWbSC1RdWEzeEcxWW8/view

Appendix A - State Agencies and the Services they Provide

Service	Program Description	FY 2011-12 Expenditures	FY 2011-12 Clients Served	FY 2014-15 Expenditures	FY 2014-15 Clients Served
Colorado Department of Human Services					
Office of Behavioral Health					
Services for Indigent Mentally Ill Clients	Community-based mental health services for indigent adults and youth who are not eligible for Medicaid are provided through the State's 17 Community Mental Health Centers (CMHC). The medically indigent individual (income less than 300 percent of the federal poverty level) is not eligible for Medicaid, and does not receive mental health care from any other source or service. Each CMHC is responsible for providing a set of core services, including: residential; inpatient; vocational; psychiatric/medication management; interagency consultation; public education; early intervention; consumer advocacy and family support. Each CMHC has access to a certain number of inpatient beds at one of the Mental Health Institutes, and is responsible for managing admissions to the allotted beds for adults within their respective service areas. Unlike services provided under the Medicaid capitation program, services for indigent clients are not an entitlement; thus, the number of individuals receiving services is directly correlated with the level of available funding.	$37,628,712	9,468	$36,629,154	10,203
Medications for Indigent Mentally Ill Clients	This funding is used by the community mental health centers for direct purchase of medications or to employ an individual to negotiate the purchase of medications.	$1,688,283	N/A	$1,521,855	N/A
School-based Mental Health Services	Each CMHC supports a school-based mental health specialist through this program. The specialists serve as a liaison between the schools and the Centers.	$1,098,670	N/A	$1,188,380	N/A
Assertive Community Treatment Programs	Assertive Community Treatment (ACT) is a systematic, evidence-based treatment and case management service delivery model for adults with serious and persistent mental illness who are at a heightened risk of homelessness, psychiatric hospitalization, and institutional recidivism. The ACT model includes a mobile mental health team with members that function interchangeably to provide the treatment, rehabilitation and support services that adults with serious mental illnesses need to live successfully in the community.	$645,200	N/A	$674,557	N/A
Alternatives to Inpatient Hospitalization at a Mental Health Institute	This program provides services to individuals who would otherwise require hospitalization at one of the mental health institutes. Funding is allocated among CMHCs to provide: acute treatment unit and residential treatment capacity; medication administration education and practice; intensive therapy and case management; mentoring; and other services to improve the patient's level of functioning in the community.	$3,138,615	N/A	$3,261,625	N/A
Mental Health Services for Juvenile and Adult Offenders	This program provides services for juvenile and adult offenders who have mental health problems and are involved with the criminal justice system. Eleven Community Mental Health Centers employ staff who provides case management, wrap-around services, medications, and treatment services that are not covered by Medicaid. This program is supported by tobacco litigation settlement moneys that are annually transferred to the Offender Mental Health Services Fund.	$3,453,338	N/A	$3,088,993	N/A
Mental Health Treatment Services for Youth	In 1999, the Colorado General Assembly adopted HB 1116, the Child Mental Health Treatment Act (CMHTA), which provides funding for mental health treatment services for children under the age of 18, without the need for county department of human services involvement. Services may include in-home family mental health treatment, other family preservation services, residential treatment, or post-residential follow-up services. Services for children who are Medicaid-eligible may be provided by the local Behavioral Health Organization, while local Community Mental Health Centers may provide services for non Medicaid-eligible children. Parents are also responsible for paying a portion of the cost of care based on a sliding scale.	$1,018,777	N/A	$716,654	N/A
Mental Health First Aid	Mental Health First Aid is a public education program designed to provide training to adults to help identify mental health and substance abuse problems, to connect individuals to care, and to safely de-escalate crisis situations when needed. The program is intended to teach lay persons methods of identifying and assisting young people and adults who may be developing a behavioral health problem, and encouraging them to seek appropriate support and services as early as possible.	N/A	N/A	$750,000	N/A

Service	Program Description	FY 2011-12 Expenditures	FY 2011-12 Clients Served	FY 2014-15 Expenditures	FY 2014-15 Clients Served
Substance Use Treatment and Prevention					
Treatment and Detoxification	The Office of Behavioral Health contracts with four managed service organizations (MSO) for the provision of substance use disorder treatment and detoxification services in seven catchment areas of the State for indigent individuals who are not eligible for Medicaid and to provide services not covered by Medicaid. The MSOs subcontract with local treatment providers with locations around the state to deliver these services. The providers are required to place and emphasis on providing services to: persons involuntarily committed by the courts; pregnant women and women with dependent children; adult and adolescent intravenous drug users; drug-dependent adults and adolescents with human immunodeficiency virus (HIV) or tuberculosis; and uninsured individuals.	$22,800,002	N/A	$30,743,690	N/A
Case Management for Chronic Detoxification Clients	Treatment and detoxification are two different levels of care that have separate and distinct contract admission requirements. 1) *Non-hospital detoxification services*: Individuals who are intoxicated by alcohol or drugs are evaluated and provided services necessary to protect client and public health and safety until the blood level of the intoxicating substance(s) is zero. Detoxification services are critical for law enforcement and community protection, but do not constitute treatment for substance abuse. 2) *Treatment*: Basic treatment services include: outpatient opioid replacement treatment; individual, group, and family outpatient therapy; intensive outpatient therapy; transitional residential treatment; therapeutic community, and intensive residential treatment.	$369,311	N/A	$411,673	N/A
Short-term Intensive Residential Remediation and Treatment (STIRRT)	This is the Project to Reduce Over-Utilization of Detoxification (PROUD), a program designed to address the overuse of detoxification facilities and associated emergency services by chronic alcohol and substance users. In addition to substance abuse problems, most PROUD clients are homeless, have co-occurring mental and/or physical health problems, and face significant barriers to employment. Case managers help clients navigate the behavioral and physical health care systems, and provide linkages to food assistance, housing, transportation, vocational, and other services designed to reduce detox episodes and support long-term recovery.	$3,240,091	N/A	$3,447,833	N/A
High Risk Pregnant Women Program	The goal of the Short-term Intensive Residential Remediation and Treatment (STIRRT) program is to reduce recidivism among adult male and female offenders who are at high risk of incarceration (either in a county jail or the Department of Corrections) resulting from continued substance abuse. STIRRT includes two weeks of intensive residential treatment, followed by continuing care in an outpatient setting for at least eight months, based on individual need. Clients are primarily referred from Probation or drug courts, the Department of Corrections Parole, and community corrections.	$1,126,309	N/A	$843,895	N/A
Prevention Contracts	These prevention programs provide youth, families and communities with the resources and skills to increase protective factors and decrease risk factors linked to substance abuse. The Office of Behavioral Health contracts with statewide and local prevention programs by providing partial funding for services designed to prevent the illegal and inappropriate use of alcohol, tobacco, and other drugs. Services include: mentoring, tutoring, life skills training, parenting training, creative arts, education/resource centers, DUI prevention programs, and employee assistance programs. The prevention strategies are largely focused on providing communities with information and prevention education, which involves a structured, formal research-based curriculum and problem identification and assessment, which determines whether substance abusing behavior can be reversed through education.	$3,829,412	N/A	$5,398,574	N/A
Persistent Drunk Driver Programs	These programs are funded through the Persistent Drunk Driver Cash Fund, which consists of a surcharge of $100 - $500 for persons convicted of DUI, DUI per se, or DWAI. Moneys in the Persistent Drunk Driver Cash Fund are used to pay for the following:• To support programs that are intended to deter persistent drunk driving or intended to educate the public regarding the dangers of drunk driving;• To pay a portion of the costs for intervention or treatment services statutorily required for a persistent drunk driver who is unable to pay for the required intervention and treatment services;• To assist in providing ignition interlock devices for indigent offenders;• To assist in providing continuous monitoring technology or devices for indigent offenders; and,• To support costs incurred by the Department of Revenue concerning persistent drunk drivers, including costs associated with the revocation of a driver's license.	$1,439,436	N/A	$1,890,919	N/A
Law Enforcement Assistance Fund	The Law Enforcement Assistance Fund (LEAF) consists of revenues from a $75 surcharge on drunk and drugged driving convictions to help pay for enforcement, laboratory charges, and prevention programs. The funding is used to establish a statewide program for the prevention of driving after drinking, including:	$135,633	N/A	$255,000	N/A

Service	Program Description	FY 2011-12 Expenditures	FY 2011-12 Clients Served	FY 2014-15 Expenditures	FY 2014-15 Clients Served
Contracts	• Educating the public in the problems of driving after drinking; • Training of teachers, health professionals, and law enforcement in the dangers of driving after drinking; • Preparing and disseminating educational materials dealing with the effects of alcohol and other drugs on driving behavior; and, • Preparing and disseminating education curriculum materials for use at all levels of school, specifically to establish impaired driving prevention programs.				
Federal Grants	The Office of Behavioral Health receives a variety of federal alcohol and substance use discretionary grants, which are included in this line.	$3,403,072	N/A	$3,220,975	N/A
Balance of Substance Abuse Block Grant Programs	This line item includes federal Substance Abuse Prevention and Treatment Block Grant allocations. The Office of Behavioral Health has the flexibility to allocate funds in this line item to the Treatment and Detoxification Contracts and Prevention Contracts line items. The Department is required to use 35 percent of block grant funds for alcohol abuse programs, 35 percent for drug abuse programs, and 20 percent for prevention. The remaining 10 percent may be used for any of these three areas. This flexibility is essential for the Department to meet the five earmarked requirements of each block grant award (administration, drug/alcohol treatment, prevention, women's services, and HIV early intervention).	$8,774,622	N/A	$216,466	N/A
Community Prevention and Treatment	These funds are used to purchase community services designed to prevent and treat alcohol and drug abuse. This line item is supported by tobacco settlement moneys that are annually transferred to the Alcohol and Drug Abuse Community Prevention and Treatment Fund.	$813,771	N/A	$692,659	N/A
Rural Substance Abuse Prevention and Treatment	In the 2009 Legislative Session, House Bill 09-1119 created the Rural Alcohol and Substance Abuse Prevention and Treatment Program. A "rural area" is defined as a county with a population of less than 30,000. The program consists of two components: 1) Half of the available funds support the Rural Youth Alcohol and Substance Abuse Prevention and Treatment Project, which provides prevention and treatment services to children ages eight to 17 in rural areas. 2) The remaining half of the funds support treatment services for persons addicted to alcohol or drugs. These funds are allocated to six of the seven MSO regions to support detoxification facilities in rural counties.	$88,436	N/A	$124,829	N/A
Gambling Addiction Counseling Services	This program, which is supported by 2.0 percent of the gaming tax revenues that are annually transferred to the Local Government Limited Gaming Impact Fund, provides gambling addition counseling services to Colorado residents. Moneys in the Fund may be used to provide grants to state or local public or private entities and programs that provide gambling additional counseling services and that have, or are seeking nationally accredited gambling addiction counselors.	$68,417	N/A	$82,343	N/A
Crisis Response System- Walk-in, Stabilization, Mobile, Residential, and Respite Services	The State's Crisis Response System was authorized through SB 13-266. The Act defined "crisis intervention services" to mean an array of integrated services that are available 24 hours per day, seven days per week, to respond to and assist individuals who are experiencing a behavioral health emergency. This line item supports walk-in crisis services and crisis stabilization units with the capacity for immediate clinical intervention, triage, and stabilization. Mobile crisis services are units that are linked to the walk-in crisis services and crisis respite services, and have the ability to initiate a response in a timely fashion to a behavioral health crisis. Residential and respite crisis services are linked to the walk-in crisis services, and include a range of short-term crisis residential services, including but not limited to community living arrangements.	N/A	N/A	$22,007,161	N/A
Crisis Response System – Telephone Hotline	The crisis response telephone hotline (1-844-493-TALK) supports a 24-hour telephone crisis service that is staffed by skilled professionals who are capable of assessing anyone who may be affected by a mental health, substance abuse, or emotional crisis, and making the appropriate referrals.	N/A	N/A	$2,355,865	N/A
Crisis Response System – Marketing	This appropriation supports a contract with a marketing firm for a Statewide public information campaign regarding the crisis response telephone hotline.	N/A	N/A	$615,000	N/A
Community Transition Services	These funds provide intensive behavioral health services and supports for individuals with serious mental illness who transition from a mental health institute back to the community, or who require more intensive services in the community to help avoid institutional placement. Currently, the Office of Behavioral Health contracts with	N/A	N/A	$4,801,597	N/A

