JOINT BUDGET COMMITTEE

STAFF BUDGET BRIEFING
FY 2019-20

DEPARTMENT OF HUMAN SERVICES

(Office of Behavioral Health)

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

PREPARED BY:
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CONTENTS

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, behavioral health services, and programs for older Coloradans. The Department is also responsible for inspecting and licensing childcare facilities, and for the care and treatment of individuals with mental health disorders, individuals with intellectual or developmental disabilities, and youth and young adults who are involved in the juvenile justice system. These services are provided in collaboration with county governments, not-for-profit community-based providers, and other agencies. The Department provides direct services through the operation of mental health institutes, regional centers for persons with intellectual and developmental disabilities, and institutions for juvenile and young adult offenders.

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 prevention, treatment, and recovery support services for people with mental health and substance use disorders. 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 also supports administration and operation of the State's two mental health institutes, which provide inpatient hospitalization for individuals with mental health disorders. 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) individuals who are referred for admission by the community mental health centers, the Division of Youth Service, or other agencies.

DEPARTMENT BUDGET: RECENT APPROPRIATIONS

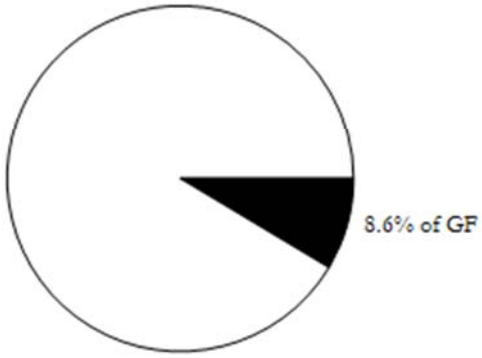
Department of Human Services, Office of Behavioral Health				
Funding Source	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20 *
General Fund	$189,121,411	$199,570,433	$230,506,014	$245,985,152
Cash Funds	21,918,814	47,928,294	52,643,884	53,744,891
Reappropriated Funds	18,843,531	19,985,074	20,606,933	21,219,135
Federal Funds	35,222,292	41,311,067	41,429,842	41,674,649
TOTAL FUNDS	**$265,106,048**	**$308,794,868**	**$345,186,673**	**$362,623,827**
Full Time Equiv. Staff	1,293.6	1,313.6	1,353.0	1,403.9

*Requested appropriation.

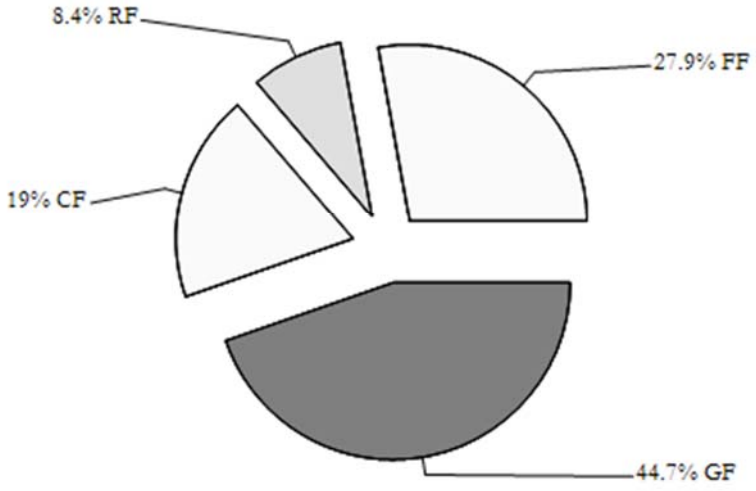
[1] Most mental health disorder and substance use disorder services for Medicaid-eligible clients are funded through the Department of Health Care Policy and Financing.

DEPARTMENT BUDGET: GRAPHIC OVERVIEW

Department's Share of Statewide General Fund

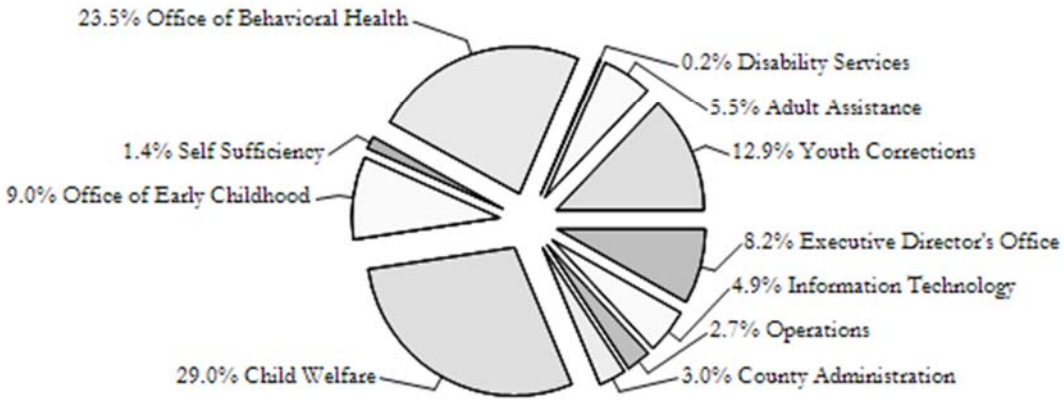


Department Funding Sources

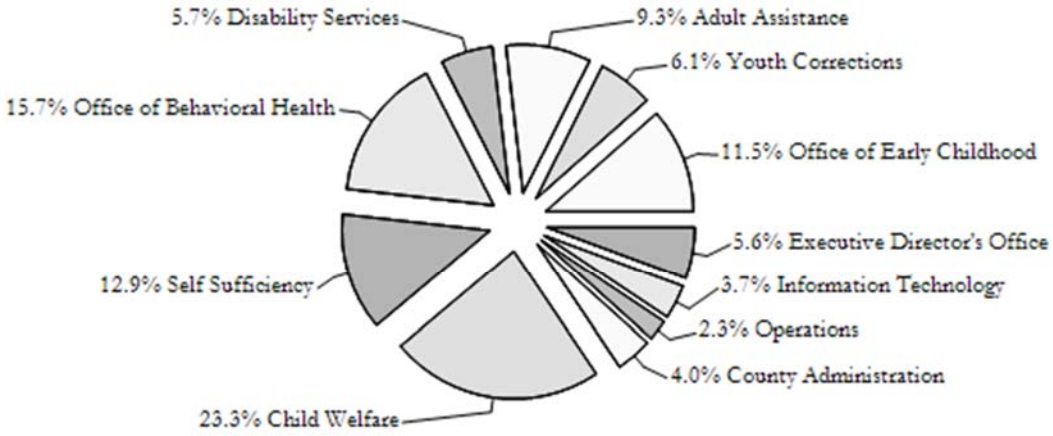


All charts are based on the FY 2018-19 appropriation.

Distribution of General Fund by Division



Distribution of Total Funds by Division



All charts are based on the FY 2018-19 appropriation.

GENERAL FACTORS DRIVING THE BUDGET

The Department's Office of Behavioral Health administers funding for community-based prevention, treatment, and recovery support services for people with mental health and substance use disorders (referred to as "behavioral health" services). 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 mental health disorders.

Funding in the Office of Behavioral Health consists of 66.7 percent General Fund, 15.3 percent cash funds, 12.0 percent federal funds, and 6.0 percent reappropriated funds. Major sources of cash funds include the Marijuana Tax Cash Fund, 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 (which originate as General Fund and federal funds) 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 individuals with serious mental health disorders. 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 Services.

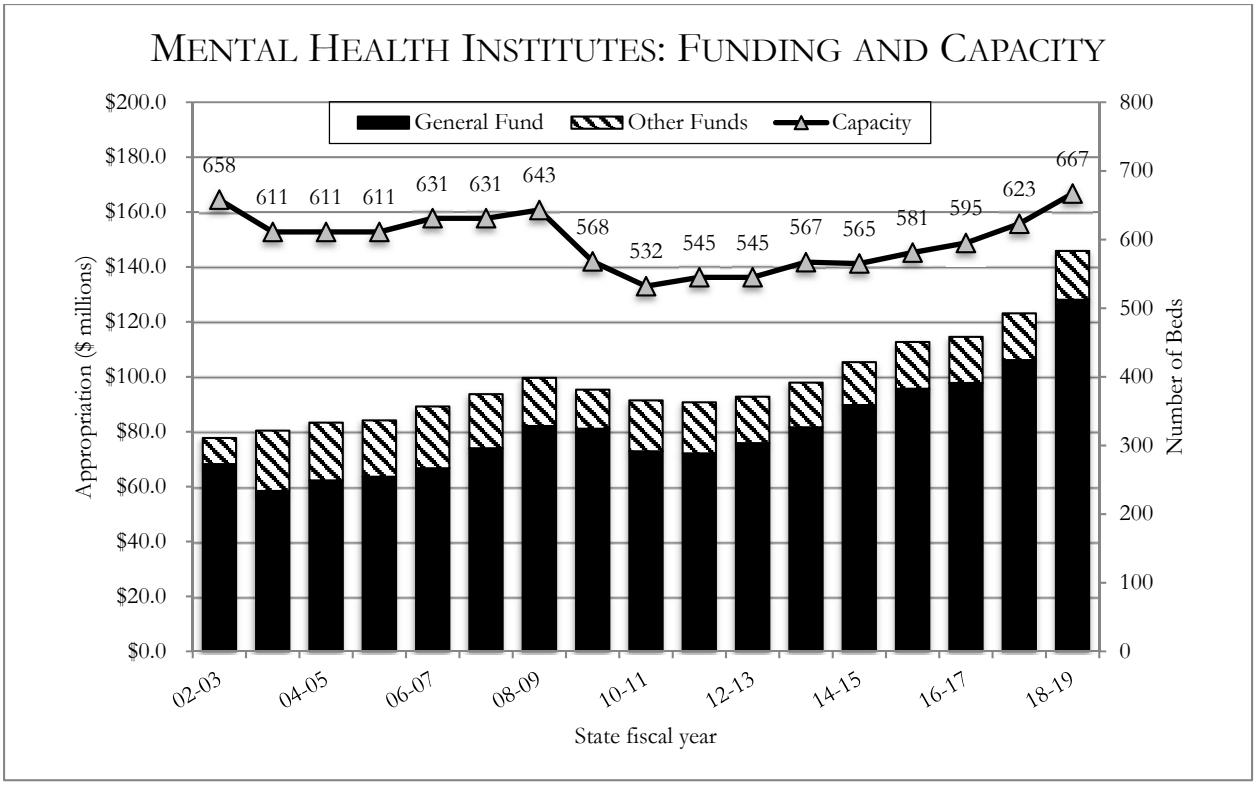
The resources for the first two populations are referred to as "forensic" beds, and the resources for the third population are referred to as "civil" beds.

The Department also contracts with a vendor to operate a *jail-based* program for individuals requiring competency evaluations or restoration services. This program is called the Restoring Individuals Safely and Effectively (RISE) Program, and is currently operated by Correct Care, LLC, within the Arapahoe County Detention Facility in Centennial. The RISE Program was originally funded in FY 2013-14 for 22 beds and has been regularly expanded; the FY 2018-19 appropriation supports 114 beds.

In addition, the General Assembly approved funding in March 2018 to allow the Office to expand inpatient psychiatric bed capacity by 10 beds starting in FY 2018-19 by contracting with one or more private hospitals.

The chart on the next page depicts recent changes in the institutes' funding and bed capacity. Capacity figures reflect both civil and forensic beds, including the RISE Program and the recently funded private psychiatric beds. The chart illustrates that the total capacity of the institutes declined during each of the last two economic downturns. During the most recent downturn, the Pueblo medical/surgical unit and the Fort Logan children's, adolescent, and geriatric treatment divisions were

closed in FY 2009-10 and the Fort Logan therapeutic residential childcare facility treatment division was closed in FY 2011-12. In addition, in late FY 2014-15, the Department modified an existing unit at Pueblo to treat patients who had previously been transferred to the Department of Corrections (DOC), resulting in a reduction of two forensic beds.



In addition to funding the RISE Program and private psychiatric beds, the General Assembly has reversed this decline in capacity by providing funding for FY 2017-18 for the Department to relocate some existing programs at Pueblo to address safety risks in the 20-bed adolescent program, and to expand by 20 the number of beds within the existing facility to serve long-term patients who are preparing to re-enter the community. These new beds freed up 20 existing adult beds in various units.

The General Assembly also provided $5.4 million in capital construction funding in FY 2017-18 for the construction of a new 24-bed high security forensic unit that is anticipated to be operational by July 1, 2020 [this funding is excluded from the funding depicted in above chart].

The institutes are primarily supported by General Fund appropriations. Other sources of revenue include: patient revenues (including federal Medicaid funds transferred from the Department of Health Care Policy and Financing and federal Medicare funds), funds transferred from DOC for food services provided to DOC facilities on the Pueblo campus, and marijuana tax revenues that support certified addiction counselors at both institutes. 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).

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. 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 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.

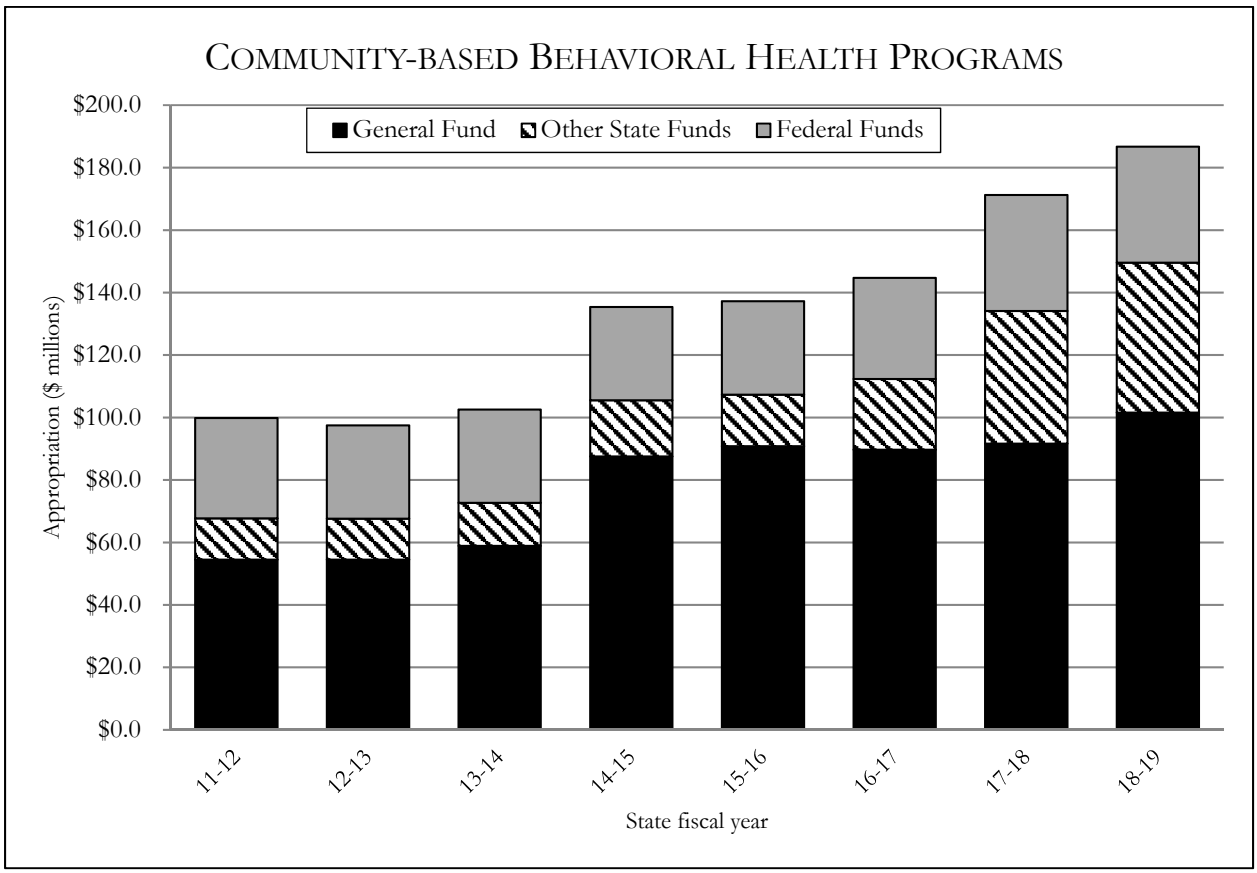
The General Assembly also appropriates additional funds for the provision of specific services or services targeting specific populations (e.g., alternative placements for people who would otherwise require hospitalization at a mental health institute, school-based behavioral health services for children,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

The chart on the following page depicts funding available for community-based behavioral health services since FY 2011-12. For FY 2018-19, General Fund appropriations provide more than half of available funds. Other significant sources of state funds include: the Marijuana Tax Cash Fund (MTCF), transfers from the Judicial Department from the Correctional Treatment Cash Fund, the Persistent Drunk Driver Cash Fund, and Medicaid funds transferred from the Department of Health Care Policy and Financing. Federal funds are primarily from the Mental Health Services Block Grant and the Substance Abuse Prevention and Treatment Block Grant.

The significant increase provided in FY 2014-15 primarily relates to the creation of a statewide behavioral health crisis response system (pursuant to S.B. 13-266) and an effort to expand Centers' capacity to deliver behavioral health stabilization services to individuals who would otherwise require treatment at the mental health institutes. More recent increases in state appropriations from both the General Fund and the MTCF include:

- $15.2 million for MSOs to assess the sufficiency of substance use disorder services in their geographic regions and increase access to effective substance use disorder services (pursuant to S.B. 16-202);
- $5.6 million to support programs to divert individuals with substance use disorders from the criminal justice system (including funding provided through S.B. 17-207);
- $4.7 million to expand and improve substance use-related and mental health services provided for individuals while they are in jail (including S.B. 18-250) and $2.4 million for Centers to provide other mental health services for juvenile and adult offenders;
- $4.4 million to strengthen the statewide behavioral health crisis response system (S.B. 17-207);

- $3.0 million to expand rural residential treatment services for individuals with co-occurring mental health and substance use disorders;
- $1.9 million to expand mental health services for children and youth at risk of out-of-home placement (including funding provided through H.B. 18-1094); and
- $1.6 million to coordinate referrals of high-risk individuals being released from hospitals and detoxification management facilities.