Service	Program Description	FY 2011-12 Expenditures	FY 2011-12 Clients Served	FY 2014-15 Expenditures	FY 2014-15 Clients Served
	Behavioral Health Inc. (BHI), which in turn works with the mental health institutes and community organizations and agencies to provide a client-centered continuum of services for clients who are difficult to discharge from the institutes as well as clients who have a history of behavioral health-related hospitalizations. BHI staff work with transitioning individuals 30 days prior to discharge from the institutes and up to 60 days after they return to their communities.				
Jail-based Behavioral Health Services	This program provides jail-based behavioral health services to offenders residing within county jails. The Office of Behavioral Health contracts with county sheriffs' departments to administer the funds; in turn, sheriff departments work with local community providers to provide screenings, assessment, and treatment within jails, as well as case management for transitional care and a seamless re-entry in treatment services in the community. Treatment providers screen all inmates for presence of substance use disorders, mental health disorders, trauma, and traumatic brain injury, and identify inmates with active duty or veteran military status.	$1,118,134	N/A	$4,580,539	N/A
Rural Co-occurring Disorder Services	The Rural Co-occurring Disorder Program provides for a full continuum of co-occurring behavioral health services to adolescents and adults in southern Colorado and the Arkansas Valley. These funds were appropriated based on data that demonstrated a gap in the service delivery system for southern Colorado relating to services for the co-occurring, dually diagnosed population, including primary substance use and secondary mental health (Axis I) anxiety and depression. Services include residential and outpatient services with a combination of individual and group mental health therapies, individual and group substance use treatment, case management, medication assisted therapy, substance use testing, and other similar services.	N/A	N/A	$512,500	N/A
	Subtotals - Office of Behavioral Health	**$95,878,241**	**9,468**	**$130,032,736**	**10,203**
Mental Health Institutes					
Ft. Logan	The funding shown here includes support for employee salaries and benefits, operating costs, and pharmaceutical expenses for the Colorado Mental Health Institute at Ft. Logan. Also included here is funding for contracted medical services and the medical staff employed through an interagency agreement with the University of Colorado - Denver School of Medicine.	$19,254,908	465	$21,091,200	418
Pueblo[2]	The funding shown here includes support for employee salaries and benefits, operating costs, and pharmaceutical expenses for the Colorado Mental Health Institute at Pueblo. Also included here is funding for contracted medical services and the medical staff employed through an interagency agreement with the University of Colorado - Denver School of Medicine.	$71,020,056	2,693	$83,876,685	2,536
	Subtotals - Mental Health Institutes	**$90,274,964**	**3,158**	**$104,967,885**	**2,954**
Division of Child Welfare					
Family and Children's Programs[3]	This line item, also referred to as the "Core Services Program," was established largely as a result of the Child Welfare Settlement Agreement, which was finalized in February 1994. The Settlement Agreement required a number of improvements in the child welfare system, including the provision of core services to children and families. The Core Services Program is a specific set of services that must be made available to prevent the out-of-home placement of children, promote the safe return of children to the home, and/or to promote care in the least restrictive setting. Counties must have the eight basic core services accessible to children and their families who meet the eligibility criteria for the program. These services include home-based intervention, intensive family therapy, life skills, day treatment, sexual abuse treatment, special economic assistance, mental health services, and substance abuse. Responding to the complexity and variability in the needs of children, youth, and families across the diverse regions of Colorado, the Core Services Program combines the consistency of centralized state administrative oversight with the flexibility and accountability of a county-run system. Only a portion of these funds are used to provide behavioral health services.	$27,270,478	27,070	$29,342,630	25,747
*Performance-based Collaborative Management Incentives**	This program was originally authorized by H.B. 04-1451, and represents incentives to counties to promote a collaborative system of services to multi-system involved children and families, or to those at risk for multi-system involvement. If a county department elects to enter into a memorandum of understanding (MOU) for the program, participation by local representatives from the following agencies is required: • local judicial districts, including probation services; • health department, whether a county, district, or regional health department;	$3,216,580	N/A	$24,885	N/A

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Service	Program Description	FY 2011-12 Expenditures	FY 2011-12 Clients Served	FY 2014-15 Expenditures	FY 2014-15 Clients Served
	• local school district or school districts; • each community mental health center; • each Behavioral Health Organization (BHO); • Division of Youth Corrections; • a designated managed service organization for the provision of treatment services for alcohol and drug abuse; and • a domestic abuse program, if representation from such a program is available. Parties to each MOU are required to establish collaborative management processes that are designed to reduce duplication and eliminate fragmentation of services; increase the quality, appropriateness, and effectiveness of services; integrate services for multisystem involved children and families; and encourage cost sharing among service providers.				
	Subtotals - Division of Child Welfare	**$30,487,058**	**27,070**	**$29,367,515**	**25,747**
Division of Youth Corrections					
Institutional Programs[4]	This appropriation supports ten state-operated detention and commitment facilities, including diagnostic, education, and program services for juvenile while they are in an institution. Six of these facilities serve committed youth, with programs that are designed to treat the highest risk, highest need committed males and females. Thus, a portion of the monies in this line fund behavioral health therapists, as well as Certified Additions Counselors.	$4,303,939	1,645	$3,933,078	1,368
Medical Services[4]	This appropriation funds the personnel, operating, and contractual costs associated with providing medical services to youth who are in a State facility, including two State-owned and privately-operated facilities. A portion of the funding pays for State and contracted behavioral health staff, including psychiatrists, psychologists and Certified Addictions Counselors. The Division provides comprehensive individual, group and family counseling services, primarily to committed youth within State facilities.	$1,595,972	N/A	$634,571	N/A
Prevention/Intervention Services	This appropriation funds an intra-agency agreement between the Division of Youth Corrections and the Department's Office of Behavioral Health (OBH). These funds support drug and alcohol assessments, as well as training for substance abuse counselors in the Division's facilities. These are federal funds that are transferred to the Division from OBH.	$49,500	N/A	$46,501	N/A
Purchase of Contract Placements	All funds in this line item support the purchase of residential placement for detained and committed youth within private for profit and non-profit organizations. A portion of these funds are federal Medicaid funds that are initially appropriated to the Department of Health Care Policy and Financing, and are shown here for informational purposes only. The Medicaid funds are used to provide individual, group and family mental health counseling on a fee-for-service basis.	$1,506,706	360	$1,303,119	441
S.B. 91-94 Programs	Senate Bill 91-94 authorized the creation of local, judicial district-based programs designed to provide community-based detention services for pre-adjudicated and adjudicated youth. These programs work to reduce the incarcerated population by reducing the number of admissions into the Division of Youth Corrections (DYC) facilities, or by reducing the length of stay for youth placed in DYC facilities. SB 94 funds are also used in each judicial district to implement a uniform intake screening and assessment of all youth taken into custody by law enforcement. In many cases, youth can be served and monitored through non-secure, community-based services such as day reporting, electronic home monitoring, and/or enhanced community supervision. Only the portion of this funding that is used to provide mental health and substance abuse services are shown here.	$1,925,074	550	$2,719,846	562
*Parole Program Services**	This line item funds activities that are designed to assist youth in a successful transition from commitment to parole, and aid in successful completion of parole. Client manager/Juvenile Parole Officers are responsible for the supervision of committed youth released to parole including the development, implementation, and monitoring of a parole plan. The services purchased for transition and parole services are almost wholly spent with private providers. Services may be provided to youth while still in a State facility or contracted placement in advance of parole. Services include educational, vocational, and employment support, as well as behavioral health services, including substance abuse treatment services. Only the behavioral health portion of these funds is represented here.	$1,925,074	550	$2,719,846	562

Service	Program Description	FY 2011-12 Expenditures	FY 2011-12 Clients Served	FY 2014-15 Expenditures	FY 2014-15 Clients Served
	Subtotals - Division of Youth Corrections	**$11,306,265**	**3,105**	**$11,356,961**	**2,933**
Division of Vocational Rehabilitation					
Vocational Rehabilitation Mental Health Services	This Division of Vocational Rehabilitation (DVR) uses these funds to contract with mental health providers to assist DVR in the provision of mental health services to DVR clients. Matching local funds are from the Office of Behavioral Health. Effective July 1, 2016, S.B. 15-130 transfers this line item within DVR to the Colorado Department of Labor and Employment.	$0	552	$1,748,180	663
Office of Community Access and Independence					
Regional Centers for People with Developmental Disabilities					
Wheat Ridge, Grand Junction and Pueblo Regional Centers	Historically, the Regional Centers have provided mental health services to both the Intermediate Care Facility (ICF) residents and Home and Community Based Services for Individuals with Developmental Disabilities (HCBS-DD) waiver-funded residents through Regional Center FTE who are licensed psychiatrists or through contracts with licensed psychiatrists. Psychiatric services for the ICF/IID residents are funded through the Regional Center's cost based daily reimbursement rate. Psychiatric services provided to residents in HCBS-DD waiver homes were historically paid for by the Regional Centers out of their total reimbursements for services covered by the waiver program. However, effective July 1, 2014, all mental health services are provided on a fee-for-service basis under the State Medicaid Plan. All Regional Center residents are assessed for the need for psychiatric services and the vast majority of residents receive psychiatric services.	$117,981	298	$157,643	268
SUBTOTALS - CO DEPARTMENT OF HUMAN SERVICES		**$228,064,509**	**43,651**	**$277,630,920**	**42,768**
Colorado Department of Health Care Policy and Financing					
Behavioral Health Capitation Payments[5]	The Behavioral Health Capitation program funds mental health and substance abuse services for Medicaid-eligible clients throughout Colorado. The Department contracts with five managed-care providers called Behavioral Health Organizations (BHOs), which are responsible for providing or arranging all medically necessary behavioral health services to Medicaid-eligible clients within a specified geographic location for a pre-determined capitation rate. The Department pays actuarially certified rates to each behavioral health organization for each Medicaid client in each Medicaid eligibility category that is covered by the BHO contract.	$271,506,613	74,557	$567,778,001	154,342
Medicaid Behavioral Health Fee-For-Service Payments[5]	The Medicaid Behavioral Health Fee-for-Service Payments allows Medicaid clients not enrolled in a Behavioral Health Organization to receive mental health or substance abuse services, and allows enrolled Medicaid clients to receive mental health or substance abuse services not covered by the Behavioral Health Organizations.	$3,892,397	17,957	$7,525,424	40,572
SUBTOTALS - CO DEPT. OF HEALTH CARE POLICY & FINANCING		**$275,399,010**	**92,514**	**$575,303,425**	**194,914**
Colorado Department of Corrections					
Mental Health Subprogram	This subprogram provides a full range of professional psychiatric, psychological, social work, and other mental health services to offenders housed within Department of Corrections facilities. Three broad categories of mental health services are provided: clinical mental health services, rehabilitative services, and services for offenders who are mentally ill and/or developmentally disabled. The funds support State staff as well as contract psychiatrists and psychologists who supplement services provided by DOC mental health staff.	$10,143,487	4,062	$14,294,908	5,527
Drug and Alcohol Treatment Subprogram	The subprogram is responsible for providing substance abuse services to offenders, such as: 1) intake evaluation, assessment, and orientation; 2) self-help meetings; 3) facility-based education and treatment services; 4) drug testing; 5) intensive treatment; and, 6) community/parole services.	$7,422,139	10,126	$9,523,342	11,453
Parole Subprogram					
Contract Services	In February 2016 the DOC transitioned to a contract with First Alliance Treatment Services, which provides full case management services, mental health assessment and referrals, sex offender assessment and referrals, urinalysis testing, and alcohol/substance abuse evaluation and referrals. Some of the General Fund appropriation pays for fugitive returns.	$4,725,109	N/A	$6,877,449	N/A
Wrap-Around Services	This program provides funds for comprehensive assistance (such as substance abuse treatment and job placement) through local community-based service providers. Service components may include mental health	$1,199,728	N/A	$1,539,243	N/A

Service	Program Description	FY 2011-12 Expenditures	FY 2011-12 Clients Served	FY 2014-15 Expenditures	FY 2014-15 Clients Served
Program	services, substance abuse treatment, housing, and vocational assistance.				
Non-Residential Services	The funds in this line item support services such as drug screens, Antabuse monitoring, medication management, and daily call-ins to a day reporting center for inmates who have transitioned to parole and intensive supervision parole status in the community.	$1,156,580	N/A	$1,203,437	N/A
Community Services Subprogram					
Community Mental Health Services	The Community Supervision subprogram is responsible for the community supervision of transitional offenders who are released from a prison to a community corrections facility, including daily monitoring and close supervision for up to six months for transition offenders who are living in their own home or in an approved private residence. The Community Mental Health Services line item provides contract mental health services to offenders primarily residing within community corrections facilities.	$449,185	N/A	$629,363	N/A
Psychotropic Medication	This line item provides psychotropic medications for offenders with mental health treatment needs in community transition programs and community return to custody facilities. Upon transition from prison to the community, offenders routinely receive a 30-day supply of appropriate medications and become eligible for the psychotropic medication program after the supply of these medications has been exhausted. Participating offenders receives a voucher for their prescribed psychotropic medications that is honored by participating pharmacies.	$131,760	N/A	$59,842	N/A
Contract Services	This line item provides funding for drug screens, substance abuse monitoring, medication management, daily call-ins to a day reporting center, etc. for offenders on intensive supervision inmate status.	$3,103,366	N/A	$2,811,799	N/A
Community Re-entry Subprogram	The Community Re-entry Subprogram consists of pre- and post-release components. The prerelease component includes activities that screen inmates to identify the individual skill requirements necessary to increase the probability of success following release, and the development of personal life and pre-employment skills critical to transition from an institutional setting to the community. The post-release component consists of assistance and support to the offender in the transition process, in accessing community services, and in securing employment and/or training. Support services are also available to those offenders for whom limited financial support in areas such as housing, clothing, and tools will increase the opportunity of success.	$2,954,903	N/A	$3,531,872	N/A
Youthful Offender System Aftercare					
Contract Services	This line item provides funding for contract services for youth who are transitioning to the community-based aftercare portion of the Youthful Offender System (YOS) program. Services include housing, food, alcohol and drug intervention, and mental health counseling. The purpose of Phase III is to prepare youth to live independently or to return to their families.	$985,676	47	$881,277	37
SUBTOTALS - CO DEPARTMENT OF CORRECTIONS		**$32,271,933**	**14,235**	**$41,352,532**	**17,017**
Colorado Department of Public Safety					
Division of Criminal Justice					
*Community Corrections Placements[6] (Note: In FY 2012-13, funding for nearly all Community Corrections placements were consolidated into a single line item)**	Colorado's community corrections programs, also known as halfway houses, provide offenders with supervision and structure in both residential and nonresidential settings. They are operated by local governments, private providers, and non-profit entities. Residential offenders live in local residential facilities and go out during the day to work or seek work. On a controlled basis they also go out to visit family, receive medical care, or receive treatment for behavioral problems. These placements can be either for Diversion clients who are placed in Community Corrections as an alternative to a sentence to the Department of Corrections, or for Transition clients who are Department of Corrections' inmates who are approved for placement in a Community Corrections facility prior to release on parole. Some community corrections programs provide more specialized and extensive treatment, including two substance abuse programs (Intensive Residential Treatment – IRT, and Therapeutic Communities – TC), and combined mental health and substance abuse programs (Residential Dual Diagnosis Treatment – RDDT), which typically last 6 months or more, addressing co-occurring mental health and substance use problems. Included in the FY 2011-12 funding are previous Long Bill line items for Transition Programs, Diversion Programs, Mental Health Bed Differential, and the John Eachon Re-entry Program.	$50,076,852	7,191	$53,173,366	8,102
Services for Substance	This appropriation pays for outpatient treatment for offenders in standard community corrections programs who have problems with substance abuse and co-occurring disorders. Funding comes from the Correctional Treatment	$1,076,071	871	$2,313,132	4,393

Service	Program Description	FY 2011-12 Expenditures	FY 2011-12 Clients Served	FY 2014-15 Expenditures	FY 2014-15 Clients Served
Abuse and Co-occurring Disorders	Cash Fund and can be spent for substance abuse screening, assessment, evaluation, testing, education, training, treatment, and recovery support. The appropriation can also be spent for treatment of co-occurring mental health problems. Included in the FY 2011-12 funding are previous line items for Substance Abuse Treatment Programs, Outpatient Therapeutic Community Programs, and the Intensive Residential Treatment Pilot Program.				
Specialized Offender Services	This line item, sometimes referred to as the "SOS" appropriation, supports the purchase of mental health treatment, cognitive training, therapists, counselors, medications, sex offender treatment, and other specialized outpatient services that are not typically provided by standard community corrections programs.	$61,490	115	$51,976	86
SUBTOTALS - CO DEPARTMENT OF PUBLIC SAFETY		**$51,214,413**	**8,177**	**$55,538,474**	**12,581**
Colorado Department of Public Health & Environment					
Prevention Services Division					
Suicide Prevention[7]	The Office of Suicide Prevention provides coordination for suicide prevention activities statewide. It includes initiatives in three areas: 1) development and implementation of a statewide public information campaign, including resource and assistance lists for people in crisis; 2) training on the recognition and response to signs of suicide; and, 3) local suicide prevention and education service development.	$281,614	25,000	$441,226	27,000
Marijuana Education Campaign	This line item funds the Retail Marijuana Education Program (RMEP) to ensure that Colorado residents and visitors understand the parameters of safe, legal, and responsible use of retail marijuana. The RMEP is also charged with creating educational messages that target high risk populations such as youth and pregnant or breastfeeding women.	N/A	N/A	$5,665,002	106,951,464
School-based Health Centers	House Bill 06-1396 created the School-Based Health Centers Grant Program to provide State support of school-based health centers (SBHCs). SBHCs provide medical and behavioral health care to school-aged children during the school day, and are operated by the school districts in cooperation with other health service providers such as hospitals, medical providers, and community health centers.	$998,204	N/A	$4,675,229	N/A
SUBTOTALS - CO DEPT. OF PUBLIC HEALTH & ENVIRONMENT		**$1,279,818**	**25,000**	**$10,781,457**	**106,978,464**
Colorado Judicial Department					
Probation Services					
Offender Treatment and Services	This line funds the following treatment and services for Adult and Juvenile offenders throughout the state: electronic home monitoring, drug testing, polygraph, UA's, pre-sentence sex offender evaluations, sex offender treatment, substance abuse, domestic violence, medical and mental health treatment, education and vocational training, emergency housing and interpreter services.	$9,411,265	N/A	$15,702,945	N/A
*SB 91-94**	This funding is transferred from the Colorado Department of Human Services, Division of Youth Corrections to provide community-based services designed to reduce juvenile admissions and decrease the length of stay in State funded facilities.	$1,502,621	N/A	$2,002,479	N/A
SUBTOTALS - COLORADO JUDICIAL DEPARTMENT		**$10,913,886**	**0**	**$17,705,424**	**0**
Colorado Department of Local Affairs					
Community Services					
Low Income Rental Subsidies[10]	This line funds the federal Section 8 vouchers to assist low income families to obtain affordable rental housing units for workforce needs and lower income families. A portion of this funding is used to support behavioral health vouchers for participants in the Assertive Community Treatment (ACT) program, Adult Resources for Care and Help (ARCH) vouchers, and Colorado Choice Transitions (CCT) program vouchers. Shown here is the amount used to support mental health housing vouchers.	$462,223	148	$943,395	136
SUBTOTALS - COLORADO DEPARTMENT OF LOCAL AFFAIRS		**$462,223**	**148**	**$943,395**	**136**
TOTALS - BEHAVIORAL HEALTH (OFFICE OF BEHAVIORAL HEALTH AND HEALTH CARE POLICY)		**$371,277,251**	**101,982**	**$705,336,161**	**205,117**
TOTALS - CORRECTIONAL (YOUTH CORRECTIONS, CORRECTIONS, PUBLIC SAFETY, JUDICIAL)		**$105,706,497**	**25,517**	**$125,953,391**	**32,531**
TOTALS - ALL OTHER DEPARTMENTS AND AGENCIES		**$122,622,044**	**56,226**	**$147,966,075**	**107,008,232**
GRAND TOTAL - STATE OF COLORADO		**$599,605,792**	**183,725**	**$979,255,627**	**107,245,880**