SUMMARY: FY 2018-19 APPROPRIATION & FY 2019-20 REQUEST

DEPARTMENT OF HUMAN SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2018-19 APPROPRIATION:						
HB 18-1322 (Long Bill)	$339,797,209	$225,066,550	$52,693,884	$20,606,933	$41,429,842	1,350.7
Other legislation	5,389,464	5,439,464	(50,000)	0	0	2.3
TOTAL	**$345,186,673**	**$230,506,014**	**$52,643,884**	**$20,606,933**	**$41,429,842**	**1,353.0**
FY 2019-20 REQUESTED APPROPRIATION:						
FY 2018-19 Appropriation	$345,186,673	$230,506,014	$52,643,884	$20,606,933	$41,429,842	1,353.0
R1 Mental Health Institute at Pueblo bed expansion	4,153,408	4,153,408	0	0	0	44.5
R11 Behavioral health crisis response system enhancements	921,623	921,623	0	0	0	3.6
R12 Contract medical staff salary adjustments	1,127,667	1,127,667	0	0	0	0.0
R15 Community provider rate increase	1,629,921	1,193,789	348,062	88,070	0	0.0
R20 Food service inflation	90,669	90,669	0	0	0	0.0
Non-prioritized request items	37,142	0	0	37,142	0	0.0
Annualize prior year legislation	6,367,289	6,040,625	306,885	8,801	10,978	2.7
Annualize prior year budget actions	1,974,702	1,951,357	(94,473)	31,988	85,830	0.1
Indirect cost assessment	1,134,733	0	540,533	446,201	147,999	0.0
TOTAL	**$362,623,827**	**$245,985,152**	**$53,744,891**	**$21,219,135**	**$41,674,649**	**1,403.9**
INCREASE/(DECREASE)	$17,437,154	$15,479,138	$1,101,007	$612,202	$244,807	50.9
Percentage Change	5.1%	6.7%	2.1%	3.0%	0.6%	3.8%

R1 MENTAL HEALTH INSTITUTE AT PUEBLO BED EXPANSION: The Department's request includes a total of $5,141,144 General Fund (including $4,153,408 General Fund for the Office of Behavioral Health) to operate and staff an additional 42 inpatient psychiatric beds at the Colorado Mental Health Institute at Pueblo (CMHIP). The Department proposes increasing capacity at CMHIP by utilizing two units that are currently vacant, and the Department indicates that it may submit a supplemental request next month for capital construction funding to complete renovations to these units in the current fiscal year. The FY 2019-20 operating request includes partial year funding for 62.6 FTE, and the Department anticipates full-year costs of $6,353,065 in FY 2020-21. *See the first issue brief for more information related to this, and other, requests related to court orders concerning competency.*

R11 BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM ENHANCEMENTS: The Department's request includes a total of $985,092 General Fund (including $921,623 General Fund for the Office of Behavioral Health) for enhancements to the behavioral health crisis response system. This operating budget request, along with a companion information technology capital request (described at the end of this section) seeks funding to:

- implement a single electronic health record system for the crisis system to allow for standard data extraction and reporting;
- create a downloadable mobile phone application and expand the hotline vendor's ability to respond to texts and chats; and
- pilot technology solutions that interface with the behavioral health crisis response system hotline, 911 emergency systems, and co-responder pilot programs.

The requested operational funding includes: $434,232 for 4.0 FTE in the Governor's Office of Information Technology and the Office of Behavioral Health; $350,860 for crisis system hotline enhancements; and $200,000 for piloting technology solutions.

R12 CONTRACT MEDICAL STAFF SALARY ADJUSTMENTS: The Department's request includes $1,127,667 General Fund to increase salaries for medical staff at the mental health institutes over a two-year period. The Department's request for FY 2019-20 includes half of the $2,255,334 General Fund that will be needed to increase salaries as follow:

- 2.0 FTE Chief of Medicine physicians ($275,000);
- 4.0 FTE Supervisory physicians ($250,000);
- 28.8 FTE staff physicians ($225,000); and
- 19.6 FTE nurse practitioners/physician assistants ($120,000).

R15 COMMUNITY PROVIDER RATE INCREASE: The Department's request includes $9.3 million total funds for an across-the-board increase of 1.0 percent for community providers. The request for the Office of Behavioral Health includes $1,629,921 total funds (including $1,193,789 General Fund) for this purpose.

R20 FOOD SERVICE INFLATION: The Department's request includes $150,910 total funds (including $90,669 General Fund for the Office of Behavioral Health) to cover the rising costs of food products purchased by the mental health institutes and the Division of Youth Services.

NON-PRIORITIZED REQUEST ITEMS: The request for the Office of Behavioral Health includes $37,142 reappropriated funds for a budget request that was initiated by the Department of Corrections (DOC) concerning food service at La Vista Correctional Facility.

ANNUALIZE PRIOR YEAR LEGISLATION: The request for the Office of Behavioral Health includes $6,367,289 total funds, including $6,040,625 General Fund, for the second-year impact of 2018 legislation.

ANNUALIZE PRIOR YEAR LEGISLATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
SB 18-250 Jail-based behavioral health services	$2,555,238	$2,555,238	$0	$0	$0	1.2
HB 18-1094 Children and youth mental health treatment act[2]	1,883,547	1,579,342	304,205	0	0	1.5
SB 18-270 Behavioral health crisis transition referral	1,588,250	1,588,250	0	0	0	0.0
Annualize SB 18-200 (PERA)	340,254	317,795	2,680	8,801	10,978	0.0

[2] Please note that H.B. 18-1094 provided additional funding for the Child and Youth Mental Health Treatment Act for FY 2018-19 to add 0.5 FTE for contracts administration ($32,745 General Fund) and to increase funding for services, advocacy, and training ($1,253,866 General Fund). The only anticipated change in this funding for FY 2019-20 was to eliminate one-time capital outlay funding of $4,703 General Fund. This act also indefinitely extended this program, which was set to repeal on July 1, 2019. Thus, the Legislative Council Staff fiscal note for this bill also identified costs of $1,888,250 and 1.5 FTE in FY 2019-20 to reflect the base program costs that would be eliminated but for the extension of the program. The Department's FY 2019-20 request inappropriately includes this base funding amount as a year-over-year increase, overstating the out-year costs of this bill by a total of $1,888,250 (including $1,584,045 General Fund and $304,205 cash funds from the Marijuana Tax Cash Fund) and 1.5 FTE.

ANNUALIZE PRIOR YEAR LEGISLATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
SB 18-191 Local government limited gaming impact fund	0	0	0	0	0	0.0
TOTAL	**$6,367,289**	**6,040,625**	**$306,885**	**$8,801**	**$10,978**	**2.7**

ANNUALIZE PRIOR YEAR BUDGET ACTIONS: The request for the Office of Behavioral Health includes $1,974,702 total funds, including $1,951,357 General Fund, to reflect the second-year impact of several FY 2018-19 budget actions.

ANNUALIZE PRIOR YEAR BUDGET ACTIONS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Annualize prior year salary survey	$2,747,364	$2,615,543	$14,003	$31,988	$85,830	0.0
Annualize FY 2018-19 R10 Child mental health treatment act	(650,651)	(650,651)	0	0	0	0.0
Annualize FY 2018-19 R13 Medication consistency (SB 17-019)	(108,476)	0	(108,476)	0	0	0.1
Annualize FY 2018-19 R5a Jail-based competency restoration	(13,535)	(13,535)	0	0	0	0.0
TOTAL	**$1,974,702**	**1,951,357**	**($94,473)**	**$31,988**	**$85,830**	**0.1**

INDIRECT COST ASSESSMENT: The Department's request includes a total of $6.6 million total funds for adjustments to indirect cost assessments. The request for the Office of Behavioral Health includes $1,134,733 total funds for this purpose.

Behavioral Health-related Items Included in the Governor's FY 2019-20 Budget Request That Are Not Included Above

The Department has submitted five capital construction requests and one information technology request for FY 2019-20 totaling $65.5 million from the Capital Construction Fund. These six projects are summarized below.

Capital Construction Requests

- *CMHIP Campus Utility Infrastructure Upgrade:* $9,155,876 for Phase I of a three-phase capital renewal project to replace deteriorated campus infrastructure at CMHIP. The project would:
  - replace water and sewer lines, roads, and walkways;
  - upgrade utility tunnels, perform asbestos abatement, replace chilled water lines, and replace steam line components as necessary; and
  - bring ventilation and electrical systems in the tunnel up to code.

  The Governor recommends funding for this project (priority #8 of 18). Costs for all three phases are estimated to total $36,020,498.

- *CMHIFL Cottage Renovations:* $17,835,851 to remodel two cottages at CMHIFL (F2 and F3) to increase inpatient psychiatric bed capacity at the Fort Logan facility from 94 to 138 (an increase of 44 beds or 46.8 percent). The Department indicates that the additional beds could potentially be staffed and operational as early as December 2021, and would require an estimated $13.0 million for annual operating expenses ($810 per person per day). The Department indicates that this is a "shorter-term" solution to expand inpatient capacity for individuals referred for

competency evaluations and competency restoration. The Governor recommends funding for this project (priority #14 of 18).

- *Secure Treatment Facility for Competency Restorations:* $15,462,659 is included in the Governor's recommended funding for FY 2019-20 (priority #18 of 18). The actual request that describes this project was not submitted with the other requests on November 1, 2018.

- *CMHIFL Campus Utility Infrastructure Upgrade:* $10,493,712 for Phase II of a three-phase project to replace deteriorated campus infrastructure at the Colorado Mental Health Institute at Fort Logan. [The General Assembly appropriated $8.9 million for FY 2018-19 for Phase I of this project.] The project would:
  - replace pavement, sidewalks, fire and domestic water lines, irrigation lines; and sanitary sewers;
  - improve storm drainage; and
  - add communication trenches and conduits.

  The Governor does not recommend funding for this project (priority #19). Costs for all three phases are estimated to total $26,289,865.

- *Mental Health Institutes Suicide Mitigation Continuation:* $11,061,491 to mitigate suicide risks at the two mental health institutes and to replace 123 windows at CMHIFL in patient rooms, day halls, and living areas. [The General Assembly appropriated $11.0 million from FY 2014-15 through FY 2016-17 for other suicide mitigation projects.] The funds requested for FY 2019-20 would address existing findings and citations issued by the Joint Commission, an independent, not for profit organization that accredits and certifies health care programs. The Governor does not recommend funding for this project (priority #21).

Information Technology Request

- *Colorado Crisis System Enhancements:* $1,514,500 for technology infrastructure for the behavioral health crisis response system. The project would:
  - procure a single electronic health record system for the crisis system to allow for standard data extraction and reporting; and
  - create a downloadable mobile phone application and expand the hotline vendor's ability to respond to texts and chats.

  The Governor recommends funding for this project.

ISSUE: COURT ORDERS CONCERNING COMPETENCY

The Department requests a total of $37.5 million General Fund through the operating and capital budgets for FY 2019-20 to increase inpatient psychiatric bed capacity in order to address a lawsuit concerning the length of time individuals wait in jail to receive a competency services.

SUMMARY

- The Department of Human Services (DHS) is responsible for evaluating the competency of individuals charged with a crime and for providing competency restoration services when an individual is determined to be incompetent to proceed to trial. The Colorado Mental Health Institute at Pueblo (CMHIP) provides these services unless the Court authorizes these services to be provided in jail or in the community.
- Due to significant increases in the number of court orders for inpatient restoration services, the number of beds devoted to competency services at CMHIP has increased, limiting the Department's ability to serve other patients needing psychiatric hospitalization.
- A legal challenge concerning the length of time individuals wait in jail to receive a competency evaluation or restoration services resulted in a 2012 Settlement Agreement that prescribes timeframes related to the length of time individuals wait for these services. Since June 2017, DHS has been out of compliance with timeframes for inpatient restoration services, and the plaintiffs are seeking injunctive relief.
- While DHS is the only agency subject to the Agreement, the State's ability to comply with the Agreement directly involves or affects:
    - individual defendants who are waiting for competency services, and their families;
    - lawyers representing these defendants;
    - district attorneys;
    - courts;
    - sheriffs, jail staff, and law enforcement officers; and
    - behavioral health providers.
- Since September 2015, the General Assembly has approved multiple DHS requests to expand the capacity of a jail-based competency program as well as the capacity at CMHIP. The General Assembly also passed legislation in the last three legislative sessions to:
    - reduce the number of competency evaluations required to be conducted at CMHIP;
    - establish community-based competency restoration education services;
    - divert individuals with low level offenses out of the criminal justice system and into treatment;
    - improve the assessment and treatment of individuals with mental health disorders in the custody of county jails;
    - and improve communication between behavioral health providers and criminal justice entities.
- The Department has submitted three operating and capital requests for FY 2019-20 totaling $37.5 million General Fund to increase inpatient psychiatric bed capacity.

RECOMMENDATION

Staff recommends that the Committee:

- Ask the Department of Human Services to:
  - discuss its efforts to date to work cooperatively with local behavioral healthcare providers and stakeholders within the criminal justice system to implement community-based competency restoration education services that are integrated with locally available behavioral health services as required by S.B. 17-012; and
  - describe why its FY 2019-20 budget request appears to be solely focused on expanding inpatient psychiatric bed capacity;
- Ask the Chief Justice and the State Court Administrator to describe efforts to date to implement the Mental Health Criminal Diversion Grant Program and the Behavioral Health Court Liaison Program (S.B. 18-249 and S.B. 18-251);
- Ask the Attorney General to brief the Committee concerning the status and potential fiscal implications of the pending lawsuit brought by Disability Law Colorado concerning competency services; and
- Discuss this issue with legislative leadership and members of the Judiciary Committees so that any legislation addressing this issue is crafted and considered in a deliberate and timely manner.

DISCUSSION

This issue brief is organized as follows:

1. History of the problem and the Settlement Agreement
2. JBC and legislative actions since 2015 to address competency issues
3. Trends in court-ordered competency services
4. Department's FY 2019-20 budget request
5. Background Information
   - Colorado Mental Health Institutes: Capacity, Average Daily Population, and Cost-per-patient-per-day
   - Court-ordered services concerning a defendant's competency
     - Competency evaluation
     - Competency restoration services
   - Settlement Agreement with the Center for Legal Advocacy
   - H.B. 16-1410 (Competency evaluation location)
   - Jail-based competency restoration program ("RISE")

1 - HISTORY OF THE PROBLEM AND THE SETTLEMENT AGREEMENT

STATUTORY HISTORY

In 2008, the General Assembly passed legislation[3] to create a new procedure to address "competency to proceed" issues in adult criminal cases separate from "not guilty by reason of insanity" issues. This act included the following legislative declaration:

[3] See House Bill 08-1392.

"(1) The general assembly hereby finds and declares:

(a) It is in the best interest of the state to promote streamlined, effective and contemporary practices for evaluating competency to stand trial and for assisting defendants in restoration to competency;

(b) The number of defendants requiring competency evaluation and restoration services to establish competency to stand trial has more than doubled since 2001;

(c) This increase in demand for inpatient competency evaluations and restoration services has generated a significant backlog in county jails of defendants awaiting inpatient competency evaluation or restoration, resulting in a waiting list to receive these services; and

(d) The backlog and waiting list have adversely affected the court system, district attorneys, defendants, defense attorneys, county sheriffs and jails, and have resulted in litigation against the state.

(2) In order to address these issues, the general assembly finds the following legislation is necessary to encourage prompt judicial determination for persons undergoing competency evaluation or treatment, improve the health of defendants, avoid delays in criminal cases, and conserve state resources by eliminating unnecessary hospitalizations."

The General Assembly's stated goals of encouraging prompt judicial determination for persons undergoing competency evaluation or treatment, improving the health of defendants, avoiding delays in criminal cases, and conserving state resources by eliminating unnecessary hospitalizations have not yet been fully realized.

LITIGATION HISTORY AND STATUS

In 2011, Disability Law Colorado brought legal action against the Department of Human Services to challenge the length of time pretrial detainees wait in Colorado jails to receive competency evaluations or competency restoration services. In 2012, the Department entered into a Settlement Agreement, which requires the Department to admit these pretrial detainees to the Colorado Mental Health Institute at Pueblo (CMHIP) 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.

The parties agreed to "work together in good faith to ensure the cooperation of other interested groups such as the State Judiciary, District Attorneys, Public Defenders, and County Sheriffs in the successful implementation of this Agreement".

In FY 2013-14, the General Assembly began funding a 22-bed jail-based competency restoration program called Restoring Individuals Safely and Effectively (RISE). RISE is housed in the Arapahoe County Detention Facility in Centennial, and it essentially expands capacity for CMHIP.

In 2015, the Department invoked a provision within the Agreement ("Departmental Special Circumstances") which indicates that circumstances beyond the control of the Department are affecting CMHIP's ability to comply with the Agreement timeframes. This process requires the parties to confer and determine issues for resolution, and then the Department is required to submit a proposal for addressing the issues. The Plaintiffs subsequently filed a motion to reopen the case for enforcement of the Agreement. In 2016, the parties entered into an amended Agreement.

A similar process is playing out again. The Department invoked this same provision in both June 2017 and December 2017. While the Department has complied with the Agreement timeframes concerning

competency *evaluations* since May 2018, it has not complied with the timeframes concerning inpatient *restoration* services since June 2017. The Plaintiffs filed a motion to reopen the case in June 2018, followed by a motion in August 2018 for summary judgement to enforce the Agreement. The Defendants also filed a motion for summary judgement.

As of August 2018, 170 pretrial detainees were waiting more than 28 days for inpatient restorative treatment, the average wait time was 81.1 days, and the longest wait time was 149 days.

On November 9, 2018, the Court:

- agreed with the Defendants that the Agreement does not prohibit consecutive invocations of Departmental Circumstances;
- could not conclude that the Defendant's invocation of Departmental Special Circumstances in either June or December of 2017 was proper under the Agreement due to factual disputes; and
- concluded that as of June 2018, the Defendants are in breach of the 2016 Settlement Agreement.

While the Court found that injunctive relief is appropriate to bring the Defendants into compliance with the timeframe requirements for inpatient restoration, it stated that it is not clear based on the record that an order mandating immediate compliance is feasible or just. The Court indicated that it is inclined to permit the Defendants no more than six months (and perhaps far less) from the date of any Order disposing of the issue to come back into compliance.

On November 30, 2018, the Court ordered that:

- a five-day hearing be set, beginning March 18, 2019; and
- the Defendants submit by December 14, 2018, "a plan to remedy the Departmental Special Circumstances, and the projected timeframe for resolution" as contemplated by the Agreement.