Footnotes:

[1] In FY 2014-15, the Department expended a majority of the balance of Substance Abuse Block Grant funding in other lines, with a majority in the Treatment and Detoxification Contracts line item. In subsequent years, the General Assembly has appropriated these funds within the various program line items where the funds are expended.
[2] Clients served data include both inpatient and outpatient clients; however, individuals served as both inpatient and outpatient in the same fiscal year are counted as only inpatient to avoid duplication. Outpatients include those committed Not Guilty by Reason of Insanity that are living in the community, Department of Corrections inmates receiving outpatient medical clinic services, persons receiving court-ordered evaluations that are performed in jails and in the community, patients receiving electroshock treatments, and individuals being restored to competency to stand trial in community or jail settings.
[3] The CDHS is not able to break out clients who received only behavioral health services. The clients served figures reflect all clients who were served in the Family and Children's Programs line; however, the expenditure figures reflect spending only on behavioral health services.
[4] Funding for behavioral health services for youth residing within DYC State-operated facilities is split between the Institutional Programs and Medical Services line items. Thus, the clients served data is shown only in the Institutional Programs line.
[5] Clients served data reflects the number of distinct clients that utilized a service through a Behavioral Health Organization.
[6] The Department was not able to access actual FY 12 expenditure and clients served data; thus, the amounts shown were extrapolated by the Department based on FY 13 expenditures and clients served data.
[7] Number served includes training participants, educational materials disseminated, CO visits to Mantherapy.org, conference and presentation attendees, and emergency departments.
[8] Clients served data represents the number of low income families that received mental health housing vouchers.
* Denotes line items where expenditures and clients served data do not exclusively reflect only behavioral health services. These amounts were provided by each respective State agency.
Source: Amounts other than those indicated in line items with an * from JBC Figure Setting documents and CDHS FY 2016-17 Budget Request Sched. #3

Exhibit A
Number of Beds by Facility, County and Bed Type
Covered Under Section 27-65-105, C.R. S. (2015)[1]

Name of Facility	Type[2]	Adult Beds	Child-Adolescent Beds	Older Adult Beds[3]	ATU Beds	PRTF[4]	RCCF Beds	County	Total Beds
Arapahoe House StepWise	RCCF						20	Adams	20
Children's Hospital Colorado	Hospital		28					Adams	28
Devereux Cleo Wallace	RCCF					47	71	Adams	118
Fitzsimons Crisis Services Center, Colorado Crisis Connection	CSU	8						Adams	8
Haven Behavioral Senior Care of North Denver	Hospital	30						Adams	30
Shiloh Center for Youth	RCCF						28	Adams	28
Shiloh House - Adams Campus	RCCF						20	Adams	20
Adams County Total		**38**	**28**	**0**	**0**	**47**	**139**		**252**
Youthtrack, Inc. San Luis Valley	RCCF						20	Alamosa	20
Alamosa County Total		**0**	**0**	**0**	**0**	**0**	**20**		**20**
Arapahoe/Douglas Mental Health Network Sante Fe House CSU	CSU	16						Arapahoe	16
Arapahoe/Douglas Mental Health Network/Bridge House	ATU/CSU				16			Arapahoe	16
Excelsior Youth Center	RCCF						150	Arapahoe	150
Jefferson Hills - Aurora	RCCF						72	Arapahoe	72
Jefferson Hills Child/Youth CSU/WIC Aurora	CSU/RCCF		7					Arapahoe	7
The Medical Center of Aurora Behavioral Health Services	Hospital	40		20				Arapahoe	60
Third Way Center - Bannock	RCCF						14	Arapahoe	14
Arapahoe County Total		**56**	**7**	**20**	**16**	**0**	**236**		**335**
Centennial Peaks Hospital	Hospital	56	16					Boulder	72
Boulder County Total		**56**	**16**	**0**	**0**	**0**	**0**		**72**
Gateway Residential Program - Delta	RCCF						15	Delta	15
Delta County Total		**0**	**0**	**0**	**0**	**0**	**15**		**15**
Colorado Mental Health Institute - Ft. Logan	Hospital	94						Denver	94
Denver Children's Home	RCCF						35	Denver	35
Denver County Family Crisis Center	RCCF						36	Denver	36
Denver Health Medical Center	Hospital	41	16					Denver	57
Eating Recovery Center	Hospital	36						Denver	36
Mt. St. Vincent Home	RCCF						36	Denver	36
Porter Adventist Hospital	Hospital	35	14					Denver	49
Regents of the University of Colorado dba Synergy	RCCF						24	Denver	24
Savio House	RCCF						27	Denver	27
The Empowerment Program, Inc. Empowerment Program Specialty Clinic	RCCF						60	Denver	60
Third Way Center - Lincoln	RCCF						24	Denver	24
Third Way Center - Lowry	RCCF						32	Denver	32

Exhibit A Number of Beds by Facility, County and Bed Type Covered Under Section 27-65-105, C.R. S. (2015)[1]									
Name of Facility	**Type[2]**	**Adult Beds**	**Child-Adolescent Beds**	**Older Adult Beds[3]**	**ATU Beds**	**PRTF[4]**	**RCCF Beds**	**County**	**Total Beds**
Third Way Center - Pontiac	RCCF						16	Denver	16
Third Way Center - York	RCCF						16	Denver	16
Veterans Affairs Medical Center - Denver	Hospital	36						Denver	36
Youthtrack, Inc. Youthtrack Work and Learn	RCCF	242					15	Denver	257
Denver County Total		**484**	**30**	**0**	**0**	**0**	**321**		**835**
Highlands Behavioral Health System	Hospital	54	32					Douglas	86
Douglas County Total		**54**	**32**	**0**	**0**	**0**	**0**		**86**
Cedar Springs Hospital, Inc. dba Cedar Springs Behavioral Health System	Hospital	64	12				34	El Paso	110
Griffith Centers for Children	RCCF						47	El Paso	47
Lighthouse ATU	ATU/CSU				16			El Paso	16
Peak View Behavioral Health	Hospital	40	32	20				El Paso	92
El Paso County Total		**104**	**44**	**20**	**16**	**0**	**81**		**265**
Southern Peaks Regional Treatment Center	RCCF						152	Fremont	152
Fremont County Total		**0**	**0**	**0**	**0**	**0**	**152**		**152**
Exempla Lutheran Medical Center Senior Behavioral Health Unit	Hospital			20				Jefferson	20
Exempla West Pines	Hospital	38						Jefferson	38
Jefferson Hills - Lakewood (New Vistas)	CSU/RCCF		7				70	Jefferson	77
Shiloh House - Estes	RCCF						8	Jefferson	8
Shiloh House - Portland	RCCF						16	Jefferson	16
Shiloh House - Yarrow	RCCF						8	Jefferson	8
Jefferson County Total		**38**	**7**	**20**	**0**	**0**	**102**		**167**
Southwest Colorado Mental Health Center, Inc. dba Axis Health System - ATU	ATU				45			La Plata	45
La Plata County Total		**0**	**0**	**0**	**45**	**0**	**0**		**45**
Clear View Behavioral Health	Hospital	92	24	68				Larimer	184
Poudre Valley Hospital Mountain Crest	Hospital	18	8					Larimer	26
Remington House	RCCF				5		15	Larimer	20
RFY, Inc. - Grismore	RCCF						12	Larimer	12
SummitStone Health Partners Community Clinic	CSU	10	2					Larimer	12
Turning Point Center for Youth (Girl's)	RCCF						15	Larimer	15
Turning Point Center for Youth (Boy's)	RCCF						20	Larimer	20
Larimer County Total		**120**	**34**	**68**	**5**	**0**	**62**		**289**
Colorado West Psychiatric Hospital, Inc.	Hospital	32						Mesa	32
Gateway Residential Program - Grand Junction	RCCF						10	Mesa	10

Exhibit A

Number of Beds by Facility, County and Bed Type

Covered Under Section 27-65-105, C.R. S. (2015)[1]

Name of Facility	Type[2]	Adult Beds	Child-Adolescent Beds	Older Adult Beds[3]	ATU Beds	PRTF[4]	RCCF Beds	County	Total Beds
Hand Up Homes for Youth-West	RCCF						12	Mesa	12
Residential Youth Services - Hilltop	RCCF						52	Mesa	52
Transitions at West Springs	CSU	11						Mesa	11
Veterans Affairs Medical Center - Grand Junction	Hospital	8						Mesa	8
Mesa County Total		**51**	**0**	**0**	**0**	**0**	**74**		**125**
Colorado Mental Health Institute - Pueblo	Hospital	389	20	40				Pueblo	449
El Pueblo Boys & Girls Ranch, Inc.	RCCF						162	Pueblo	162
Health Solutions - ATU	ATU/CSU				14			Pueblo	14
Parkview Medical Center	Hospital	17	10	10				Pueblo	37
Pueblo County Total		**406**	**30**	**50**	**14**	**0**	**162**		**662**
Alternative Homes for Youth	RCCF						26	Weld	26
North Range Behavioral Health - ATU	ATU/CSU				16			Weld	16
Shiloh House - Longmont Campus	RCCF						26	Weld	26
Weld County Total		**0**	**0**	**0**	**16**	**0**	**52**		**68**
Grand Total:	**-**	**1,407**	**228**	**178**	**112**	**47**	**1,416**		**3,388**

[1]This data was provided as of 02/23/2016 from the Department's Quality Assurance Team's internal tracking database of provider "27-65-105 designation" applications.

[2]Facility types include: hospitals, residential child care facilities (RCCF), crisis stablization units (CSU), and acute treatment units (ATU).

[3]Older adult beds apply to hospitals only and are for individuals of 65 years of age or older.

[4]Psychiatric residential treatment facility.

Mental Health Facilities by Type (September 2016)

Sources: Esri, HERE, DeLorme, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), swisstopo, MapmyIndia, © OpenStreetMap contributors, and the GIS User Community

LEGEND

Type of Mental Health Facility

- Acute Treatment Unit (5)
- Community Mental Health Center (17)
- CSU; CSU/RCCF (5)
- Hospital; Hospital, PRTF, RCCF (33)
- County (64)

0 10 20 40 60 80 Miles

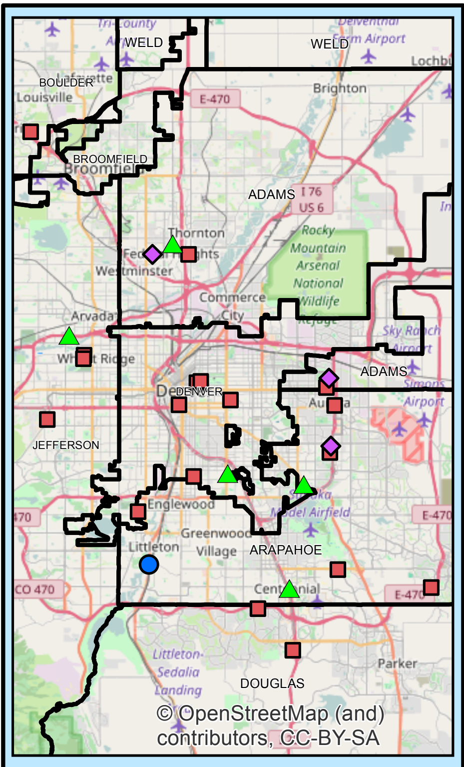
1:3,450,000 1 inch = 54.45 miles

N

Data Sources:
Mental Health Facilities (CDPHE, August 17, 2016)
Counties (US Census Bureau, 2015)

Coordinate System: NAD83
UTM Zone 13N
9/27/2016 QT

COLORADO Office of Behavioral Health Department of Human Services



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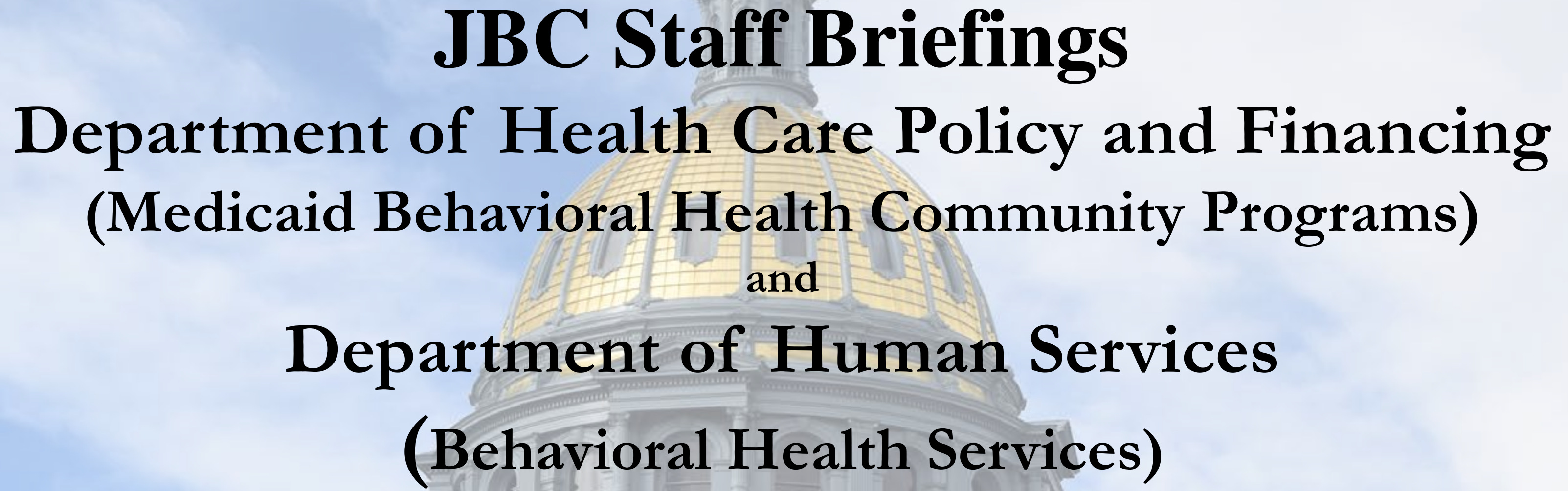


JBC Staff Briefings

Department of Health Care Policy and Financing

(Medicaid Behavioral Health Community Programs)