2 - JBC AND LEGISLATIVE ACTIONS SINCE 2015 TO ADDRESS COMPETENCY ISSUES

SEPTEMBER 2015 REQUEST TO EXPAND JAIL-BASED COMPETENCY SERVICES

In September 2015, the Department requested that the Joint Budget Committee (JBC) approve a $2.7 million 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 $4.1 million General Fund. The Department indicated that the timing of this request was urgent because it was at risk of violating the Agreement and it was potentially at risk for further legal action, including a possible contempt of court judgement. The request included two components:

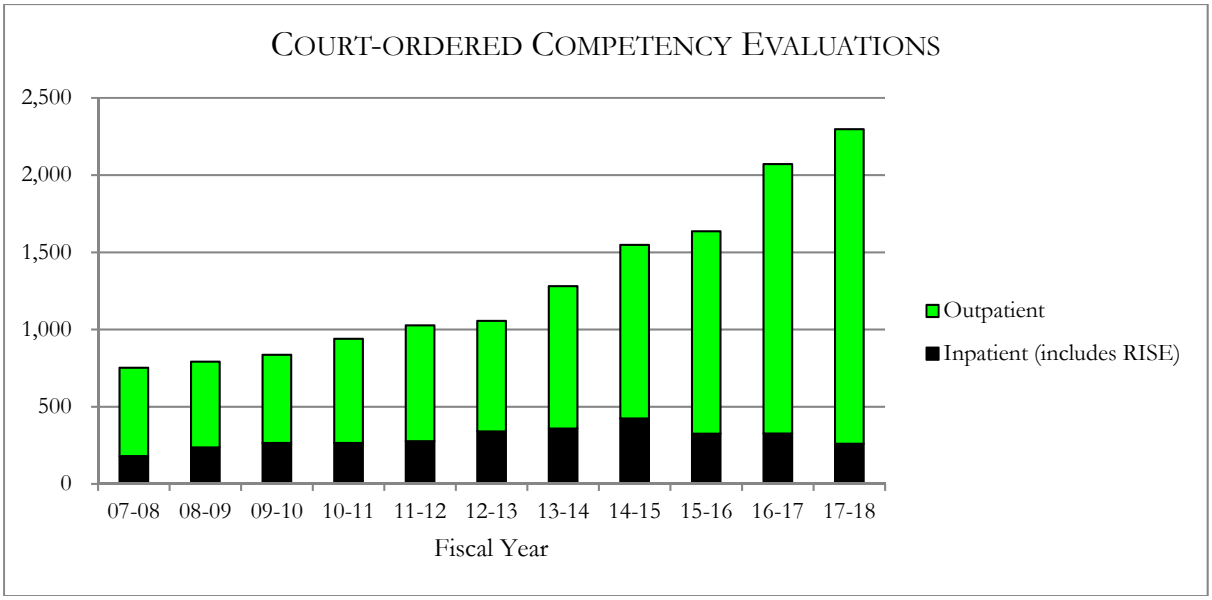
- Funding to add 4.6 FTE Psychologists and 1.0 FTE Administrative Assistant at CMHIP to perform the competency evaluations and prepare the reports for the court.
- Funding to expand from 22 to 52 beds the jail-based program for individuals requiring competency evaluations or competency restoration services (RISE Program), including funding to add 1.0 FTE Program Manager and 1.0 FTE Administrative Assistant.

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

2016 AND 2017 LEGISLATION RELATED TO COMPETENCY

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 were continuing to rise. Based on these discussions, the JBC sponsored H.B. 16-1410 to address the Department's challenges in meeting the terms of the Agreement. This act limited the court's discretion to order that a competency evaluation be conducted at CMHIP. This act also prohibited the court from considering the need for the defendant to receive a competency evaluation when setting bond, and it included funding for secure transport staff to facilitate the transportation of defendants between jails, CMHIP, and RISE.

Data seems to indicate that H.B. 16-1410 has been effective. The following chart illustrates the steady increase in court-ordered competency evaluations since FY 2007-08, broken out between inpatient and outpatient settings. The percent of inpatient orders has declined annually since FY 2012-13, decreasing from 32.2 percent to 11.3 percent in FY 2017-18. The number of inpatient orders has declined from 424 FY 2014-15 to 260 in FY 2017-18.



The Committee concerning the Treatment of Persons with Mental Health Disorders in the Criminal Justice System introduced and passed S.B. 17-012, which establishes the DHS' Office of Behavioral Health (OBH) as the agency responsible for the oversight of competency restoration education and coordination of services for both juveniles and adults. The act requires OBH to develop standardized juvenile and adult curricula for the educational component of competency restoration services by December 1, 2017. The act requires that the curricula have a content and delivery mechanism that allows it to be tailored to meet individual needs, including those of persons with intellectual and developmental disabilities. The act appropriated $18,000 cash funds from the Marijuana Tax Cash Fund to OBH for FY 2017-18 for the development of competency restoration education curricula.

For defendants on bond or summons, the act directs the court to consider whether restoration to competency should occur on an outpatient and out-of-custody basis. For juveniles in custody, the act requires the court to review the case at least every 30 (rather than 90) days.

Finally, the act requires OBH to assume the following responsibilities beginning July 1, 2018, subject to available appropriations:

- overseeing providers of the education component of competency restoration services;
- developing models for providing competency restoration services that integrate the education component with other case management and treatment, ensuring ongoing treatment, avoid duplication, and achieve efficiencies;
- preserve the integrity of the competency evaluation process;
- engage with key stakeholders to develop best practices in the delivery of competency restoration services; and
- make recommendations for legislation.

SEPTEMBER 2017 REQUEST TO EXPAND JAIL-BASED COMPETENCY SERVICES

In September 2017, the Department requested $1.6 million General Fund for FY 2017-18 to address continued increases in the number of court-ordered competency *restoration* services. The ongoing funding request for FY 2018-19 totals $3.0 million General Fund. The Department again indicated that the timing of this request was urgent because it was at risk of violating the Agreement and it was potentially at risk for further legal action, including a possible contempt of court judgement. The request included:

- Funding to expand the RISE Program from 52 to 76 beds (with the additional 24 beds anticipated to be operational by February 2018); and
- Funding to expand the team of State staff who administer and support the RISE Program by adding the following staff in December 2017:
  - a Forensic Services Director to oversee expanded RISE program, as well as the Court Services Program and the Forensic Community Based Services Program;
  - an Administrative Assistant III to provide file and data management support; and
  - a Police Officer to assist with transports.

The JBC approved the Department's request. In addition, the JBC approved staff's alternative recommendation to:

- expand the RISE Program by four beds by utilizing space available adjacent to the existing unit (the Department indicated that these beds could become operational within a month);
- appropriate a total of $0.8 million General Fund for FY 2017-18 (with projected ongoing costs in FY 2018-19 of $1.7 million) to allow the Department to begin implementing S.B. 17-012;
- send a letter to the State Court Administrator in order to ensure that the Courts are aware of the dramatic increase in the number of court orders for inpatient restoration services and the impact on the Department of Human Services' ability to provide such services and comply with the Agreement; and
- send a companion letter to the Department of Human Services that requests that it take specific actions to ensure that the Court is properly informed when it considers orders related to restoration services.

The General Assembly ultimately passed the JBC-sponsored bills that included these appropriations.

2018 STATUTORY CHANGES AND FUNDING

The FY 2018-19 Long Bill includes $22.6 million General Fund for competency services, including:

- $13.4 million for the RISE Program (an increase of 62 beds for a total of 114 beds);
- $3.9 million for "court services", the unit that administers and delivers services related to court-ordered mental evaluations and competency restoration education services (this is in addition to the operational costs related to CMHIP beds utilized by patients needing competency services);
- $3.2 million for DHS to contract for 10 beds in a psychiatric hospital;
- $1.2 million for the ongoing costs of some program relocations at CMHIP designed to improve the safety of the adolescent unit (thereby allowing DHS to operate closer to the 20-bed capacity) and add 20 beds for adult patients; and
- $0.9 million for outpatient competency restoration education services.

In total, the FY 2018-19 Long Bill funds an increase of 92 beds to cover the shortfall estimated by DHS based on projected ongoing increases in the number of competency-related court orders. This represents a 16.0 percent increase in beds compared to the 575 Institute and RISE beds that were available in the fall of 2107.

In early March of 2018, the JBC authorized legislation to be drafted to address systemic issues that are driving the continued increase in court orders for competency services and to increase the utilization of lower cost, clinically appropriate, community-based behavioral health services. The JBC included $7,900,000 General Fund as part of its FY 2018-19 budget package proposal for implementation of this legislation.

The JBC, in partnership with the Chairs of the Senate and House Judiciary Committees, ultimately sponsored four bills concerning court-ordered competency services. These bills were intended to work together to:

- redirect individuals with behavioral health disorders from the criminal justice system into treatment;
- improve communication and collaboration between the courts, district attorneys, defense attorneys, DHS, the Department of Health Care Policy and Financing, local law enforcement agencies, and community-based behavioral health providers concerning the needs and available treatment options for individuals with behavioral health disorders;
- provide timely competency-related services based on clinical necessity;
- integrate competency restoration services with existing community-based behavioral health services and supports to address the underlying causes of incompetency;
- improve mental health services in jails to help identify individuals who could be redirected into treatment and reduce the likelihood of individuals decompensating while they are held in jail;
- free up capacity for CMHIP to provide jails and other agencies with access to inpatient psychiatric treatment for individuals based on clinical necessity, regardless of whether there is a court order concerning competency;
- reduce the maximum term of confinement for purposes of receiving competency restoration treatment, thereby addressing a potential constitutional issue and reducing the demand for restoration services;
- establish procedures for transitioning individuals to a civil commitment when warranted; and
- improve procedures related to individuals who are found permanently incompetent to proceed.

Three of the four bills passed:

- **S.B. 18-249** establishes within the Judicial Department the Mental Health Criminal Justice Diversion Grant Program to support up to four pre-plea local-level mental health pilot programs to identify individuals with mental health conditions who have been charged with low-level criminal offenses and divert such individuals out of the criminal justice system and into community treatment programs. The following four judicial districts will be implanting pilot programs:
  - 6th (Durango and surrounding counties)
  - 10th (Pueblo)
  - 16th (Crowley, Lamar, and surrounding counties)
  - 20th (Boulder)

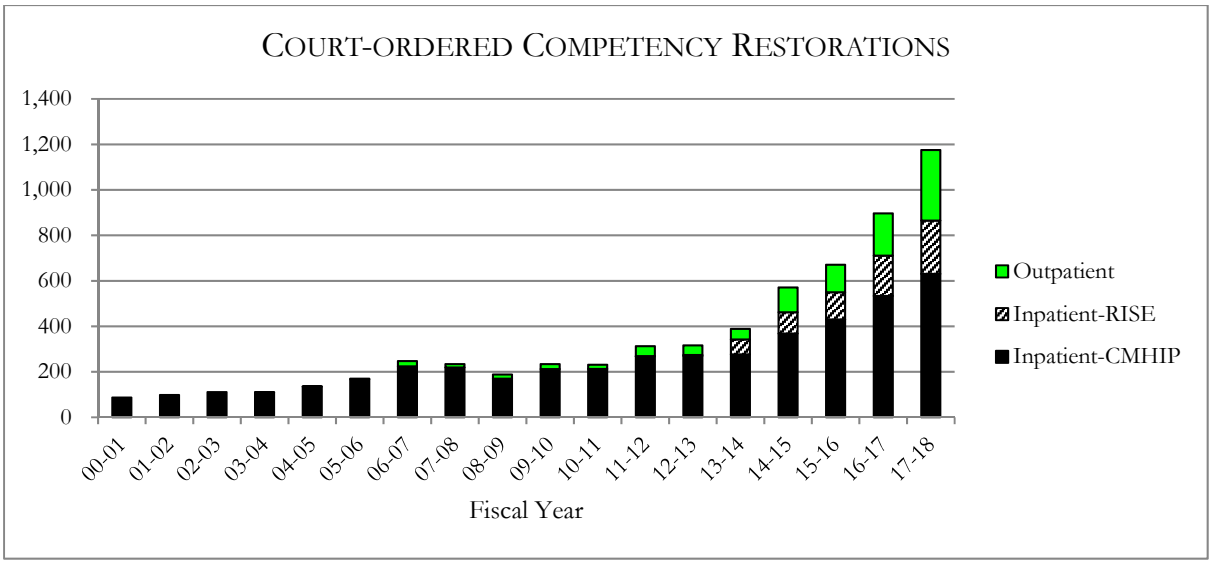
- **S.B. 18-250** expands an existing program administered by DHS that provides state funding to county sheriffs for the provision of behavioral health services. The existing program provides funding for substance use disorder services for adults while they are in jail and as they transition back to the community. This act expands the program to cover mental health services and provides additional funding to support these services. The act included appropriations to fund six months of expanded funding in FY 2018-19, and the deadline for sheriffs to apply for a share of the new funding is December 17, 2018. Consistent with the assumptions in the Legislative Council Staff fiscal note for the act, DHS has requested a full 12 months of funding for FY 2019-20.

- **S.B. 18-251** establishes within the Judicial Department a statewide Behavioral Health Court Liaison Program. This program is intended to keep judges, district attorneys, and defense attorneys informed about available community-based behavioral health services, including services for defendants who have been ordered to undergo a competency evaluation or receive competency restoration services. The Court Liaisons will facilitate communication between behavioral health systems and criminal justice entities, and coordinate with jail-based behavioral health providers to ensure continuity of care and service delivery.

The fourth bill, S.B. 18-252, died in a dramatic fashion at midnight on the last day of the legislative session. This bill would have made a number of changes concerning competency proceedings. These changes were intended to reduce the number of defendants who receive competency-related services at CMHIP when it is not a clinically appropriate setting, and increase the number of defendants who are released on bond and allowed to access competency-related services in the community. In addition, the bill would have reduced the maximum amount of time an individual can be confined as a result of the court determining the individual is incompetent to proceed. Finally, the bill would have provided funding so that judges, district attorneys, and defense counsel have access to training concerning competency proceedings, including the changes that would have been made through this bill.

3 - Trends in Court-ordered Competency Services

The following chart illustrates changes in the number of court-ordered competency *restorations* since FY 2000-01, with the most significant increases occurring in the last four fiscal years. The chart breaks out the setting in which the restoration treatment was provided. While the number of court orders that allow competency restoration to happen on an outpatient basis are increasing, the majority (73.6 percent) are required to be conducted at CMHIP (631 in FY 2017-18) or at RISE (234).



As detailed in the following table, the percent of individuals for whom a competency evaluation was submitted to the Court that concluded that the defendant was not competent to proceed has increased in the last seven years. However, 856 (44.5 percent) of the reports completed in FY 2017-18 determined that the individual was competent.

COMPETENCY EVALUATION OPINIONS					
FISCAL YEAR	NUMBER OF EVALUATIONS ORDERED	NUMBER COMPLETED	PERCENT COMPLETED	NUMBER NOT COMPETENT	PERCENT NOT COMPETENT
2010-11	947	824	87.0%	358	43.4%
2011-12	1,036	907	87.5%	394	43.4%
2012-13	1,068	913	85.5%	401	43.9%
2013-14	1,293	1,114	86.2%	554	49.7%
2014-15	1,533	1,316	85.8%	676	51.4%
2015-16	1,699	1,360	80.0%	714	52.5%
2016-17	2,072	1,731	83.5%	882	51.0%
2017-18	2,297	1,924	83.8%	1,068	55.5%

In addition, a large and growing number of individuals who are referred for a competency evaluation had previously received a competency evaluation or restoration treatment. As indicated in the following table, from FY 2010-11 to FY 2016-17, the number of referrals involving individuals who had previously received competency-related services increased from 158 (18.0 percent) to 501 (27.2 percent); in FY 2017-18 this number declined slightly to 434 (22.4 percent).

Patients Referred for a Competency Exam with Prior Competency Exam or Prior Restoration			
Fiscal Year	Number of Referred Competency Evaluation Patients	Number with Prior Competency Evaluation or Restoration Services	Percent
2010-11	877	158	18.0%
2011-12	945	203	21.5%
2012-13	981	249	25.4%
2013-14	1,158	303	26.2%
2014-15	1,381	347	25.1%
2015-16	1,488	416	28.0%
2016-17	1,842	501	27.2%
2017-18	1,935	434	22.4%

Given that nearly half of competency evaluations result in a finding that the individual is competent, and nearly a quarter of the individuals who are referred for a competency evaluation have been through the process at least once before, staff continues to believe that continued expansion of CMHIP and the RISE program is not the most effective solution to the problem.

Ideally, the statutory provisions concerning competency and the allocation of resources will allow the Department to provide clinically appropriate behavioral health services to individuals with pending criminal charges, and to ultimately reduce the number of court referrals for restoration services. The Department previously indicated that at least 25 percent of the inpatient restoration population can and should be served in the community. If the courts are willing to release these defendants on a personal recognizance bond, the State will be able to serve more individuals by leveraging existing community services and supports. In addition, staff believes that by allowing more individuals to receive restoration education services that are coordinated with locally available behavioral health and medical services, the Department will be able to reduce the number of individuals that are repeatedly referred for competency evaluations and treatment.

4 - Department's FY 2019-20 Budget Request

The Department has submitted three operating and capital requests for FY 2019-20 that relate to competency services. These requests total $37.5 million General Fund, and are listed below:

- *CMHIP expansion (Operating budget, R1):* $4.2 million General Fund and 44.5 FTE to expand the capacity of CMHIP by 42 inpatient psychiatric treatment beds. The Department's request is based on hiring staff September 1, 2019, so staff assumes the new units are anticipated to be operational by October of 2019.
- *CMHIFL expansion (Capital construction budget):* $17.8 million General Fund (transferred to the Capital Construction Fund) to expand the capacity at the Mental Health Institute at Fort Logan by 44 inpatient psychiatric treatment beds. These beds are anticipated to become operational as early as December 2021, and would require an estimated $13.0 million for annual operating expenses.
- *Secure Treatment Facility for Competency Restorations (Capital construction budget):* $15.5 million General Fund (transferred to the Capital Construction Fund). Staff understands that the actual request that describes this project has not yet been submitted. Staff does not have any information about the capacity or timing of this project, or the projected annual operating expenses.

Please note that the FY 2017-18 Long Bill included $5.4 million in capital construction funding to add 24 beds in the CMHIP high security forensic facility. These beds are designed to serve patients with high acuity and security needs, and are anticipated to become operational in FY 2020-21.

Staff has three primary concerns about the above requests.

First, the Department continues to focus on expanding inpatient psychiatric bed capacity, with little to no priority on expanding community-based services. This solution is not cost-effective and it is not clinically appropriate for many of the individuals who require competency restoration services.

The Department also views these types of requests as their best short-term solution. However, these types of capacity expansions often take longer than anticipated by the Department. For example:

- The 30-bed RISE program expansion proposed in 2015 took eight months longer than anticipated;
- Of the 24-bed RISE program expansion proposed in September 2017, 16 beds took two months longer than anticipated;
- Of the 34-bed RISE program expansion proposed in November 2017, 16 beds became available three months later than anticipated, and the remaining 18 beds that were anticipated to become available last month are now estimated to become available in June of 2019; and
- The Department's March 2018 request for proposal process to secure 10 contract psychiatric beds failed and to staff's knowledge, the Department has not yet been able to contract for these beds.

Second, the Department's implementation of S.B. 17-012 has been slow and thus far appears to be unsuccessful. The act required OBH to develop standardized juvenile and adult curricula for the educational component of competency restoration services by December 1, 2017, and the act included funding for this purpose. While the Department has developed and disseminated new curricula for juveniles, it continues to utilize existing curricula for adults. Staff understands that a workgroup is in the process of revising this curriculum.

The act did not include an appropriation for OBH to develop community-based competency restoration services that integrate the education component with other case management and treatment. However, in September of 2017 the JBC approved funding to allow the Department to do so. The letter the JBC sent to DHS in September 2017 specifically referenced the possibility of utilizing community mental health centers to provide competency education services and receiving reimbursement for such services from Medicaid or other insurance providers:

> "Finally, we encourage the Department to work cooperatively with community mental health centers and other community-based behavioral health providers throughout the process of implementing S.B. 17-012. At least one Center already has a formal program of providing restoration education services that are integrated with behavioral health treatment, and other Centers have been asked to provide such services in their community. Many Centers have expressed a willingness to provide restoration education services if the Department provides appropriate training and technical assistance and sufficient resources to support service delivery. In addition, there is also a need for clarity and standards concerning the services that are reimbursable under Medicaid or other insurance carriers."

Shortly after the Committee met in September of 2017, DHS provided data identifying 171 specific cases in FY 2016-17 in which the Court had ordered inpatient competency evaluations and

restorations for defendants with charges below a felony level who did not demonstrate any indices of clinical acuity during the first 60 days of their hospitalization. This data, which included the specific jurisdiction and judge who made the order, was provided to the State Court Administrator and his staff so that they know which jurisdictions and individual judges may be referring patients to CMHIP or RISE when they may be better served in an outpatient setting.

The Department did not fill the related Program Manager and Program Coordinator positions until late March 2018, and the Data Analyst position was filled sometime after that. The Department chose to issue a request for proposal for a single vendor to provide competency education and case management statewide, with services to be available in every county. The Department's written request indicated that the reason for this approach was that, "best practices in restoration treatment dictate that educators/case managers are independent of mental health treatment providers". In response to a staff inquiry about this statement, the Department subsequently confirmed that this statement is incorrect – best practice is actually the opposite. Close coordination and collaboration between competency restoration educators and clinical treatment providers increases the likelihood of successful competency restoration. This solicitation failed as no vendor responded.

In response to a staff request, the Department provided the following information concerning the number of outpatient restoration and education contracts completed to date and the number of individuals who have received community-based competency education services since the funding was provided in September 2017.

Outpatient Restoration and Education Contracts as of November 19, 2018				
#	Name of Vendor	Month Contract was Completed	Counties Served	# Served as of 11/19/18
1	Andrea Weiner	August 2018	Denver	22
2	Shelli Kelly	August 2018	Weld and Larimer	8
3	Virtual Assessments	August 2018	Jefferson	4
4	HEART Counseling	October 2018	Jefferson	0
5	Rocky Mountain Behavioral Medicine	October 2018	Denver and Broomfield	52
6	STRiVE	October 2018	Mesa	1
7	Alma Lozano	November 2018	Denver	0
			Total	**87**

The Department indicated that it "continues to on-board private vendors and specialized agencies who provide services to the intellectual and developmental disability community across the State providing training and support to deliver competency restoration education and case management." The Department also indicated that they are working with the Colorado Behavioral Healthcare Council to secure agreements with community mental health centers to deliver competency restoration education and case management in a setting where individuals can also engage in available mental

health counseling, medication management, peer support and other wrap-around services. The Department indicates that as of November 30, 2018, contracts with two community mental health centers (Jefferson Center for Mental Health and Community Reach) to provide community-based competency restoration education services are in the final stages of contract execution.

Third, staff is not confident that the Department will be able to attract and retain sufficient staff to fill all of the positions that will be required to operate the requested CMHIP beds along with those already scheduled to become operational.

Staff continues to believe that the Department should prioritize efforts to work collaboratively with local providers to establish community-based restoration education services that are integrated with locally available behavioral health and medical services. By partnering with local providers and engaging with stakeholders in each judicial district, the Department will be more successful in building Court confidence in these programs. This is also likely to be the most effective way to reduce the number of individuals that are repeatedly referred for competency evaluations and treatment.

5 - BACKGROUND INFORMATION

MENTAL HEALTH INSTITUTES (INSTITUTES): CAPACITY, AVERAGE DAILY POPULATION, AND COST-PER-PATIENT

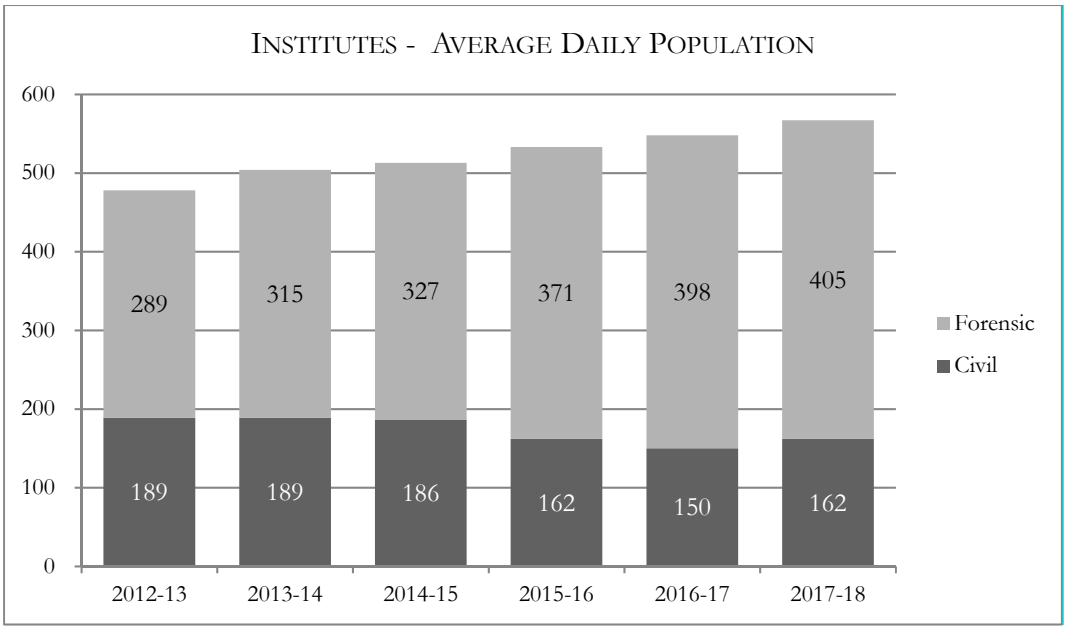
The next table details the capacity (number of beds) and the average daily population for both Institutes and for the RISE Program as of June 30, 2018.

INSTITUTES - FY 2017-18 (AS OF JUNE 30, 2018)					
LOCATION	BED CAPACITY	AVERAGE DAILY POPULATION			PATIENT OCCUPANCY
		CIVIL	FORENSIC	TOTAL	
Pueblo	449	79	338	417	92.9%
Fort Logan	94	83	7	90	95.7%
RISE Program	64	0	60	60	93.8%
Total	**607**	**162**	**405**	**567**	**93.4%**
Percent of total ADP		*28.6%*	*71.4%*	*100.0%*	

The next table details the overall capacity and average daily population for both Institutes and for the RISE Program for the last five fiscal years. The chart that follows illustrates the total average daily population of civil and forensic patients.

INSTITUTES - CAPACITY AND AVERAGE DAILY POPULATION				
FISCAL YEAR	BED CAPACITY[1]	AVERAGE DAILY POPULATION (AS OF LAST DAY OF FY)		
		CIVIL	FORENSIC	TOTAL
2012-13	545	189	289	478
2013-14	567	189	315	504
2014-15	565	186	327	513
2015-16	581	162	371	533
2016-17	575	150	398	548
2017-18	607	162	405	567

[1] Includes beds within the RISE Program (22 in FY 2013-14, increasing to 64 by end of FY 2017-18).



Finally, the next three tables, provided by the Department, detail the FY 2016-17 capacity, average daily population, and average cost per patient per day for each program within each Institute as well as for the RISE Program. [Fiscal year 2016-17 is the most recent year for which the Department as actual costs per day for each unit.] The average daily cost varies significantly by unit; in FY 2016-17 the average cost per patient-day ranged from $307.50 ($112,237 for 365 days) for the RISE Program to $1,823.28 ($665,497 for 365 days) for the "E2 D Wing" at CMHIP. The latter unit that was created in 2015 to treat patients who had previously been transferred to the Department of Corrections.

FY 2016-17 (July 1, 2016 - June 30, 2017) CMHIP Cost/Capacity/Census by Division and Program		Billing	Billing	Cost Report	Average Daily Population (ADP) as of 6/30/2017				
Division	Program	Cost Category	Rate/ Day	Average Cost/Day	Bed Capacity	Civil ADP	Forensic ADP	Total	Patient Occupancy
Admissions	A67 - Adult 67 Program	Adult	$687.00	$619.43	32	2	30	32	100%
Admissions	C2 -Womens Program	Forensic	$676.00	$656.79	24	1	21	22	92%
Admissions	E1 - STAT Program CMS Certified	Forensic	$676.00	$781.71	8	1	6	7	88%
Admissions	E1 - STAT Program CMS non-Certified	Forensic	$676.00	$781.71	16		15	15	94%
Admissions	E2EF - EF Wings	Forensic	$676.00	$944.13	16		15	15	94%
Cognitive-Behavioral	ABTU-Adolescent Behavioral Treatment Unit	Adolescent	$1,232.00	$1,803.31	20	2	9	11	55%
Cognitive-Behavioral	ACBU - Advanced Cognitive Behavioral Unit Intermediate Security	Forensic	$676.00	$632.89	24		23	23	96%
Cognitive-Behavioral	ADVCOT - Advanced Cottage	Forensic	$676.00	$490.04	12		10	10	83%
Cognitive-Behavioral	BTUC - Behavioral Treatment Unit CMS Certified	Forensic	$676.00	$851.58	8	1	7	8	100%
Cognitive-Behavioral	BTUN - Behavioral Treatment Unit CMS non-Certified	Forensic	$676.00	$851.58	8	3	5	8	100%
Cognitive-Behavioral	Circle - Adult Circle Dual Diagnosis Program	Forensic	$687.00	N/A	0			0	0%
Cognitive-Behavioral	E2DW - E2 D Wing	Forensic	$676.00	$1,823.28	6	3	2	5	83%
Cognitive-Behavioral	REACH - Recognizing Emotions Acceptance Care Hope	Forensic	$676.00	$498.59	24	3	21	24	100%
PsychoSocial	CORE - Continuum of Recovery Program	Adult	$687.00	$582.61	32	4	28	32	100%
PsychoSocial	CRU - Community Reintegration Unit Minimum Security	Forensic	$676.00	$576.35	39	2	35	37	95%
PsychoSocial	GW01 - Geriatric 1 Program	Geriatric	$635.00	$820.03	20	7	13	20	100%
PsychoSocial	GW07 - Geriatric 7 Program	Geriatric	$635.00	$603.38	20	7	13	20	100%

FY 2016-17 (July 1, 2016 - June 30, 2017) CMHIP Cost/Capacity/Census by Division and Program		Billing	Billing	Cost Report	Average Daily Population (ADP) as of 6/30/2017				
Division	Program	Cost Category	Rate/ Day	Average Cost/Day	Bed Capacity	Civil ADP	Forensic ADP	Total	Patient Occupancy
PsychoSocial	SLP - Social Learning Program	Forensic	$676.00	$574.41	24	12	11	23	96%
PsychoSocial	STAR - Strategies to Accomplish Recovery	Forensic	$676.00	$553.07	24	10	14	24	100%
Restoration	C1 - Assessment - Stabilization	Forensic	$676.00	$714.38	24	2	21	23	96%
Restoration	J1 - Medium Security Restoration Program	Forensic	$676.00	$548.08	24	1	23	24	100%
Restoration	L1 -Medium Security Recovery Program	Forensic	$676.00	$530.97	24		24	24	100%

FY 2016-17 (July 1, 2016 - June 30, 2017) CMHIFL Cost/Capacity/Census by Division and Program		Billing	Billing	Cost Report	Average Daily Population (ADP) as of 6/30/2017				
Division	Program	Cost Category	Rate/Day	Average Cost/Day	Bed Capacity	Civil ADP	Forensic ADP	Total	Patient Occupancy
Adult Civil	Team 1	Adult	$868.00	$982.78	25	23		23	92%
Adult Civil	Team 2	Adult	$868.00	$942.13	24	23		23	96%
Adult Civil	Team 3	Adult	$868.00	$1,032.55	25	22		22	88%
Adult Civil	Team 5	Adult	$868.00	$1,009.49	20	21	1	22	110%

FY 2016-17 (July 1, 2016 - June 30, 2017) CMHIP Cost/Capacity/Census by Division and Program		Billing	Billing	Cost Report	Average Daily Population (ADP) as of 6/30/2017				
Division	Program	Cost Category	Rate/Day	Average Cost/Day	Bed Capacity	Civil ADP	Forensic ADP	Total	Patient Occupancy
RISE	RISE	Contract	$307.50	N/A	52	0	51	51	98%

For FY 2017-18, the amounts billed per patient per day were as follows:

- CMHIP – Geriatric Programs: $635.00
- CMHIP – Adult 67 Program, Circle Program, and Continuum of Recovery Program: $687.00
- CMHIP – Adolescent Behavioral Treatment Unit: $1,232.00
- CMHIP – All other units: $676.00
- CMHIFL: $868.00
- RISE Program: $310.57

COURT ORDERED SERVICES CONCERNING A DEFENDANT'S COMPETENCY

Competency Evaluation

The court may order a psychiatric evaluation to determine whether an individual with pending criminal charges (the defendant) is competent to proceed at a particular stage of the criminal proceeding[4]. The issue of competency may be raised by the court, the defense, the prosecution, or the State Board of Parole. A defendant is determined to be "incompetent to proceed" if he or she has a mental disability or developmental disability that: (1) prevents him or her from having sufficient present ability to consult with the defense attorney with a reasonable degree of rational understanding in order to assist in the defense; or (2) prevents him or her from having a rational and factual understanding of the criminal proceedings[5].

Please note that the standard for competency is lower than the standard imposed for a sanity evaluation, in part because it only measures the defendant's "present" ability rather than the defendant's mental status at the time of the crime. The competency status of a defendant can change at any time based on factors such as whether they are taking their medication consistently.

[4] Section 16-8.5-101, et seq., C.R.S.

[5] It is staff's understanding that there is a long-standing legal recognition that a criminal trial of an incompetent defendant violates the defendant's right to due process of law and the right to have assistance of counsel for his defense.

The Department of Human Services is statutorily obligated to conduct a court-ordered competency evaluation and provide a report to the court[6]. The evaluation can be conducted by or under the direction of the Department by a licensed physician who is a psychiatrist or a licensed psychologist. A competency evaluator is required to have some training in forensic competency assessments, or be in forensic training and practicing under the supervision of a psychiatrist or licensed psychologist who has forensic expertise.

The court is required to release the defendant on bond if the defendant is otherwise eligible for bond, and the court is required to order that the evaluation be conducted on an outpatient basis or at the place where the defendant is in custody. The court may, however, order the defendant placed in the custody of CMHIP to conduct an evaluation under certain circumstances[7]. The Department refers to evaluations that occur at CMHIP or within the RISE Program as "inpatient" evaluations[8]. An "outpatient" evaluation is also conducted by CMHIP staff or CMHIP contractors, but the evaluation is done at the county jail, prison, or juvenile detention facility where the defendant is in custody, or at another location in the community if the defendant is released on bond.

Not all competency evaluation orders result in the completion of a competency report to the court, as the competency examination order may be subsequently withdrawn by the court for a variety of reasons (e.g., the charges were dropped or new orders were issued to change the evaluation location between inpatient and outpatient settings). In FY 2017-18, 83.8 percent of competency evaluations ordered by the court were completed.

Competency Restoration Services

If a defendant is determined competent to proceed, the court orders that the suspended proceeding continue (or, if a mistrial has been declared, the court resets the case for trial). If a defendant is determined to be incompetent to proceed, the court has two options[9]:

- If the defendant is on bond or summons, the court is required to consider whether restoration to competency should occur on an outpatient and out-of-custody basis. The court may require, as a condition of bond, that the defendant obtain any treatment or habilitation services that are available to the defendant in the community (such as inpatient or outpatient treatment at a community mental health center[10]). However, statute establishes a presumption that the incompetency of the defendant will inhibit the ability of the defendant to ensure his or her presence for trial.
- If the court finds the defendant is not eligible for release from custody, the court may commit the defendant to the custody of the Department so that the defendant can receive restoration to competency services on an inpatient basis.

[6] Please note that while H.B. 18-1109 created a process for the State Board of Parole to refer a case to the sentencing trial court for a finding of competency, the Department of Human Services is not responsible for conducting the competency evaluation and is not required to take custody of an offender for competency restoration services.

[7] See the description of H.B. 16-1410 at the end of this section for details about the circumstances under which the court may order the defendant placed in the custody of CMHIP for the evaluation.

[8] Please note that there are a few individuals who are routed for admission and treatment at the Colorado Mental Health Institute at Fort Logan.

[9] Section 16-8.5-111, C.R.S.