and

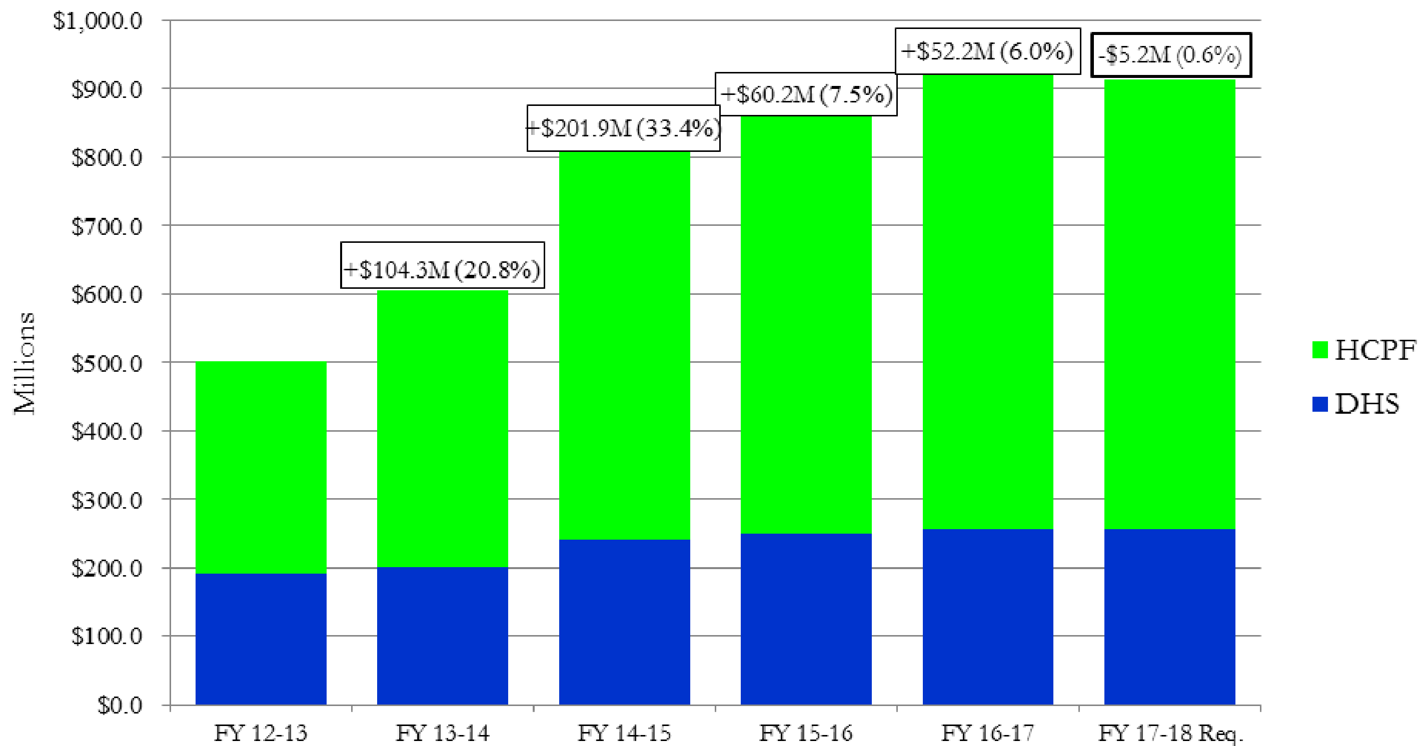
Department of Human Services

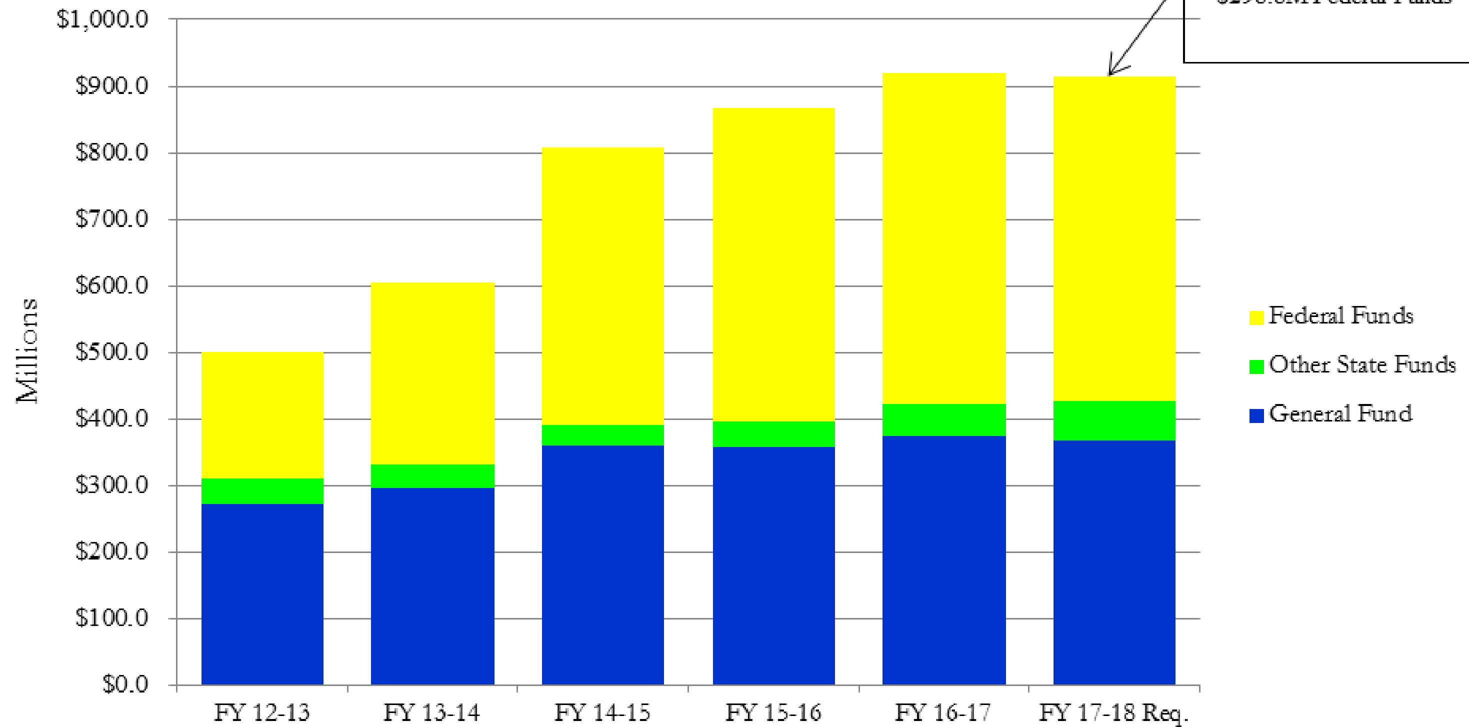
(Behavioral Health Services)

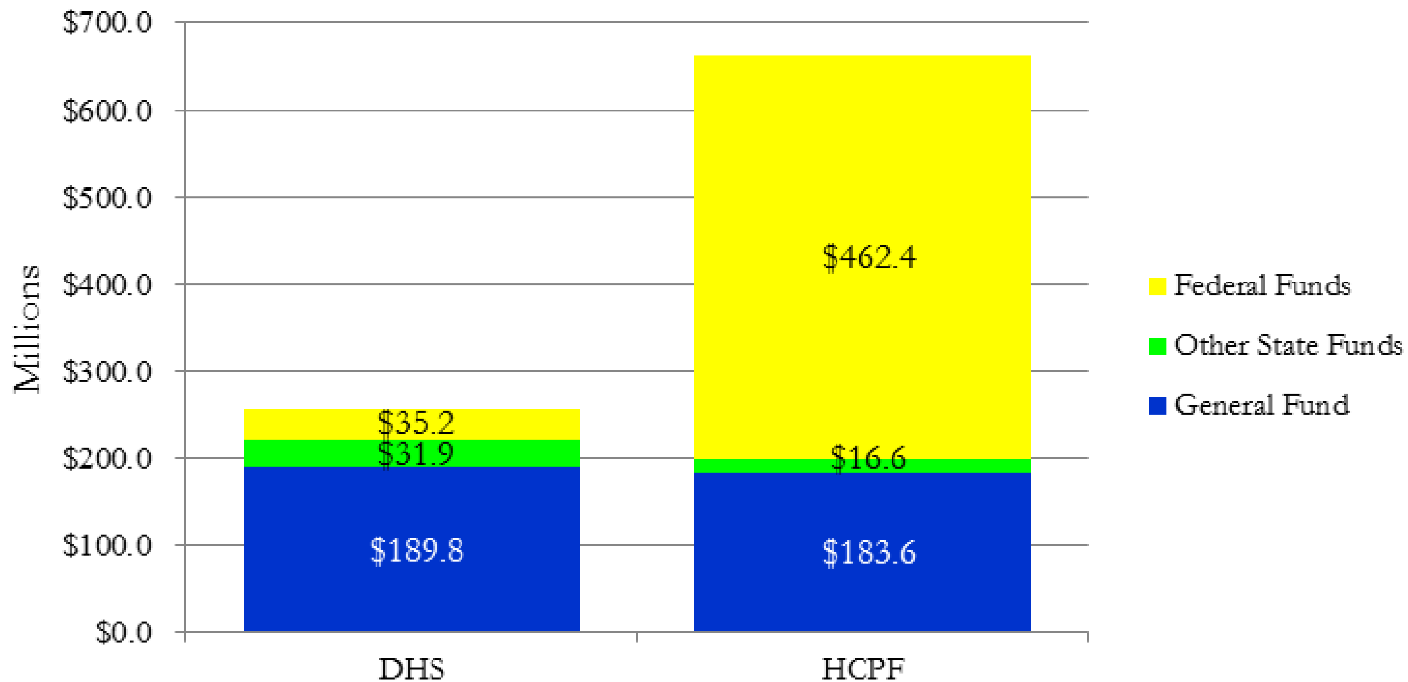
Presented by:

Carolyn Kampman, JBC Staff

December 13, 2016

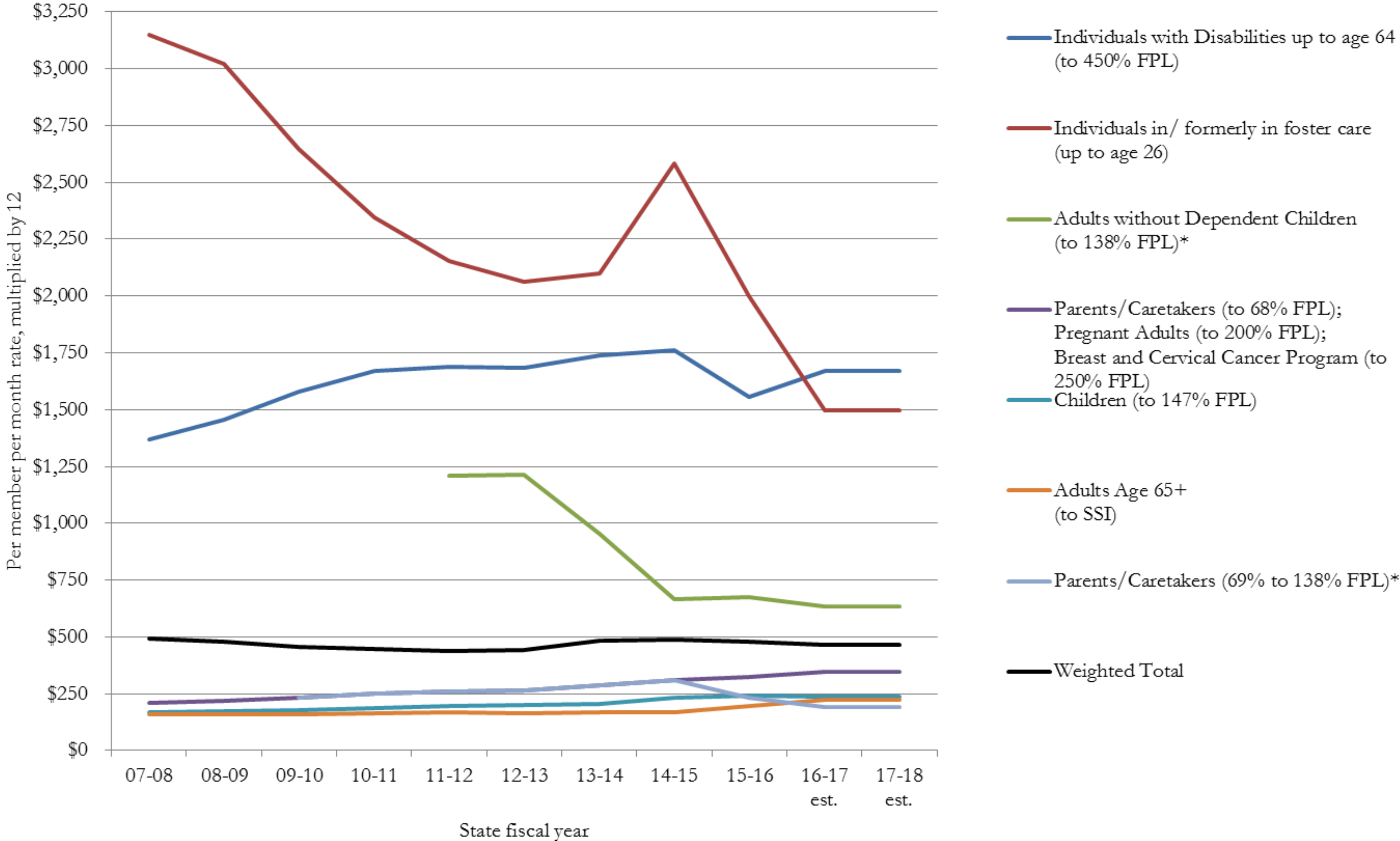

Recent Appropriations for Behavioral Health Services,
by Department
$1,000.0
$900.0
$800.0
$700.0
$600.0
$500.0
$400.0
$300.0
$200.0
$100.0
$0.0
Millions
+$104.3M (20.8%)
+$201.9M (33.4%)
+$60.2M (7.5%)
+$52.2M (6.0%)
-$5.2M (0.6%)
FY 12-13
FY 13-14
FY 14-15
FY 15-16
FY 16-17
FY 17-18 Req.
HCPF
DHS


RECENT APPROPRIATIONS FOR BEHAVIORAL HEALTH SERVICES, BY FUND SOURCE
Cumulative increase:
$413.5M Total Funds
$114.70M State Funds
$298.8M Federal Funds
Millions
$1,000.0
$900.0
$800.0
$700.0
$600.0
$500.0
$400.0
$300.0
$200.0
$100.0
$0.0
FY 12-13
FY 13-14
FY 14-15
FY 15-16
FY 16-17
FY 17-18 Req.
Federal Funds
Other State Funds
General Fund


FY 2016-17 APPROPRIATIONS FOR BEHAVIORAL HEALTH SERVICES,
BY DEPARTMENT AND FUND SOURCE
Millions
$700.0
$600.0
$500.0
$400.0
$300.0
$200.0
$100.0
$0.0
$35.2
$31.9
$189.8
$462.4
$16.6
$183.6
DHS
HCPF
Federal Funds
Other State Funds
General Fund