[10] Section 16-8.5-111, C.R.S., states that the court is not authorized to order community mental health centers or other providers to provide treatment for persons not otherwise eligible for these services.

It is staff's understanding that services that are provided to restore an individual's competency may differ from those provided to a patient with a different legal standing (e.g., an involuntary civil commitment), and may not necessarily address all of a patient's symptoms or mental health needs[11].

Current law is silent concerning the qualifications of individuals who provide competency restoration treatment. The Department currently utilizes a multidisciplinary team consisting a psychiatrist, psychologist, social worker, nursing staff, mental health clinicians, and other clinical disciplines. Once the defendant's multidisciplinary treatment team determines that competency has been restored, the Department conducts a competency evaluation. If the Department evaluator agrees, the Department prepares a report to the court; the court determines whether the defendant is restored to competency. At such time as the Department recommends to the court that the defendant is restored to competency, the defendant may be returned to custody of the county jail or to previous bond status and the case proceeds. The court is required to credit any time the defendant spent in confinement.

An individual may not be confined for purposes of receiving competency restoration treatment for a period in excess of the maximum term of confinement that could be imposed for the offenses with which the defendant is charged, less any earned time[12]. The court is required to review the case at least every three months with regard to the probability that the defendant will eventually be restored to competency and the need for continued confinement.

If the court finds that there is substantial probability that the defendant will not be restored to competency within the foreseeable future, the court may order the release of the defendant from commitment through one or more of the following options[13]:

- Upon motion of the district attorney or the defense, the court may terminate the proceeding;
- The court may order release of the defendant on bond with conditions;
- The court or a party may commence a civil proceeding for involuntary commitment if the defendant meets the requirements for such commitment[14]; or
- The court or a party may initiate an action to restrict the rights of an individual with a developmental disability who is eligible for services[15].

Senate Bill 17-012 established the Department's Office of Behavioral Health (OBH) as the agency responsible for the oversight of competency restoration education and coordination of services for both juveniles and adults.

[11] In a 2003 decision [*Sell v. United States*, 539 U.S. 166 (2003)], the U.S. Supreme Court imposed limits on the right of a lower court to order the forcible administration of antipsychotic medication to a criminal defendant who had been determined to be incompetent to stand trial for the sole purpose of making them competent and able to be tried.
[12] Section 16-8.5-116 (1), C.R.S
[13] Section 16-8.5 116 (2), C.R.S.
[14] Article 65 of Title 27, C.R.S.
[15] Article 10.5 of Title 27, C.R.S.

SETTLEMENT AGREEMENT WITH THE CENTER FOR LEGAL ADVOCACY

In August 2011, the Center for Legal Advocacy (the Center*)* brought a legal action[16] against the Department of Human Services to challenge the length of time it was taking for pretrial detainees in Colorado jails to receive competency evaluations or restorative treatment. The parties resolved the claim through a Settlement Agreement in April 2012. The Agreement was initially effective beginning July 1, 2012, for a ten-year period. However, the term of the Agreement could be periodically reduced when Department has fully complied with the terms of the Agreement in the preceding year. Based on compliance from July 2012 through June 2014, the Agreement term was reduced by two years. The U.S. District Court for Colorado retains jurisdiction for the purpose of enforcing the terms of the Agreement for the entire duration of the Agreement and for 60 days after CMHIP provides the final monthly report.

The Agreement requires the Department to:

- admit pretrial detainees[17] to CMHIP for inpatient competency evaluations or restorative treatment no later than 28 days after he or she is ready for admission[18];
- maintain a monthly average[19] of 24 days or less for admission to CMHIP for inpatient evaluations or restorative treatment; and
- complete all outpatient competency evaluations of pretrial detainees no later than 30 days after CMHIP's receipt of a court order directing the evaluation and receipt of collateral materials.

The Department is required to provide monthly reports concerning all pretrial detainees referred to CMHIP for inpatient competency evaluations, outpatient competency evaluations, or restorative treatment.

The Agreement recognizes that to some extent the Department's ability to perform its obligations under the Agreement is based on factors beyond its control. The Agreement allows the timeframe requirements to be temporarily suspended or delayed due to two types of special circumstances:

- "*Individual Special Circumstances*" means a situation that delays the offering of admission to an individual pretrial detainee, where the circumstances are not within the control of the Department (e.g., the court, jail, or defense counsel requests that admission be delayed because they are seeking a more appropriate placement; or the inmate is not medically cleared for admission due to illness or other non-psychiatric medical need). Under such a circumstance, the Department may notify the Legal Center.

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[16] *Center for Legal Advocacy d/b/a Disability Law Colorado v. Reggie Bicha, in his official capacity as Executive Director of the Colorado Department of Human Services, and Jill Marshall, in her official capacity as Interim Superintendent of the Colorado Mental Health Institute at Pueblo*, Case No. 11-cv-02285-NYW (U.S. District Court for the District of Colorado).

[17] "Pretrial detainee" means a person who is being held in the custody of a county jail, and whom a court has ordered to undergo an outpatient evaluation in the county jail, an inpatient evaluation at CMHIP, or restorative treatment at CMHIP. Persons serving a sentence in the Department of Corrections, juveniles, and persons on bond are excluded from the Agreement.

[18] "Ready for admission date" means the date on which CMHIP has received the court order for admission to CMHIP, and, in the case of a court-ordered competency evaluation, CMHIP has received the collateral materials required for the evaluation. "Collateral materials" are the police incident reports for the offense and the charging documents.

[19] "Monthly average" means the average timeframe for admission for all pretrial detainees within that calendar month who (1) were admitted to CMHIP for inpatient competency evaluations or restorative treatment; or (2) have an outpatient competency evaluation performed at the county jail. Under the initial Settlement Agreement this requirement referenced a quarterly average of 24 days.

- "*Departmental Special Circumstances*" means circumstances beyond the control of the Department that impact CMHIP's ability to comply with the Agreement timeframes (e.g., an unanticipated spike in referrals or a substantial and material decrease in CMHIP's budget). The parties are required to confer to review the reasons for invocation and to determine issues for resolution. The Department is then required to submit in writing a proposal to address the issues.

The parties agreed to "work together in good faith to ensure the cooperation of other interested groups such as the State Judiciary, District Attorneys, Public Defenders, and County Sheriffs in the successful implementation of this Agreement".

In August 2015, the Department invoked Departmental Special Circumstances, and the Plaintiffs filed a motion to reopen the case for enforcement of the Settlement Agreement in October of 2015. The parties entered into an amended and restated Settlement Agreement, which was filed with the Court in July 2016.

The Department invoked Departmental Special Circumstances in both June 2017 and December 2017. While the Department has complied with the Settlement Agreement timeframes concerning outpatient competency evaluations since July 2015, and with those concerning inpatient competency evaluations since May 2018, it has <u>not</u> complied with the timeframes concerning inpatient restoration treatment since June 2017.

The Plaintiffs filed another motion to reopen the case in June 2018, followed by a motion in August 2018 for summary judgement to enforce the Settlement Agreement. The Defendants also filed a motion for summary judgement. As of August 2018, 170 pretrial detainees were waiting more than 28 days for restorative treatment at CMHIP or RISE, the average wait time was 81.1 days, and the longest wait time was 149 days.

On November 9, 2018, the Court granted in part and denied in part the Plaintiffs' motion, and denied the Defendants' motion. The Court:

- agreed with the Defendants that the Settlement Agreement does not prohibit consecutive invocations of Departmental Circumstances;
- could not conclude that the Defendant's invocation of Departmental Special Circumstances in either June or December of 2017 was proper under the Settlement Agreement due to factual disputes; and
- concluded that as of June 2018, the Defendants are in breach of the 2016 Settlement Agreement.

The Court, however, declined to enter an order for injunctive relief at this time. While the Court found that injunctive relief is appropriate to bring the Defendants into compliance with the timeframe requirements for inpatient restoration, it stated that it is not clear based on the record that an order mandating immediate compliance is feasible or just. The Court indicated that it is inclined to permit the Defendants no more than six months (and perhaps far less) from the date of any Order disposing of the issue to come back into compliance. The Court ordered the parties to be prepared to address an expedited schedule on the issue of whether the Department properly invoked Departmental Special Circumstances in 2017. The Court set a status conference on November 30, 2018, to discuss discovery and to set an evidentiary hearing on this issue so that the Court can rule upon a "forthcoming motion

to enforce and to determine the appropriate scope and terms of an injunction going forward to address the Department's performance of inpatient restoration services".

Finally, the Plaintiffs are seeking attorneys' fees and costs associated with reopening the case. The Court found that a ruling on attorneys' fees and costs is premature, and deferred ruling on this request until the Court completes its adjudication of the enforcement of the 2016 Settlement Agreement.

At the November 30, 2018, status conference:

- The Plaintiffs requested that the Court appoint a Special Master. The Court ordered that the Plaintiffs fill a written motion for such an appointment by December 6, 2018, and that the Defendants reply by December 13, 2018.
- The Court ordered that a five-day hearing be set, beginning March 18, 2019.
- The Court ordered that the Defendants submit to the Plaintiffs and the Court by December 14, 2018, "a plan to remedy the Departmental Special Circumstances, and the projected timeframe for resolution" as contemplated by the Settlement Agreement.

HOUSE BILL 16-1410 (COMPETENCY EVALUATION LOCATION)

The Joint Budget Committee sponsored this bill to limit the court's discretion to order that a competency evaluation be conducted at the Colorado Mental Health Institute at Pueblo (CMHIP). The Act specifies that the evaluation must be done on an outpatient basis or at the place where the defendant is in custody unless:

- the court makes certain specified findings;
- the court receives a recommendation from the CMHIP court services evaluator that conducting the evaluation at CMHIP is appropriate; or
- the court receives written approval from the Department of Human Services (DHS).

The act prohibits the court from considering the need for the defendant to receive a competency evaluation when setting bond. The act 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. The act appropriated $107,076 General Fund to the Department of Human Services (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.

The act repeals a provision that required CMHIP to bill the court for the cost of defendants for whom the court has ordered an inpatient competency evaluation. The act 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.

JAIL-BASED COMPETENCY RESTORATION PROGRAM (RISE)

Since FY 2013-14, the General Assembly has appropriated funding to support a jail-based restoration program for defendants who have been determined by the court to be incompetent to proceed in their criminal cases. The Department has contracted with Correct Care, LLC (formerly known as GEO Care), to provide competency restoration services at the Arapahoe County Detention Facility in Centennial. This program is called the Restoring Individuals Safely and Effectively or "RISE" Program. The RISE Program generally serves men from the Denver metro area who: do not have

significant medical needs identified; do not have significant medication compliance issues; and are likely to be restored in a relatively short period of time.

The Department submitted interim supplemental requests to the Joint Budget Committee in September of 2015 and September of 2017 to expand the RISE Program. The Department also submitted a companion funding request as part of its FY 2018-19 budget request. The following table summarizes the Department's periodic requests to expand the RISE Program, and the incremental capacity expansion that has occurred to date.

RISE Program: Capacity Expansion					
Department Request			Actual Capacity Expansion		
Date Submitted	# Beds	Projected Operational Date	# Beds	Operational Date	Total Capacity
November-12	20	n/a	22	November-13	22
September-15	30	December-15	30	August-16	52
September-17	n/a	JBC staff-initiated in response to interim supplemental request	4	October-17	56
September-17	24	July-18	8	May-18	64
			16	September-18	80
November-17	16	July-18	16	October-18	96
November-17	18	November-18	18	*Estimated June-19*	114

The contracted daily rate for FY 2018-19 is $310.57 per day. This compares to the FY 2018-19 inpatient daily rate at CMHIP for Forensic Psychiatry of $676.00 per day.

ISSUE: RECENT ACTIONS TO IMPROVE ACCESS TO BEHAVIORAL HEALTHCARE

In addition to the legislative actions taken in recent years to address competency issues, the General Assembly has taken a number of actions to improve access to behavioral healthcare. Many of these efforts focus on individuals who are involved in the criminal or juvenile justice systems.

SUMMARY

- Over the last three years the General Assembly has passed legislation and appropriated funding to:
    - Increase access to a continuum of effective substance use disorder services;
    - Provide funding to sheriffs to screen and provide care for jail inmates with behavioral health disorders, and to provide continuity of care within the community after inmates are released;
    - Support and evaluate pilot programs that implement pre-booking diversion programs to divert low-level drug offenders away from the criminal justice system and into treatment;
    - Allow community mental health centers to expand mental health services for juvenile and adult offenders;
    - Support local partnerships between law enforcement and behavioral health agencies;
    - Promote continuity of care (particularly related to medication) between jails, state agencies, and community treatment providers;
    - Provide housing for individuals with behavioral health disorders who are transitioning from the criminal and juvenile justice systems to the community;
    - Support programs that provide intensive residential treatment for individuals with co-occurring mental health and substance use disorders; and
    - Support coordinated referrals of high-risk individuals from hospitals and withdrawal management facilities to appropriate transition specialists.
- If these initiatives and investments are effectively implemented, they should reduce the number of individuals who become or remain involved in the criminal justice system as a result of their behavioral health conditions.

DISCUSSION

Over the last three years, the General Assembly has taken a number of actions to improve access to behavioral health care – particularly for those individuals who are involved in the criminal justice system. The previous issue brief discusses those efforts specifically designed to address the needs of individuals who are involved in the criminal justice system and require competency-related services. This issue brief describes other initiatives and investments that should reduce the number of individuals who become or remain involved in the criminal justice system as a result of their behavioral health conditions. Staff believes that the focus of the General Assembly, the Department of Human Services, behavioral health service providers, local law enforcement agencies, and other affected agencies should be to implement these initiatives timely and effectively.

The remainder of this issue brief describes each initiative, including the status and participating communities.

SENATE BILL 16-202 (INCREASING ACCESS TO EFFECTIVE SUBSTANCE USE DISORDER SERVICES)

This act 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, and prepare a community action plan to address the most critical service gaps. The assessment was to consider the service needs for different populations, and to assess the continuum of substance use disorder services, including prevention, early intervention, treatment, and recovery support services. A single, consolidated Community Assessment Report was prepared by Keystone Policy Center. This consolidated report, and the MSO community action plans for each region are available on the Colorado Behavioral Healthcare Council (CBHC) website[20].

The act requires the Department of Human Services (DHS) to allocate money that is annually appropriated to it from the Marijuana Tax Cash Fund to the MSOs based on the Department's allocation of the federal Substance Abuse Prevention and Treatment Block Grant. The act allows MSOs, by consensus, to recommend changes to the allocation methodology. Each MSO is authorized to use its annual allocation over a two-year period to implement its community action plan and increase access to substance use disorder services for populations in need of such services within its region (including start-up costs and other expenses necessary to expand capacity).

The General Assembly made $6.0 million available for this purpose in FY 2016-17, $12.0 million in FY 2017-18, and $15.2 million for FY 2018-19. In response to a staff request, CBHC provided summaries of MSO expenditures for FY 2016-17 and FY 2017-18. MSOs reported expenditures totaling $5,152,124 in FY 2016-17 and $9,364,854 in FY 2017-18.

As in FY 2016-17, expenditures for services spanned the continuum, including prevention, treatment, and recovery services. Significant investments were again made to expand access to withdrawal management, residential treatment, and medication assisted treatment. MSOs also invested significant amounts in a variety of prevention and recovery programs. Other expenditures were made to expand outreach, care coordination, and client transportation, as well as to support workforce training and development. *Appendix H, prepared by CBHC, provides narrative descriptions of the 57 different programs and services for which MSOs utilized S.B. 16-202 funds in FY 2017-18.*

JAIL-BASED BEHAVIORAL HEALTH SERVICES PROGRAM

The General Assembly appropriated a total of $7.7 million for this program for FY 2018-19 (including $2.4 million General Fund and $5.3 million reappropriated funds transferred from the Judicial Department from money in the Correctional Treatment Cash Fund). The programs supported by this line item screen for and provide care for adult jail inmates with a substance use disorder, including individuals who have a co-occurring mental health disorder. In addition, programs provide continuity of care within the community after the inmate's release from jail.

The Department contracts with county sheriffs' departments to administer these funds; some counties collaborate with neighboring county sheriff departments. Sheriff departments work with local community providers who are licensed by the DHS' Office of Behavioral Health to provide services within the jail, and have the capacity to provide free or low cost services in the community to inmates upon release. Most programs have at least a clinician position to offer screenings, assessment, and

[20] See: http://www.cbhc.org/substance-use-disorder-community-assessment-sb-16-202-report/.

treatment in the jail, as well as a case manager position dedicated to 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.

The Department provided the following table detailing the allocation of funds to each participating county for FY 2017-18 and FY 2018-19, and expenditures by each county in FY 2017-18. The Department has not yet allocated the additional funding that was provided for this program through S.B. 18-250.

Jail-based Behavioral Health Services (JBBS) Program				
#	**Contractor Name**	**FY 2017-18 Allocation**	**FY 2017-18 Expenditure**	**FY 2018-19 Allocation**
1	Adams County	$256,011	$234,134	$232,714
2	Alamosa County	$121,682	$100,486	$110,609
3	Arapahoe County	$354,906	$347,247	$322,610
4	Boulder County	$331,066	$324,196	$300,939
5	Clear Creek County	$111,542	$94,689	$101,392
6	Delta County	$286,112.	$228,379	$257,849
7	Denver County	$283,662	$259,710	$260,077
8	Douglas County	$136,892	$116,985	$124,435
9	El Paso County	$332,248	$292,512	$305,031
10	Garfield County	$405,607	$378,405	$404,697
11	Jefferson County	$407,635	$246,864	$370,540
12	La Plata County	$365,047	$324,069	$250,783
13	Larimer County	$275,889	$208,493	$331,828
14	Logan County	$512,806	$441,946	$466,141
15	Otero County	$260,996	$255,687	$237,245
16	Pueblo County	$202,804	$144,025	$220,349
17	Weld County	$335,629	$233,423	$305,087
	TOTAL JBBS Substance Use/Co-occurring services	$4,980,534	$4,231,258	$4,602,326
	S.B. 18-250 Jail-based Behavioral Health Services (Mental Health)			$2,426,667

Jail-based Behavioral Health Services (JBBS) Program				
#	Contractor Name	FY 2017-18 Allocation	FY 2017-18 Expenditure	FY 2018-19 Allocation
SB18-250 allocation process description: On November 19, 2018, the Department released a request for application in the amount of $2,426,667 to Colorado county jails to provide mental health services in jails. The application covers 29 jails across the State. The applications are due back to the Department by December 17, 2018. The Department's target start date for the contracts is February 1, 2019. The following counties will be invited to participate in this mental health Jail-based services program. They are: Alamosa, Baca, Bent, Clear Creek, Conejos, Crowley, Delta, Eagle, Elbert, Garfield, Grand, Gunnison, Kit Carson, La Plata, Lincoln, Logan, Mesa, Moffat, Montezuma, Montrose, Morgan, Otero, Pitkin, Prowers, Routt, San Miguel, Summit, Washington, Yuma.				

LAW ENFORCEMENT ASSISTED DIVERSION (LEAD) PILOT PROGRAMS

The FY 2018-19 Long Bill includes $2.6 million to support four LEAD pilot programs. LEAD is an evidence-based pre-booking diversion program that offers low-level drug offenders case management and other supportive services as an alternative to jail and prosecution. Program participants are assessed and then receive ongoing case management services, are connected with existing resources in the community (e.g., legal advocacy, job training or placement, housing assistance, counseling).

The Department released a request for application in October 2017, awards were announced in January 2018, and contracts were signed by the awardees in April 2018. The four pilot sites include:

- Alamosa – Services began May 23, 2018
- Longmont – Services began July 9, 2018
- Pueblo – Services began August 27, 2018
- Denver – Services are anticipated to begin in December 2018 [The Department indicates that this program has not been fully implemented yet due to a series of staffing changes and program implementation setbacks within the City and County of Denver.]

The Department provided the following table detailing the allocation of funds to each pilot program for FY 2017-18 and FY 2018-19, and expenditures by each pilot program in FY 2017-18. The table also includes allocations for technical assistance and program evaluation.

Law Enforcement Assisted Diversion (LEAD) Program				
Contractor Name	FY 2017-18 Allocation	FY 2017-18 Expenditure	FY 2018-19 Allocation	Program Description
City of Alamosa	$153,414	$60,949	$560,450	Alamosa LEAD Program
City of Longmont	$328,825	$218,116	$574,974	Longmont LEAD Program
Pueblo County	$457,732	$92,992	$575,000	Pueblo LEAD Program
City and County of Denver	$213,593	$39,811	$560,707	Denver LEAD Program
Public Defender Association	$60,000	$60,000	$60,000	Technical assistance for program model implementation

Law Enforcement Assisted Diversion (LEAD) Program				
Contractor Name	**FY 2017-18 Allocation**	**FY 2017-18 Expenditure**	**FY 2018-19 Allocation**	**Program Description**
University of Colorado Denver	$213,593	$25,334	$219,989	Program Evaluation
TOTAL	**$1,427,157**	**$497,201**	**$2,551,120**	

The Department selected the University of Colorado Denver School of Public Affairs and Department of Sociology as the vendor selected to conduct the evaluation. The evaluation will focus on addressing the following research questions:

1. Difference in outcomes for LEAD program participants compared to control group (including, re-arrest and recidivism, treatment completion rates, subsequent conviction, psycho-social changes, housing, economic/employment status, etc.)
2. Cost-benefit of LEAD program participation compared to control group (including booking and prosecution costs, jail days, treatment, prison incarceration, etc.)
3. Evaluating police officers' exercise of discretionary authority at point-of-contact to divert individuals to LEAD programming effects subsequent disparities in the justice process.

MENTAL HEALTH SERVICES FOR JUVENILE AND ADULT OFFENDERS

The FY 2017-18 Long Bill included an increase of $2.4 million to allow community mental health center staff in every region to provide services for juvenile and adult offenders that are not covered by Medicaid. Each community mental health center was allowed to determine how they wanted to use these funds, and the Department provided the following table detailing the allocation of funds to each Center for FY 2017-18 and FY 2018-19, and expenditures by each Center in FY 2017-18. The table also includes a brief description of each program. Many Centers have chosen to use this allocation to support a co-responder model (similar to the programs listed in the next item), and the Department included a column to clearly identify these programs.

Mental Health Services for Juvenile and Adult Offenders					
Mental Health Center Name	**FY 2017-18 Allocation**	**FY 2017-18 Expenditure**	**FY 2018-19 Allocation**	**Co-responder program? (Yes/No)***	**Program Description**
1 Arapahoe MHC (All Health)	$279,466	$263,997	$313,623	Y	Co-Responder Services in Littleton & Englewood PDs (Greenwood Village PD soon) and post intervention follow up & case management
2 AspenPointe	$489,065	$340,735	$548,840	N	Jail in-reach, transition to community and outpatient services for adults
3 Aurora MHC	$279,466	$276,418	$313,623	1. N 2. Y	1. Alternative sentencing program for adults, with

Mental Health Services for Juvenile and Adult Offenders					
Mental Health Center Name	**FY 2017-18 Allocation**	**FY 2017-18 Expenditure**	**FY 2018-19 Allocation**	**Co-responder program? (Yes/No)***	**Program Description**
					intensive wrap around services in the community. 2. Co-Responder Program in Aurora Police Department
4 Centennial MHC	$205,339	$123,483	$230,436	N	Criminal Justice Specialists who provide regional care management for criminal justice involved
5 Community Reach Center	$351,149	$317,818	$394,068	N	Jail-based services and problem solving court evaluations
6 Health Solutions	$279,466	$253,266	$313,623	Y	Co-Responder Program in Pueblo Police Department
7 Jefferson Center for Mental Health	$440,669	$440,669	$494,528	1. Y 2. N	1. Co-Responder Program in Arvada & Lakewood Police Departments 2. Youth Services
8 MHC of Boulder	$279,466	$260,453	$313,623	N	Jail and community based services
9 MHCD	$489,064	$489,064	$548,839	1. Y 2. N	1. Co-Responder Program with Denver Police Department 2. Youth Services
10 Midwestern MHC	$205,339	$87,374	$230,436	1. Y 2. N	1. Co-Responder Program with Montrose PD & Delta County Sheriff's Office 2. Jail-based services
11 Mind Springs	$279,466	$279,466	$313,623	1. N 2. Y supports referrals from co-responder program in Grand Junction.	1. Specialty Court services 2. Intensive community based case manager that supports referrals from SB 207 funded Co-Responder Program in Grand Junction.
12 North Range	$279,466	$279,466	$313,623	1. N 2. Y	1. Specialty Court Services 2. Paired response with Greeley Police & Fire, working in tandem with SB 207 Co-Responder Program

Mental Health Services for Juvenile and Adult Offenders					
Mental Health Center Name	**FY 2017-18 Allocation**	**FY 2017-18 Expenditure**	**FY 2018-19 Allocation**	**Co-responder program? (Yes/No)***	**Program Description**
13 San Luis Valley MHC	$205,339	$184,239	$230,436	N	Specialty Court support
14. Southeast MHC	$205,339	$37,325	$230,436	1. N 2. Y	1. Care coordinator for law enforcement referrals at Regional Assessment Center 2. Co-Responder Program in Otero County
15 Southwest MHC	$205,339	$192,383	$230,436	N	Jail in-reach and transitional services in community
16 Summit Stone	$279,466	$279,466	$313,623	1. N 2. Y	1. Specialty Court, outpatient re-entry and jail diversion 2. Co-Responder Services (braided funding w/ Larimer County SB 207 program)
17 West Central MHC	$205,339	$162,956	$230,436	N	1. Jail-based transition services 2. Support for specialty courts, probation & parole 3. Recovery Care Management for individuals contacted by mobile crisis and police, or just police. Working on development of Co-R model.
Subtotal Contracts	**$4,958,243**	**$4,268,578**	**$5,564,252**		
Performance Payments	$550,916	$517,062	$0		
Total Contract and Community Mental Health Center Performance Payments.	$5,509,159	$4,785,640 **	$5,564,252		
Training not allocated to Centers	$10,139	$0	$10,239		
Appropriation	$5,519,298	$4,785,640	$5,574,491		

*Yes=Co-Responder program and "No"=Is not a Co-responder program
**Note-total expenditures indicated do not match amount in CORE due to extension waiver to clear our accruals which is in effect until 12/31/18.

SENATE BILL 17-207 (STRENGTHEN BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM)
Effective May 1, 2018, this act eliminates the use of the criminal justice system to hold individuals who are experiencing a mental health crisis. The act also makes a number of changes to enhance the State's coordinated behavioral health crisis response system, and appropriated at total of $7.1 million cash funds from the Marijuana Tax Cash Fund for a variety of purposes. A total of $3.0 million was appropriated to support local partnerships between law enforcement and behavioral health agencies. The Department provided the following descriptions of the eight local partnerships that are being supported:

- **Broomfield:** The EDGE (Early Diversion Get Engaged) Program subcontracts with Mental Health Partners to provide on-scene response for Broomfield police officers. EDGE clinicians are called on-scene by officers to assist with de-escalation, assessment, disposition and resources. EDGE clinicians also follow up with individuals who officers refer "after-the-fact" to help reduce the likelihood of future police involvement. EDGE also has a peer support specialist who assists inmates in Broomfield Detention Center who have mental illness with transition into the community. Services began May 14, 2018.

- **Denver:** The Substance Use Navigator (SUN) Program works with a wide array of first responders and other agencies who have contact with individuals in the community that are in need of substance use disorder treatment, including the Denver LEAD program and the existing Crisis Intervention Response Unit co-responder program in the Denver Police Department. This program targets high utilizers of first responder resources and works with individuals to connect them with needed services including induction to MAT services at Denver Health when appropriate. Services have not yet begun due to a series of setbacks and changes within Denver. This program is expected to be fully operational by December 2018.

- **El Paso County:** The Behavioral Health Connect Unit (BHCON) within the El Paso County Sheriff's Office is a team of dedicated sheriff's deputies and licensed behavioral health clinicians from UCHealth's Memorial Hospital, that respond to behavioral health calls for service throughout unincorporated El Paso County and provide on-scene de-escalation, assessment, disposition and resources as well as brief follow up for individuals they contact. Services began July 1, 2018.

- **Evans/Greeley:** The Greeley Evans Mobile (GEM) program is a partnership between Evans and Greeley Police Departments and North Range Behavioral Health. Trained behavioral health clinicians are available to respond on-scene, at the request of officers within those two police departments, to provide on-scene de-escalation, assessment, call disposition and referrals. The program also utilizes peer support specialists who provide case management support to individuals after their contact. Services did not begin until November 2018 due to hiring and recruitment challenges.

- **Grand Junction:** Grand Junction Police Department and Mesa County Sheriff's Office have contracted with Mind Springs Health to develop two teams (GJP and MCSO) that pair behavioral health clinicians with police officers and sheriff's deputies to respond to behavioral health calls for

service in the community. The teams provide on-scene de-escalation, assessment, disposition and resources. Mind Springs Health is utilizing another OBH funding stream (Offender Behavioral Health Services) to dedicate a case manager to the team to follow up with citizens after the co-responder contact. Services began July 1, 2018.

- **Larimer County:** The Larimer Interagency Network of Co-Responders (LINC) is an interagency collaboration between multiple first responder agencies and SummitStone Health Partners that utilizes braided funding beyond the SB 17-207 funds. SB 17-207 funds support co-responders in Loveland Police Department, Larimer County Sheriff's Office and Fort Collins Police Services. Within the three agencies named above, any officer can request a response from their co-responder clinician, who will provide secondary response to the scene, once deemed safe by officers, and help to provide on-scene de-escalation, assessment, disposition and resources, as well as "after-the-fact" referrals from officers and brief follow up. Services began April 4, 2018.

- **Longmont:** Longmont's CORE (Crisis Outreach Response Engagement) Team is a dedicated unit of specially trained officers paired with behavioral health clinicians who respond together to behavioral health calls for service, as well as a peer support specialist who provides short term follow up and case management and a dedicated paramedic to provide field clearance. CORE provides on-scene de-escalation, assessment, disposition, resources and brief follow up services. CORE also works closely with Project Angel and the LEAD Program to help the citizens in Longmont get directed to the most appropriate services. Services began in April 2018.

- **Pitkin County:** PACT (Pitkin Area Co-Responder Teams) is an interagency collaboration facilitated by the Pitkin County Health Department. PACT is contracting with Mind Springs Health to have behavioral health clinicians respond to requests from the Pitkin County Sheriff's Office, Aspen Police Department, and Snowmass Village Police Department. Once fully operational, the program will have one behavioral health clinician to respond on-scene at officers' requests to provide de-escalation, assessment, disposition and resources, and one case manager to provide follow up services. Services did not begin until November 2018 due to delays and challenges with subcontract execution, hiring, and recruitment.

The Department provided the following table detailing the allocation of funds to each program for FY 2017-18 and FY 2018-19, and expenditures by each pilot program in FY 2017-18.

Criminal Justice Diversion (Co-Responder) Program			
Contractor Name	**FY 2017-18 Allocation**	**FY 2017-18 Expenditure**	**FY 2018-19 Allocation**
City and County of Broomfield	$87,490	$60,134	$310,553
City and County of Denver	$92,396	$25,334	$317,469
El Paso County Sheriff's Office	$362,500	$211,3424	$362,500
Evans Police Department/Greeley	$206,433	$71,528	$362,500
Grand Junction Police Department	$308,756	$79,176	$362,500

Criminal Justice Diversion (Co-Responder) Program			
Larimer County Board of County Commissioners	$97,699	$9,847	$299,730
City of Longmont	$219,951	$164,755	$362,500
Pitkin County Public Health	$207,778	$61,894	$362,486
Total	**$1,583,002**	**$684,009**	**$2,740,238**

S.B. 17-019 (BEHAVIORAL HEALTH MEDICATION FOR PERSONS IN THE CRIMINAL JUSTICE SYSTEM)

This bill was introduced by the Committee concerning the Treatment of Persons with Mental Health Disorders in the Criminal Justice System. The act requires DHS' Division of Youth Corrections, DOC, counties, community mental health centers, and other providers to share patient-specific mental health care and treatment information to promote continuity of care between jails, state agencies, and community treatment providers. DHS' Office of Behavioral Health is responsible for:

- Developing and maintaining a standard medication formulary that is shared across criminal justice service agencies;
- Developing purchasing and pricing options that jails and other service providers may utilize; and
- Overseeing pilot projects to develop a plan for electronic healthcare information exchange.

In FY 2018-19, the Department plans to assess existing health information technology within jails, and to implement up to eight pilot project sites to identify cost effective solutions for data sharing. The Department also plans to incorporate a process evaluation to document program implementation and measure preliminary outcomes. This evaluation will work to build the program's research base, ensure solutions can be replicated, and help to document short-term and long-term outcomes. The Department indicates that preliminary outcomes may include:

- emergency room utilization;
- psychiatric and physical inpatient admissions;
- criminal recidivism;
- improved treatment outcomes; and
- cost reductions (e.g., psychotropic medication utilization, recidivism, etc.).

S.B. 17-021 (ASSISTANCE TO PERSONS WITH MENTAL ILLNESS IN THE CRIMINAL JUSTICE SYSTEM)

This act establishes a housing program within the Department of Local Affairs for persons with a behavioral or mental health disorder transitioning from the Department of Corrections, the DHS' Division of Youth Services, or a county jail. The FY 2018-19 Long Bill includes two appropriations related to this act. First, it includes an appropriation of $15.3 million from the Marijuana Tax Cash Fund for the "Homeless Solutions Program", which is intended to serve individuals with behavioral health conditions and an extensive history of homelessness who are frequent and high cost consumers of public systems (including local jails). Second, it includes an appropriation of $4.8 million from the Housing Assistance for Persons Transitioning from the Criminal or Juvenile Justice System (a new fund created by S.B. 17-021). This funding will be used to strengthen a continuum of housing solutions for individuals with criminal and juvenile justice involvement.

RESIDENTIAL SERVICES FOR INDIVIDUALS WITH CO-OCCURRING DISORDERS

The FY 2018-19 Long Bill includes a total of $6.0 million for intensive treatment programs that serve individuals with co-occurring mental health and substance use disorders. This includes the following three components:

- The Circle Program, which is an intensive treatment program located in Pueblo that serves men and women. This program was previously operated on the CMHIP campus, and the General Assembly approved a Department proposal to convert this to a community-based program. The Department contracted with the managed service organization for the southeast region, Signal Behavioral Health Network, to establish a community-based Circle Program. Signal subcontracted with Crossroads' Turning Point Inc. to establish and operate a 16-bed program that focuses on serving those who are "justice-involved". This program is supported by a $2.0 million appropriation. Signal expects the facility to open in early December 2018.

- The FY 2018-19 Long Bill includes a new $3.0 million appropriation to expand residential treatment services in one or more rural areas of Colorado for individuals with co-occurring mental health and substance use disorders. The Department indicates that it is finalizing contractual terms with the managed service organization for the Western Slope (West Slope Casa, LLC) for the renovation of a facility that will house a 16-bed residential treatment facility in Clifton (east of Grand Junction). The Department anticipates that the facility will open in early calendar year 2020.

- Since FY 2013-14, the Long Bill has annually included funding to support a full continuum of co-occurring behavioral health treatment services in southern Colorado and the Arkansas Valley. Over time, this appropriation has increased to over $1.0 million. The Department currently contracts with two managed service organizations to ensure coverage in southern Colorado and the Arkansas Valley. The services provided in both regions 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 (MAT), substance use testing, and other similar services.
  - Signal Behavioral Health Network administers $737,000 of the appropriation for the southeast region, which includes: Alamosa, Baca, Bent, Conejos, Costilla, Crowley, Huerfano, Kiowa, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande, and Saguache Counties. Signal subcontracts with Crossroads' Turning Points and San Luis Valley Behavioral Health Group (a community mental health center) to provide services in this region.
  - West Slope Casa, LLC, administers the remaining $308,884 of the appropriation for the southwest region, which includes: Archuleta, Delta, Dolores, Gunnison, Hinsdale, La Plata, Montezuma, Montrose, Ouray, San Juan, and San Miguel Counties. West Slope Casa subcontracts with Axis Health Systems, Inc. (a community mental health center) to provide services in this region.

S.B. 18-270 (BEHAVIORAL HEALTH CRISIS TRANSITION REFERRAL)

This act establishes the statewide Community Transition Specialist Program in DHS's Office of Behavioral Health to coordinate referrals of high-risk individuals from hospitals and withdrawal management facilities to appropriate transition specialists. The act requires the Office to collect information concerning current practices, criteria, procedures, and system capacity for providing follow-up care for high-risk individuals after release or discharge. The act appropriated $1.6 million General Fund for this program for FY 2018-19, and funding is anticipated to increase to $3.2 million in FY 2019-20.