Presented by:

Carolyn Kampman, JBC Staff
December 13, 2016


Behavioral Health Capitation Rate Trends
$3,250
$3,000
$2,750
$2,500
$2,250
$2,000
$1,750
$1,500
$1,250
$1,000
$750
$500
$250
$0
Per member per month rate, multiplied by 12
07-08
08-09
09-10
10-11
11-12
12-13
13-14
14-15
15-16
16-17 est.
17-18 est.
State fiscal year
Individuals with Disabilities up to age 64 (to 450% FPL)
Individuals in/ formerly in foster care (up to age 26)
Adults without Dependent Children (to 138% FPL)*
Parents/Caretakers (to 68% FPL); Pregnant Adults (to 200% FPL); Breast and Cervical Cancer Program (to 250% FPL)
Children (to 147% FPL)
Adults Age 65+ (to SSI)
Parents/Caretakers (69% to 138% FPL)*
Weighted Total

BEHAVIORAL HEALTH ORGANIZATION (BHO) REGIONS

Colorado Medicaid Capitation
Behavioral Health Organizations
by Geographic Service Area

- Northeast: Access Behavioral Care (Colorado Access)
- Metro: Access Behavioral Care (Colorado Access)
- Metro West: Foothills Behavioral Health Partners, LLC
- Metro East: Behavioral Healthcare, Inc.
- Colorado Health Partnerships, LLC

Source: Colorado Behavioral Healthcare Council

PROPOSED REGIONAL ACCOUNTABLE ENTITY (RAE) REGIONS

JBC Staff Briefing

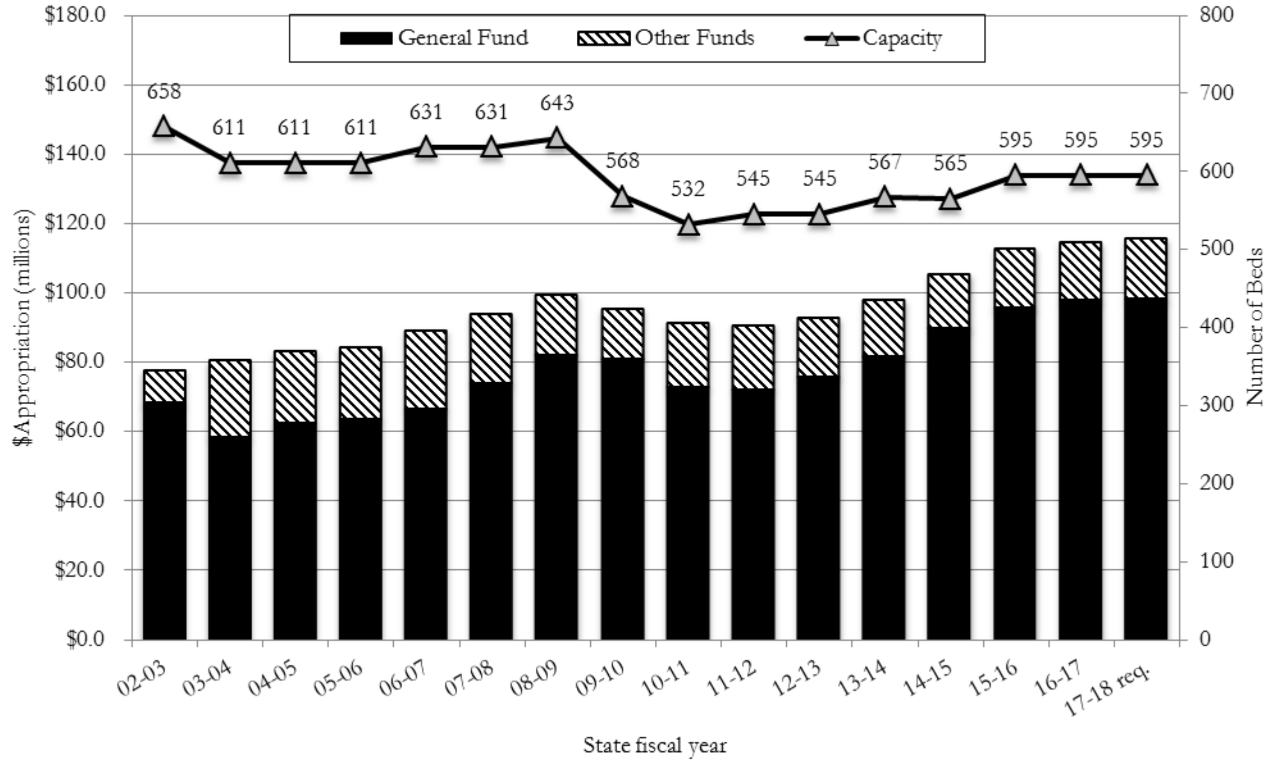
Department of Human Services

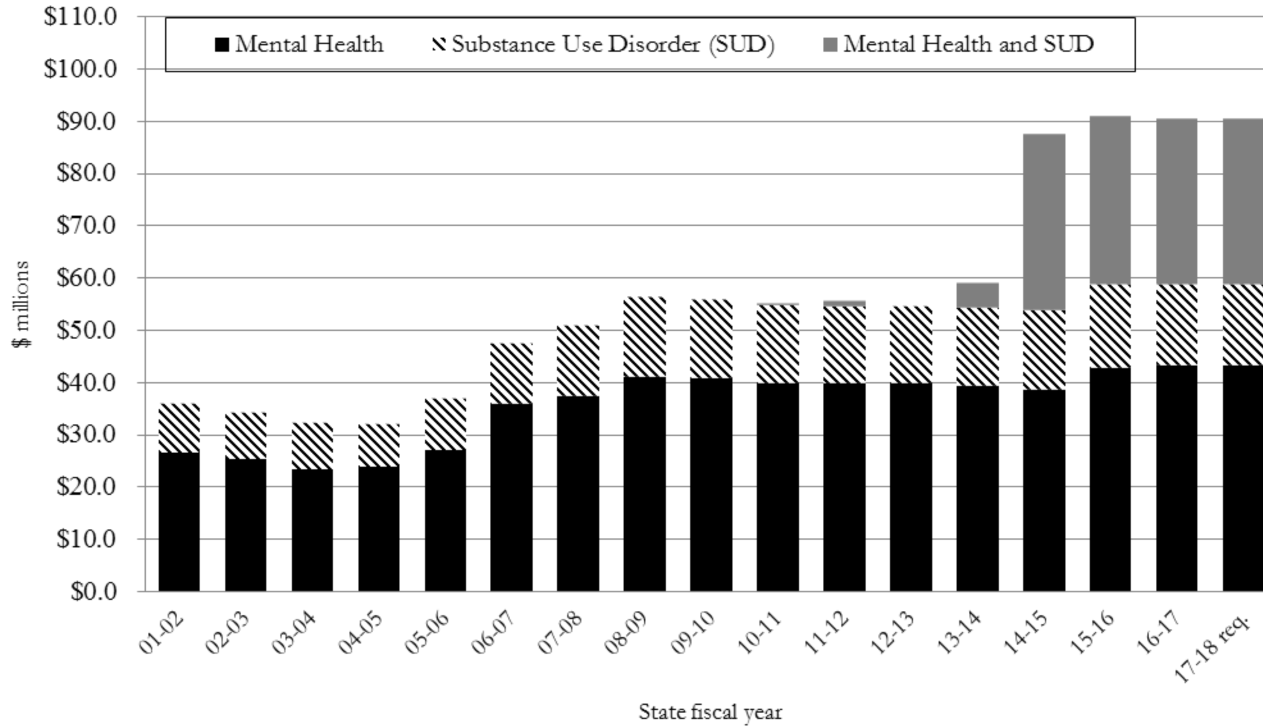
(Behavioral Health Services)

Presented by:

Carolyn Kampman, JBC Staff

December 13, 2016


MENTAL HEALTH INSTITUTES: FUNDING AND CAPACITY
General Fund
Other Funds
Capacity
$180.0
$160.0
$140.0
$120.0
$100.0
$80.0
$60.0
$40.0
$20.0
$0.0
$Appropriation (millions)
800
700
600
500
400
300
200
100
0
Number of Beds
658
611
611
611
631
631
643
568
532
545
545
567
565
595
595
595
02-03
03-04
04-05
05-06
06-07
07-08
08-09
09-10
10-11
11-12
12-13
13-14
14-15
15-16
16-17
17-18 req.
State fiscal year


General Fund Appropriations for
Community-based Behavioral Health Programs
$110.0
$100.0
$90.0
$80.0
$70.0
$60.0
$50.0
$40.0
$30.0
$20.0
$10.0
$0.0
$ millions
Mental Health
Substance Use Disorder (SUD)
Mental Health and SUD
01-02
02-03
03-04
04-05
05-06
06-07
07-08
08-09
09-10
10-11
11-12
12-13
13-14
14-15
15-16
16-17
17-18 req.
State fiscal year

Mental Health Facilities by Type (September 2016)

LEGEND

Type of Mental Health Facility

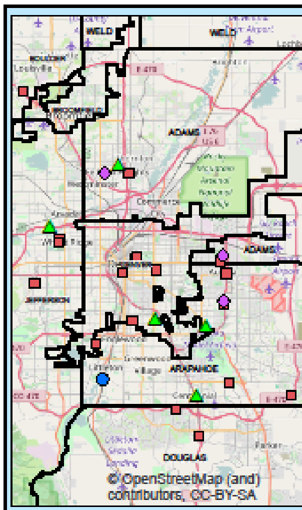
- Acute Treatment Unit (5)
- Community Mental Health Center (17)
- CSU; CSU/RCCF (5)
- Hospital; Hospital, PRTF, RCCF (33)
- County (64)

N

Data Sources:
Mental Health Facilities (CDPHE, August 17, 2016)
Counties (US Census Bureau, 2015)

Coordinate System: NAD83
UTM Zone 13N
9/27/2016 GT

Sources: Esri, HERE, DeLorme, Intermap, Increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), swisstopo, MapmyIndia, © OpenStreetMap contributors, and the GIS User Community