This act essentially expands an existing program that provides intensive behavioral health services and supports for individuals with serious mental illness who transition from a State mental health institute, or who require more intensive services in the community to help avoid institutional placement. The FY 2018-19 Long Bill includes $4.4 million for this existing program.

The Department currently contracts with Rocky Mountain Human Services to provide these services. The Department indicates that the individuals served to date often face barriers to obtaining housing, lack of skills for independent living, and have been a behavioral disturbance in their community. This program has generally focused on serving adults with diagnoses such as bipolar, schizoaffective disorder, and schizophrenia. The Department recently renamed this the "Momentum Program", and expanded it the program to serve other populations requiring intensive and innovative case management services (including children and youth). The Department indicates that this program helps to reduce the criminalization of individuals with a behavioral health disorder. Please note that eligible clients include defendants who are deemed incompetent to proceed to trial.

ISSUE: BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM

The General Assembly authorized and funded a statewide behavioral health crisis system in 2013. Due to a failed solicitation and a lawsuit, the system did not become operational until December 2014. After less than four years of operations, including significant enhancements that were first funded last year, the Department is in the process of re-bidding the system and plans to have new contracts go into effect July 1, 2019.

SUMMARY

- Senate Bill 13-266 authorized the creation of a Behavioral Health Crisis Response System to respond to and assist individuals who are in a behavioral health emergency. The system includes several integrated components:
    - Walk-in, mobile, crisis stabilization, and respite services;
    - A 24-hour telephone crisis services; and
    - A public information campaign
- Senate Bill 17-207 made a number of changes to enhance the existing Crisis Response System to ensure that it has the capacity to care for individuals brought to facilities through the emergency mental health hold procedure. This act also eliminated, effective May 1, 2018, the use of the criminal justice system to hold individuals experiencing a mental health crisis.
- All three of the initial requests for proposals (RFP) to select vendors to establish the Crisis System were determined to be failed solicitations based on a review by the Department of Personnel. A second set of RFPs were issued, but due to a lawsuit by one of the bidders, contracts were delayed and services did not begin until December of 2014.
- Earlier this year the Department convened a Colorado Crisis Steering Committee and contracted with a consultant to facilitate meetings in May and June. Two related reports were issued in June of 2018.
- In late September 2018, the Department issued an RFP for the walk-in, mobile, crisis stabilization, and respite services, with bids due in early November. The RFP makes significant changes to the structure and funding for the system.
- Colorado Behavioral Healthcare Council submitted a protest in mid-October asserting that the RFP is fundamentally flawed and requesting that the Department cancel the solicitation. The Department rejected the protest, and the issue is pending resolution in Denver District Court.
- The Department anticipates announcement of selected vendors in late December or early January.

DISCUSSION

BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM

Senate Bill 13-266 authorized the creation of a statewide behavioral health crisis response system. The act defines "crisis intervention services" to mean an array of integrated services that are available twenty-four hours a day, seven days a week, to respond to and assist individuals who are in a behavioral health emergency. The components of the system are required to reflect a continuum of care from crisis response through stabilization and safe return to the community, with adequate support for transitions to each stage.

This system currently includes the following:

- Walk-in crisis services and crisis stabilization units with the capacity for immediate clinical intervention, triage, and stabilization. The walk-in crisis services and crisis stabilization units must employ an integrated health model based on evidence-based practices that consider an individual's physical and emotional health, are a part of a continuum of care, and are linked to mobile crisis services and crisis respite services.
- Mobile crisis services and units that are linked to the walk-in crisis services and crisis respite services and that have the ability to initiate a response in a timely fashion to a behavioral health crisis.
- Residential and respite crisis services that are linked to the walk-in crisis services and crisis respite services and that include a range of short-term crisis residential services, including but not limited to community living arrangements.
- A twenty-four-hour telephone crisis service that is staffed by skilled professionals who are capable of assessing child, adolescent, and adult crises and making the appropriate referrals.
- A public information campaign.

Senate Bill 17-207 eliminated, effective May 1, 2018, the use of the criminal justice system to hold individuals who are experiencing a mental health crisis, and allows a person experiencing a mental health crisis to be taken to an emergency medical services facility if a facility that has been approved by the Department of Human Services (DHS) is not available. This act made a number of changes regarding the crisis response system, including the following:

- requiring that on or before January 1, 2018, all crisis system walk-in centers, acute treatment units, and crisis stabilization units be able to adequately care for individuals brought to the facility through the emergency mental health hold procedure or a voluntary application for mental health services as authorized by the act;
- requiring DHS, on or before January 1, 2018, to ensure that crisis system mobile response units are available to respond to a behavioral health crisis anywhere in the state within two hours;
- requiring DHS to ensure that crisis system contractors are responsible for community engagement, coordination, and system navigation for key partners including criminal justice agencies, emergency departments, hospitals, primary care facilities, and walk-in centers;
- requiring DHS to ensure consistent training for professionals who have regular contact with individuals experiencing a behavioral health crisis, and to explore solutions for addressing secure transportation of individuals placed on a 72-hour treatment and evaluation hold;
- allowing certain licensed advanced practice nurses to determine that a person in custody as a result of an emergency mental health hold can be discharged or referred for further care and treatment in another setting;
- modifying reporting requirements related to behavioral health crisis services; and
- requiring that on or before July 1, 2019, and each July 1 thereafter, each emergency medical services facility that has treated a person taken into emergency custody for a mental health hold provide an annual report to DHS including specified and confidential aggregated service information.

For FY 2018-19, the General Assembly has appropriated a total of $31.6 million for the Crisis System, including:

- $27.9 million for walk-in, mobile, residential, and respite services;
- $3.1 million for the telephone hotline; and
- $0.6 million for the public information campaign.

INITIAL REQUEST FOR PROPOSAL PROCESS

Senate Bill 13-266 authorizes the Department to solicit and accept separate proposals for each of the five system components. The act allows the Department to give priority to entities that have demonstrated partnerships with Colorado-based resources, and emphasizes the importance of an applicant's ability to coordinate closely with community mental health organizations that provide services regardless of the source of payment, such as behavioral health organizations, community mental health centers, regional care collaborative organizations, substance use treatment providers, and managed service organizations.

The act anticipated services being in place by January 1, 2014, and thus provided six months of funding for most services. The Department posted three requests for proposals (RFPs) on the BID system on July 11, 2013, with an August 28, 2013, deadline for submitting bids. Six companies submitted bids for each of the three RFPs.

- One entity placed a bid on all three RFPs, with the bid for the combined services representing all four regions.
- One entity bid on both the 24/7 hotline and the combined services solicitations for all four regions.
- The other thirteen bidders bid for single RFPs. Those agencies that submitted proposals for the combined services bid on a single region.

The Department initially awarded contracts for three RFPs. On November 1, 2013, the Department issued a statement that the RFP for combined services was "a failed solicitation" based on an independent, comprehensive review by the Department of Personnel. Subsequently, based on the Department of Personnel's review of the RFPs for marketing and the 24/7 hotline, the Department determined that these were also failed solicitations.

The Department issued new RFPs and awarded the associated contracts. However, those contracts were delayed due to a lawsuit filed by one of the bidders. Ultimately, the contracts were awarded and finalized by the end of 2014 as follows:

- The two contracts for the telephone hotline and marketing are statewide, and were finalized in April and June of 2014, respectively.
- There are four contracts covering walk-in, stabilization, mobile, crisis stabilization, and respite services, with each contract covering a different region of the state. All four of these contracts were finalized in August 2014, with services scheduled to begin on or before December 1, 2014.

SECOND REQUEST FOR PROPOSAL PROCESS

The Department recently convened a Colorado Crisis Steering Committee and contracted with a consultant to facilitate Steering Committee meetings in May and June of 2018. In June of 2018 the Steering Committee issued a Final Report and Recommendations (prepared by the consultant), and

the consultant prepared a companion report concerning, Recommendations for Colorado Department of Human Services Colorado Crisis Services[21].

On September 17, 2018, the Department hosted a pre-bidders meeting to provide an opportunity to ask questions about the planned re-bid of the Crisis System Contracts. The RFP for walk-in, mobile, crisis stabilization, and respite services was issued subsequently, with bids due by November 5, 2018. The Department provided staff with the following table to calculate the $28.0 million it anticipates awarding through this RFP:

Behavioral Health Crisis Response System RFP Calculations	
Item	**Amounts**
FY 2018-19 Long Bill Amount HB 18-1322	$27,893,709
Less:	
SB 17-207 Transportation Pilot	($272,571)
SB 17-207 Evaluation contracts	($202,659)
Additional Federal Block Grant	$630,000
Total	$28,048,479

Among other changes, the new RFP replaces the existing four regions with seven that are aligned with the new regional accountable entity (RAE) regions used by the Department of Health Care Policy and Financing. This moves Larimer County in to the Western Slope region, and it separates the Denver metro area into three regions. The RFP also calls for contracts to be held by "administrative service organizations" in order to separate administrative functions from service delivery. The RFP calls for enhanced data collection and reporting.

The Colorado Behavioral Healthcare Council (CBHC) submitted a protest on October 18, 2018, indicating that the RFP is fundamentally flawed and cancellation of the solicitation is appropriate. The basis of the protest includes the following assertions:

- The new RFP fails to allocate additional money, and the reallocation of resources among the proposed seven regions dramatically reduces funding for the Western Slope and the northeast region.
- The new RFP threatens the existing partnerships that have been established over the last four years within the existing crisis response system. The protest includes related letters from sheriffs in San Miguel and Delta counties; a Chief District Court Judge in Alamosa; Club 20; the community mental health center and county commissioners for 10 northeastern counties; police departments in Greeley, Evans, and Aurora; a hospital in Fort Morgan, and a not-for-profit social services organization in Colorado Springs serving individuals with disabilities.
- The alteration of the crisis regions has no legitimate basis and it violates S.B. 17-207.
- The new administrative service organization structure, which allows for up to 25 percent of the total funding in each region to be used for administration, will lead to significant reduction in direct services. This change appears to be the product of an attempt by the Department to provide

[21] These reports can be accessed on the Department's website at: https://www.colorado.gov/pacific/cdhs-boards-committees-collaboration/crisis-system-executive-steering-committee.

sufficient financial incentive for entities other than the existing crisis services organizations to submit bids.

- The new RFP calls for radical transformation of the existing crisis system without affording the existing system sufficient time to prepare appropriately responsive bids.

The protest requests that the Department withdraw the new RFP and cancel the solicitation. The protest was rejected based on when it was filed. CBHC appealed this ruling, and the appeal is pending in Denver District Court. Oral arguments are scheduled for December 13, followed by a two-day hearing starting on December 20.

The Department reports that a selection committee is scoring offers in response to the RFP, and it anticipates announcement of selected vendors in late December or early January. The new contracts would go into effect July 1, 2019.

The Department recently announced that it has published an RFP for the crisis system telephone hotline, and bids are due by January 11, 2019. Staff is not aware of an RFP being published for the public information campaign as of this date.

Appendix A: Number Pages

	FY 2016-17 Actual	FY 2017-18 Actual	FY 2018-19 Appropriation	FY 2019-20 Request	Request vs. Appropriation
DEPARTMENT OF HUMAN SERVICES **Reggie Bicha, Executive Director**					
(8) OFFICE OF BEHAVIORAL HEALTH					
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 the administration and operation of the State's two mental health institutes. This section is primarily supported by General Fund, the Marijuana Tax Cash Fund, the federal Substance Abuse Prevention and Treatment Block Grant, transfers from the Department of Health Care Policy and Financing (originating as General Fund and federal Medicaid funds), the federal Mental Health Services Block Grant, transfers from the Judicial Branch (originating as General Fund and drug offender surcharge revenues), and patient 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, General Fund, the federal Mental Health Services Block Grant, transfers from the Judicial Branch for the Alcohol and Drug Driving Safety Program, transfers from the Department of Health Care Policy and Financing (that originate as General Fund and federal Medicaid funds), and the Marijuana Tax Cash Fund.					
Personal Services	5,525,699	5,421,323	6,560,246	7,355,027	*
FTE	58.4	60.4	76.8	83.2	
General Fund	1,654,806	1,810,048	2,089,333	2,722,686	
Cash Funds	345,496	41,815	553,343	577,174	
Reappropriated Funds	698,256	657,502	904,733	945,522	
Federal Funds	2,827,141	2,911,958	3,012,837	3,109,645	
Operating Expenses	260,559	333,934	344,401	358,639	*
General Fund	22,482	51,488	48,426	67,288	
Cash Funds	28,700	5,262	61,998	57,374	
Reappropriated Funds	3,472	3,201	16,266	16,266	
Federal Funds	205,905	273,983	217,711	217,711	

Appendix A: Number Pages

	FY 2016-17 Actual	FY 2017-18 Actual	FY 2018-19 Appropriation	FY 2019-20 Request	Request vs. Appropriation	
Federal Programs and Grants	0	0	21,000	21,000		
FTE	0.0	0.0	0.0	0.0		
Federal Funds	0	0	21,000	21,000		
Indirect Cost Assessment	3,189	0	0	0		
Cash Funds	3,189	0	0	0		
Federal Funds	0	0	0	0		
SUBTOTAL - (A) Community Behavioral Health Administration	5,789,447	5,755,257	6,925,647	7,734,666	11.7%	
FTE	58.4	60.4	76.8	83.2	8.3%	
General Fund	1,677,288	1,861,536	2,137,759	2,789,974	30.5%	
Cash Funds	377,385	47,077	615,341	634,548	3.1%	
Reappropriated Funds	701,728	660,703	920,999	961,788	4.4%	
Federal Funds	3,033,046	3,185,941	3,251,548	3,348,356	3.0%	

(B) Community-based Mental Health Services

This section provides funding to support mental health services that are not otherwise available. Most of the services funded through this section are delivered through Colorado's 17 community mental health centers. This section is primarily supported by General Fund, the federal Mental Health Services Block Grant, and the Marijuana Tax Cash Fund.

Mental Health Community Programs	0	33,335,436	35,388,513	35,659,112	*
General Fund	0	26,584,745	26,987,027	27,257,626	
Reappropriated Funds	0	0	161,909	161,909	
Federal Funds	0	6,750,691	8,239,577	8,239,577	
ACT Programs and Other Alternatives to the MHIs	0	16,087,000	17,189,240	17,354,552	*
General Fund	0	16,087,000	16,486,643	16,651,955	
Cash Funds	0	0	702,597	702,597	

Appendix A: Number Pages

	FY 2016-17 Actual	FY 2017-18 Actual	FY 2018-19 Appropriation	FY 2019-20 Request	Request vs. Appropriation
Mental Health Services for Juvenile and Adult Offenders	2,900,185	5,142,439	5,574,491	5,630,386	*
Cash Funds	2,900,185	5,142,439	5,574,491	5,630,386	
Mental Health Treatment Services for Youth (H.B. 99-1116)	955,223	1,493,477	3,014,675	4,138,872	*
General Fund	655,223	1,189,272	2,480,818	3,295,457	
Cash Funds	300,000	304,205	407,247	715,535	
Reappropriated Funds	0	0	126,610	127,880	
Services for Indigent Mentally Ill Clients	38,728,482	0	0	0	
General Fund	30,704,949	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	8,023,533	0	0	0	
Mental Health First Aid	210,000	210,000	0	0	
General Fund	210,000	210,000	0	0	
Assertive Community Treatment Programs	4,931,506	0	0	0	
General Fund	4,245,482	0	0	0	
Cash Funds	686,024	0	0	0	
Medications for Indigent Mentally Ill Clients	1,542,193	0	0	0	
General Fund	1,542,193	0	0	0	
School-based Mental Health Services	1,213,254	0	0	0	
General Fund	1,213,254	0	0	0	

	FY 2016-17 Actual	FY 2017-18 Actual	FY 2018-19 Appropriation	FY 2019-20 Request	Request vs. Appropriation
Alternatives to Inpatient Hospitalization at a Mental Health Institute	3,337,487	0	0	0	
General Fund	3,337,487	0	0	0	
SUBTOTAL - (B) Community-based Mental Health Services	53,818,330	56,268,352	61,166,919	62,782,922	2.6%
FTE	0.0	0.0	0.0	0.0	0.0%
General Fund	41,908,588	44,071,017	45,954,488	47,205,038	2.7%
Cash Funds	3,886,209	5,446,644	6,684,335	7,048,518	5.4%
Reappropriated Funds	0	0	288,519	289,789	0.4%
Federal Funds	8,023,533	6,750,691	8,239,577	8,239,577	0.0%

(C) Substance Use Treatment and Prevention Services

This section provides funding to support community-based substance use-related services that are not otherwise available. Most of the funding in this section is administered by "managed service organizations" (MSOs). These organizations subcontract with local treatment providers to serve indigent individuals within a specified region. This section is primarily supported by the federal Substance Abuse Prevention and Treatment Block Grant, the Marijuana Tax Cash Fund, General Fund, the Persistent Drunk Driver Cash Fund, transfers from the Department of Health Care Policy and Financing (which originate as General Fund and federal Medicaid funds), and transfers from the Judicial Branch (which originate as General Fund and drug offender surcharge revenue).