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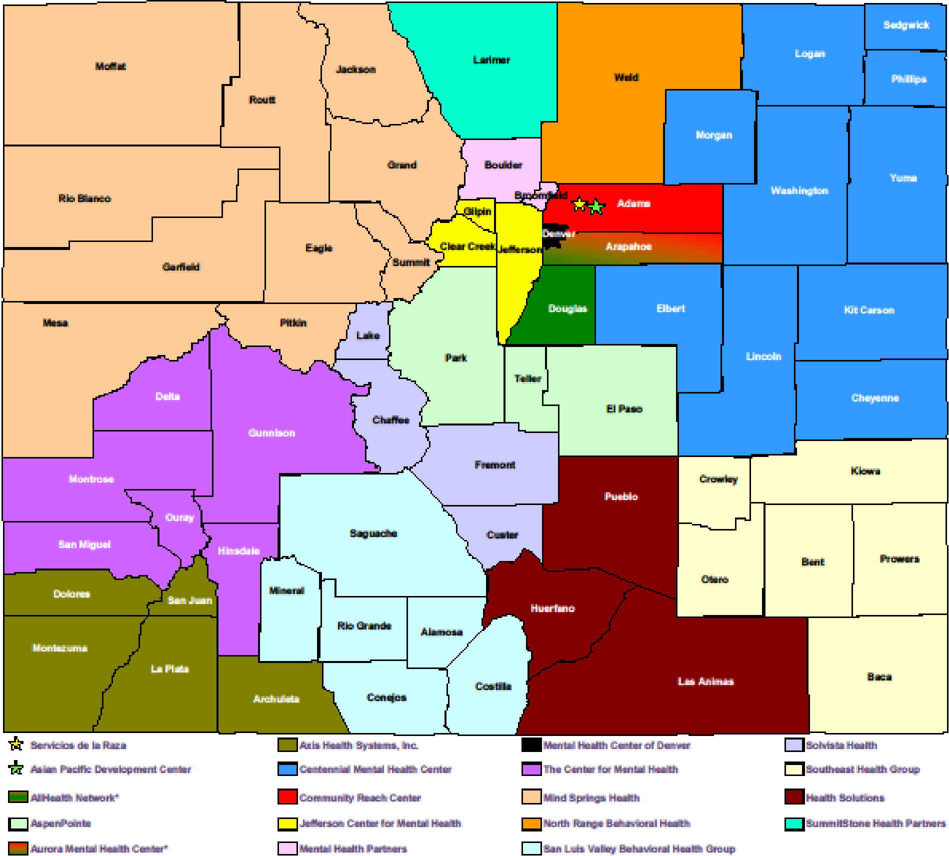
VERSION 1b

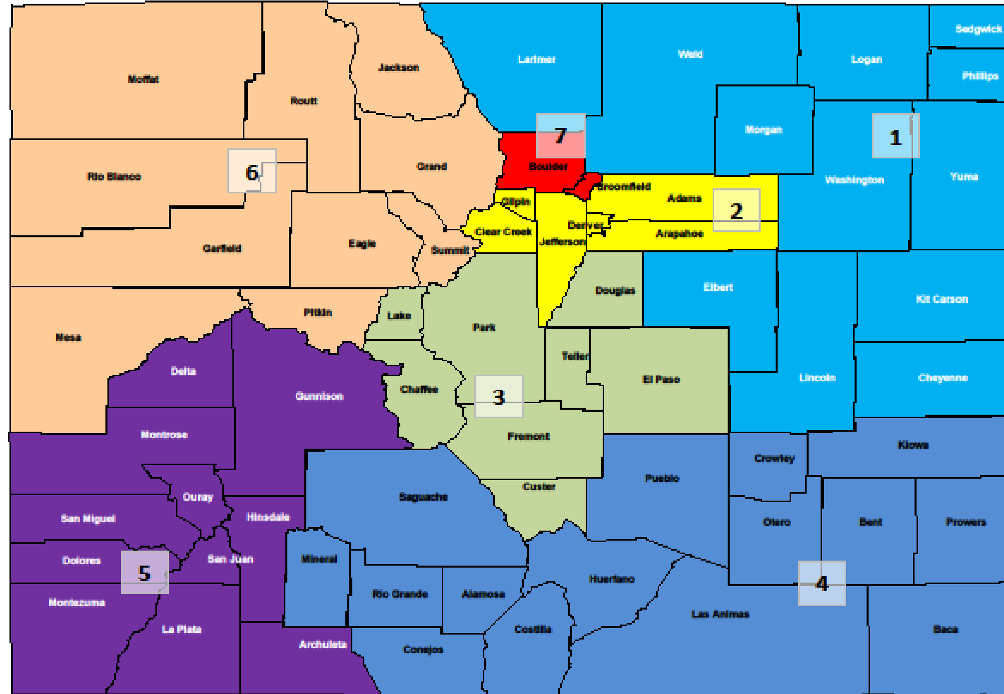
Community Mental Health Centers by County Served



Colorado Community Mental Health Centers by County Served

Source: Colorado Behavioral Healthcare Council

Managed Service Organization (MSO) Regions

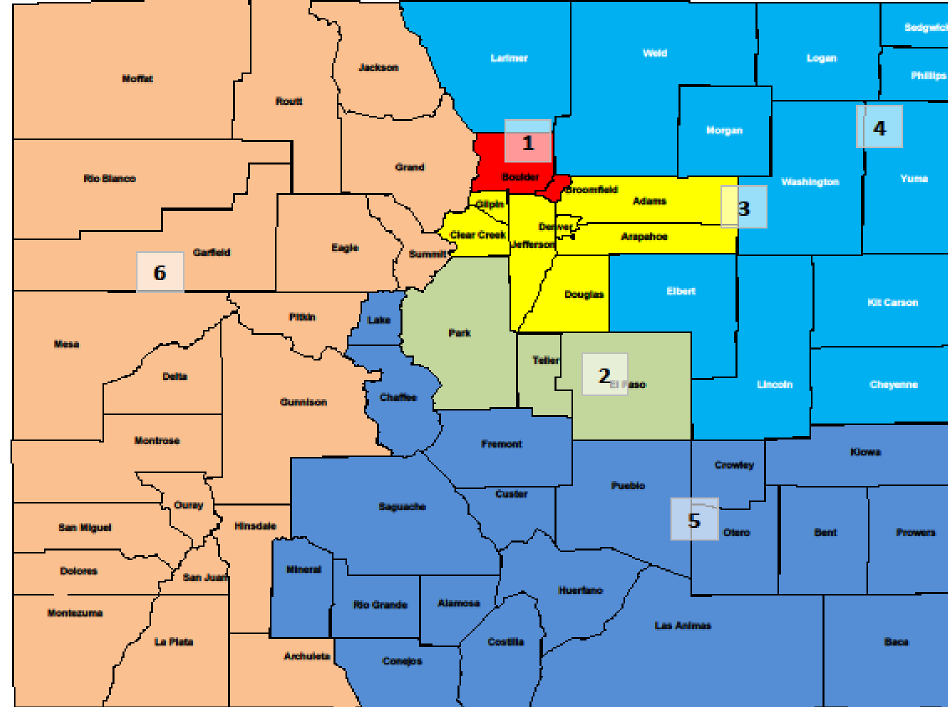


Colorado Managed Service Organizations
Catchment Areas by Sub-State Planning Areas (SSPA)

MSO	SSPA
Mental Health Partners	7
AspenPointe	3
Signal Behavioral Health Network, Inc.	1 2 4
West Slope Casa, LLC	5 6

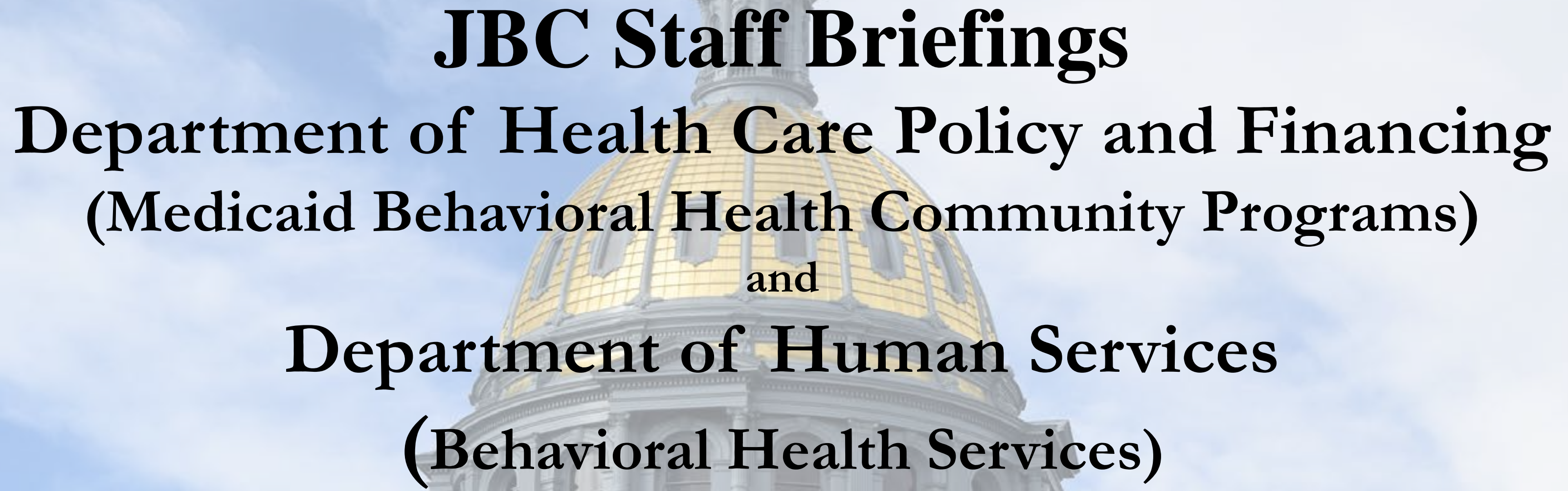
Source: Colorado Behavioral Healthcare Council

BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM REGIONS



MHCs within Region	
MHP	Region 1
AspenPointe	Region 2
ADMHN, AuMHC, CRC, JCMH, MHCD	Region 3
Centennial, NRBH, Touchstone	Region 4
SEMHS, SLVMHC, SPMHC, NRBH	Region 5
Axis, CWRMHC, MWMHC	Region 6

Source: Colorado Behavioral Healthcare Council



JBC Staff Briefings

Department of Health Care Policy and Financing

(Medicaid Behavioral Health Community Programs)

and

Department of Human Services

(Behavioral Health Services)

Presented by:

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December 13, 2016