Treatment and Detoxification Contracts	0	0	0
Federal Funds	0	0	0
Case Management for Chronic Detoxification Clients	0	0	0
Federal Funds	0	0	0
Federal Grants	0	0	0
FTE	0.0	0.0	0.0
Federal Funds	0	0	0

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	FY 2016-17 Actual	FY 2017-18 Actual	FY 2018-19 Appropriation	FY 2019-20 Request	Request vs. Appropriation
Balance of Substance Abuse Block Grant Programs	0	0	0		
Federal Funds	0	0	0		
FY 2017-18 Long Bill Structure					
Treatment and Detoxification Programs	0	29,680,868	32,121,036	32,247,590	*
General Fund	0	12,051,602	12,541,319	12,667,071	
Cash Funds	0	398,305	386,250	387,052	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	17,230,961	19,193,467	19,193,467	
Increasing Access to Effective Substance Use Disorder Services	0	9,232,174	15,204,950	15,357,410	*
Cash Funds	0	9,232,174	15,204,950	15,357,410	
Prevention Contracts	0	6,212,045	6,417,693	6,418,148	*
General Fund	0	35,076	35,427	35,782	
Cash Funds	0	31,529	51,250	51,350	
Federal Funds	0	6,145,440	6,331,016	6,331,016	
Community Prevention and Treatment Programs	0	12,128,595	6,603,648	6,611,407	*
FTE	0.0	5.1	0.0	0.0	
General Fund	0	9,848	9,946	10,046	
Cash Funds	0	2,553,939	3,205,884	3,213,543	
Federal Funds	0	9,564,808	3,387,818	3,387,818	

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	FY 2016-17 Actual	FY 2017-18 Actual	FY 2018-19 Appropriation	FY 2019-20 Request		Request vs. Appropriation
Offender Services	0	4,070,249	4,742,880	4,790,437	*	
FTE	0.0	0.0	0.0	0.0		
General Fund	0	2,973,664	3,222,503	3,254,815		
Cash Funds	0	0	0	0		
Reappropriated Funds	0	1,096,585	1,520,377	1,535,622		
High Risk Pregnant Women Program	0	1,147,889	1,838,654	1,857,090	*	
General Fund	0	0	0	0		
Cash Funds	0	0	0	0		
Reappropriated Funds	0	1,147,889	1,838,654	1,857,090		
Plan for a Successful Gambling Addiction Program	0	0	50,000	50,000		
Cash Funds	0	0	50,000	50,000		
Gambling Addiction Counseling Services	0	33,123 0.1	0	0		
Cash Funds	0	33,123	0	0		
SUBTOTAL -	0	62,504,943	66,978,861	67,332,082		0.5%
FTE	0.0	5.2	0.0	0.0		0.0%
General Fund	0	15,070,190	15,809,195	15,967,714		1.0%
Cash Funds	0	12,249,070	18,898,334	19,059,355		0.9%
Reappropriated Funds	0	2,244,474	3,359,031	3,392,712		1.0%
Federal Funds	0	32,941,209	28,912,301	28,912,301		0.0%

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	FY 2016-17 Actual	FY 2017-18 Actual	FY 2018-19 Appropriation	FY 2019-20 Request	Request vs. Appropriation
(I) Treatment Services					
Treatment and Detoxification Contracts	30,926,305				
General Fund	12,166,314				
Cash Funds	413,647				
Reappropriated Funds	725,946				
Federal Funds	17,620,398				
Case Management for Chronic Detoxification Clients	374,014				
General Fund	2,581				
Federal Funds	371,433				
Short-term Intensive Residential Remediation and Treatment (STIRRT)	3,541,811				
General Fund	3,146,489				
Reappropriated Funds	395,322				
High Risk Pregnant Women Program	1,077,589	*			
Reappropriated Funds	1,077,589				
SUBTOTAL -	35,919,719				
FTE	0.0				
General Fund	15,315,384				
Cash Funds	413,647				
Reappropriated Funds	2,198,857				
Federal Funds	17,991,831				

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	FY 2016-17 Actual	FY 2017-18 Actual	FY 2018-19 Appropriation	FY 2019-20 Request	Request vs. Appropriation
(II) Prevention and Intervention					
Prevention Contracts	5,493,049 *				
General Fund	35,076				
Cash Funds	24,270				
Federal Funds	5,433,703				
Persistent Drunk Driver Programs	1,928,794				
Cash Funds	1,928,794				
Law Enforcement Assistance Fund Contracts	87,360				
Cash Funds	87,360				
SUBTOTAL -	7,509,203				
FTE	0.0				
General Fund	35,076				
Cash Funds	2,040,424				
Federal Funds	5,433,703				
(III) Other Programs					
Increasing Access to Effective Substance Use Disorder Services	5,077,275 *				
FTE	0.0				
Cash Funds	5,077,275				
Federal Grants	3,567,492				
FTE	2.1				
Federal Funds	3,567,492				

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	FY 2016-17 Actual	FY 2017-18 Actual	FY 2018-19 Appropriation	FY 2019-20 Request	Request vs. Appropriation
Balance of Substance Abuse Block Grant Programs	9,848				
General Fund	9,848				
Federal Funds	0				
Community Prevention and Treatment	756,298				
Cash Funds	756,298				
Gambling Addiction Counseling Services	31,961				
Cash Funds	31,961				
Rural Substance Abuse Prevention and Treatment	174,209				
Cash Funds	174,209				
SUBTOTAL -	9,617,083				
FTE	2.1				
General Fund	9,848				
Cash Funds	6,039,743				
Federal Funds	3,567,492				
SUBTOTAL - (C) Substance Use Treatment and Prevention Services	53,046,005	62,504,943	66,978,861	67,332,082	0.5%
FTE	2.1	5.2	0.0	0.0	0.0%
General Fund	15,360,308	15,070,190	15,809,195	15,967,714	1.0%
Cash Funds	8,493,814	12,249,070	18,898,334	19,059,355	0.9%
Reappropriated Funds	2,198,857	2,244,474	3,359,031	3,392,712	1.0%
Federal Funds	26,993,026	32,941,209	28,912,301	28,912,301	0.0%

	FY 2016-17 Actual	FY 2017-18 Actual	FY 2018-19 Appropriation	FY 2019-20 Request	Request vs. Appropriation
(D) Integrated Behavioral Health Services					
This section provides funding for: a statewide behavioral health crisis response system; behavioral health services for individuals with co-occurring mental health and substance use disorders; 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 individuals involved in the criminal justice system and other specialized populations. This section is supported by General Fund, the Marijuana Tax Cash Fund, and transfers from the Judicial Branch (which originate as General Fund and drug offender surcharge revenue).					
Crisis Response System - Walk-in, Stabilization, Mobile, Residential, and Respite Services	22,952,410	26,560,720	27,893,709	28,173,400	*
General Fund	22,952,410	23,089,520	23,506,902	23,742,606	
Cash Funds	0	3,471,200	4,386,807	4,430,794	
Crisis Response System - Telephone Hotline	2,595,915	3,037,912	3,068,291	3,649,923	*
General Fund	2,595,915	3,037,912	3,068,291	3,649,923	
Cash Funds	0	0	0	0	
Crisis Response System - Marketing	600,000	600,000	600,000	600,000	
General Fund	600,000	600,000	600,000	600,000	
Cash Funds	0	0	0	0	
Community Transition Services	4,247,901	3,803,614	5,938,773	7,586,571	*
General Fund	4,247,901	3,803,614	5,938,773	7,586,571	
Cash Funds	0	0	0	0	
Criminal Justice Diversion Programs	0	1,186,673	5,561,828	5,614,428	*
FTE	0.0	0.0	1.3	1.3	
Cash Funds	0	1,186,673	5,561,828	5,614,428	

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	FY 2016-17 Actual	FY 2017-18 Actual	FY 2018-19 Appropriation	FY 2019-20 Request	Request vs. Appropriation
Jail-based Behavioral Health Services	4,890,717	4,996,063	7,724,277	10,282,023	*
General Fund	0	0	2,426,667	4,931,294	
Reappropriated Funds	4,890,717	4,996,063	5,297,610	5,350,729	
Community-based Circle Program	0	30,000	1,993,511	2,013,500	*
General Fund	0	0	0	0	
Cash Funds	0	30,000	1,993,511	2,013,500	
Rural Co-occuring Disorder Services	1,021,213	1,035,529	4,045,884	4,086,452	*
General Fund	521,213	0	3,000,000	3,030,081	
Cash Funds	500,000	1,035,529	1,045,884	1,056,371	
Medication Consistency and Health Information Exchange	0	0	491,700	380,700	
Cash Funds	0	0	491,700	380,700	
SUBTOTAL - (D) Integrated Behavioral Health Services	36,308,156	41,250,511	57,317,973	62,386,997	8.8%
FTE	0.0	0.0	1.3	1.3	0.0%
General Fund	30,917,439	30,531,046	38,540,633	43,540,475	13.0%
Cash Funds	500,000	5,723,402	13,479,730	13,495,793	0.1%
Reappropriated Funds	4,890,717	4,996,063	5,297,610	5,350,729	1.0%

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	FY 2016-17 Actual	FY 2017-18 Actual	FY 2018-19 Appropriation	FY 2019-20 Request	Request vs. Appropriation
(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, transfers from the Department of Health Care Policy and Financing (which originate as General Fund and federal Medicaid funds), patient revenues, transfers from the Department of Corrections (DOC) for food services provided by the mental health institute to DOC facilities located on the Pueblo campus, and the Marijuana Tax Cash Fund.					
(1) Mental Health Institute - Ft. Logan					
Personal Services	20,521,431	19,533,078	21,635,525	22,560,052	*
FTE	231.0	243.0	216.2	216.2	
General Fund	19,012,592	17,720,935	19,784,439	20,708,966	
Cash Funds	1,483,161	1,731,827	1,825,111	1,825,111	
Reappropriated Funds	25,678	80,316	25,975	25,975	
Contract Medical Services	428,680	600,916	815,297	815,297	
General Fund	428,680	600,916	815,297	815,297	
Operating Expenses	1,201,299	1,549,196	1,069,263	1,071,113	*
General Fund	1,051,810	1,391,585	926,936	928,786	
Cash Funds	121,893	131,977	127,371	127,371	
Reappropriated Funds	27,596	25,634	14,956	14,956	
Capital Outlay	8,992	64,292	112,916	112,916	
General Fund	8,992	64,292	112,916	112,916	
Pharmaceuticals	1,174,698	1,108,463	1,333,853	1,333,853	
General Fund	1,070,139	1,002,259	1,216,238	1,216,238	
Cash Funds	104,559	106,204	106,204	106,204	
Reappropriated Funds	0	0	11,411	11,411	

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	FY 2016-17 Actual	FY 2017-18 Actual	FY 2018-19 Appropriation	FY 2019-20 Request	Request vs. Appropriation
SUBTOTAL -	23,335,100	22,855,945	24,966,854	25,893,231	3.7%
FTE	231.0	243.0	216.2	216.2	0.0%
General Fund	21,572,213	20,779,987	22,855,826	23,782,203	4.1%
Cash Funds	1,709,613	1,970,008	2,058,686	2,058,686	0.0%
Reappropriated Funds	53,274	105,950	52,342	52,342	0.0%
(2) Mental Health Institute - Pueblo					
Personal Services	69,725,886	80,526,247	82,419,511	88,627,863 *	
FTE	1,021.8	1,024.4	981.8	1,026.3	
General Fund	62,005,169	68,196,103	70,556,480	76,764,832	
Cash Funds	3,554,438	3,740,280	4,583,395	4,583,395	
Reappropriated Funds	4,166,279	8,589,864	7,279,636	7,279,636	
Contract Medical Services	1,812,371	2,190,533	3,384,664	3,384,664	
General Fund	1,812,371	2,190,533	3,384,664	3,384,664	
Operating Expenses	5,908,606	6,563,395	6,132,761	7,165,558 *	
General Fund	3,275,516	3,181,556	2,770,146	3,765,801	
Cash Funds	343,839	464,312	415,669	415,669	
Reappropriated Funds	2,289,251	2,917,527	2,946,946	2,984,088	
Capital Outlay	172,986	453,185	324,068	324,068	
General Fund	172,986	453,185	324,068	324,068	
Pharmaceuticals	3,357,960	3,521,566	3,501,828	3,741,393 *	
General Fund	3,089,717	3,188,872	3,188,483	3,428,048	
Cash Funds	268,243	299,248	303,854	303,854	
Reappropriated Funds	0	33,446	9,491	9,491	

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	FY 2016-17 Actual	FY 2017-18 Actual	FY 2018-19 Appropriation	FY 2019-20 Request	Request vs. Appropriation
Educational Programs	187,785	175,029	170,815	173,307	
FTE	0.1	1.9	2.7	2.7	
General Fund	44,527	22,642	54,274	56,766	
Reappropriated Funds	110,258	116,541	116,541	116,541	
Federal Funds	33,000	35,846	0	0	
Circle Program	2,003,005	0	0	0	
FTE	21.4	0.0	0.0	0.0	
Cash Funds	1,998,993	0	0	0	
Reappropriated Funds	4,012	0	0	0	
Jail-based Competency Restoration Program	5,672,376	6,281,964	0	0	*
FTE	5.0	4.8	0.0	0.0	
General Fund	5,672,376	6,281,964	0	0	
SUBTOTAL -	88,840,975	99,711,919	95,933,647	103,416,853	7.8%
FTE	1048.3	1031.1	984.5	1029.0	4.5%
General Fund	76,072,662	83,514,855	80,278,115	87,724,179	9.3%
Cash Funds	6,165,513	4,503,840	5,302,918	5,302,918	0.0%
Reappropriated Funds	6,569,800	11,657,378	10,352,614	10,389,756	0.4%
Federal Funds	33,000	35,846	0	0	0.0%
(3) Forensic Services					
Forensic Services Administration	0	1,040,579	1,040,579		
FTE	0.0	13.9	13.9		
General Fund	0	1,040,579	1,040,579		

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	FY 2016-17 Actual	FY 2017-18 Actual	FY 2018-19 Appropriation	FY 2019-20 Request	Request vs. Appropriation
Court Services	0	3,928,109	3,928,109		
FTE	0.0	34.6	34.6		
General Fund	0	3,928,109	3,928,109		
Forensic Community-based Services	0	2,287,014	2,287,014		
FTE	0.0	19.4	19.4		
General Fund	0	2,287,014	2,287,014		
Jail-based Competency Restoration Program	0	13,434,998	13,480,569	*	
FTE	0.0	4.3	4.3		
General Fund	0	13,434,998	13,480,569		
Purchased Psychiatric Bed Capacity	0	3,246,150	3,246,150		
FTE	0.0	1.0	1.0		
General Fund	0	3,246,150	3,246,150		
Outpatient Competency Restoration Program	0	993,148	993,148		
FTE	0.0	1.0	1.0		
General Fund	0	993,148	993,148		
Cash Funds	0	0	0		
Personal Services	0	0	0		
FTE	0.0	0.0	0.0		
General Fund	0	0	0		
Operating Expenses	0	0	0		
General Fund	0	0	0		

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	FY 2016-17 Actual	FY 2017-18 Actual	FY 2018-19 Appropriation	FY 2019-20 Request	Request vs. Appropriation
SUBTOTAL -	0	24,929,998	24,975,569	0.2%	
FTE	0.0	74.2	74.2	(0.0%)	
General Fund	0	24,929,998	24,975,569	0.2%	
Cash Funds	0	0	0	0.0%	
SUBTOTAL - (E) Mental Health Institutes	112,176,075	122,567,864	145,830,499	154,285,653	5.8%
FTE	1,279.3	1,274.1	1,274.9	1,319.4	3.5%
General Fund	97,644,875	104,294,842	128,063,939	136,481,951	6.6%
Cash Funds	7,875,126	6,473,848	7,361,604	7,361,604	0.0%
Reappropriated Funds	6,623,074	11,763,328	10,404,956	10,442,098	0.4%
Federal Funds	33,000	35,846	0	0	0.0%
(F) Indirect Cost Assessment					
Indirect Cost Assessment	0	8,704,026	6,966,774	8,101,507	
Cash Funds	0	4,597,368	5,604,540	6,145,073	
Reappropriated Funds	0	2,833,149	335,818	782,019	
Federal Funds	0	1,273,509	1,026,416	1,174,415	
SUBTOTAL - (F) Indirect Cost Assessment	0	8,704,026	6,966,774	8,101,507	16.3%
FTE	0.0	0.0	0.0	0.0	0.0%
Cash Funds	0	4,597,368	5,604,540	6,145,073	9.6%
Reappropriated Funds	0	2,833,149	335,818	782,019	132.9%
Federal Funds	0	1,273,509	1,026,416	1,174,415	14.4%

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	FY 2016-17 Actual	FY 2017-18 Actual	FY 2018-19 Appropriation	FY 2019-20 Request	Request vs. Appropriation
TOTAL - (8) Office of Behavioral Health	261,138,013	297,050,953	345,186,673	362,623,827	5.1%
FTE	1,339.8	1,339.7	1,353.0	1,403.9	3.8%
General Fund	187,508,498	195,828,631	230,506,014	245,985,152	6.7%
Cash Funds	21,132,534	34,537,409	52,643,884	53,744,891	2.1%
Reappropriated Funds	14,414,376	22,497,717	20,606,933	21,219,135	3.0%
Federal Funds	38,082,605	44,187,196	41,429,842	41,674,649	0.6%

APPENDIX B
RECENT LEGISLATION AFFECTING DEPARTMENT BUDGET

2017 SESSION BILLS

S.B. 17-012 (COMPETENCY RESTORATION SERVICES AND EDUCATION): Establishes the Department's Office of Behavioral Health (OBH) as the agency responsible for the oversight of competency restoration education and coordination of services for both juveniles and adults. For defendants on bond or summons, directs the court to consider whether restoration to competency should occur on an outpatient and out-of-custody basis. For juveniles in custody, requires the court to review the case at least every 30 (rather than 90) days. Appropriates $18,000 cash funds from the Marijuana Tax Cash Fund (MTCF) to OBH for FY 2017-18.

S.B. 17-019 (BEHAVIORAL HEALTH MEDICATION FOR PERSONS IN THE CRIMINAL JUSTICE SYSTEM): Beginning December 1, 2017, requires the Department of Human Services (DHS), in consultation with the Department of Corrections (DOC), to promulgate rules that require providers under each department's authority and allow public hospitals and licensed private hospitals to use an agreed upon medication formulary. To ensure medication consistency for persons with mental health disorders in the criminal and juvenile justice systems, requires DHS' Division of Youth Corrections, DOC, counties, community mental health centers, and other providers to share patient-specific mental health care and treatment information. Establishes, beginning July 1, 2018, several other duties and responsibilities for DHS' Office of Behavioral Health (OBH) related to the medication formulary, cooperative purchasing of medication, and the sharing of patient information. Appropriates $26,000 General Fund to OBH for FY 2017-18 for development of a medication formulary.

S.B. 17-021 (ASSISTANCE TO PERSONS WITH MENTAL ILLNESS IN THE CRIMINAL JUSTICE SYSTEM): Establishes a housing program for persons with a behavioral or mental health disorder transitioning from the Department of Corrections, the Department of Human Service's Division of Youth Corrections, or county jail. Authorizes the appropriation of money in the MTCF for housing, rental assistance, and supportive services.

S.B. 17-207 (STRENGTHEN BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM): Effective May 1, 2018, eliminates the use of the criminal justice system to hold individuals who are experiencing a mental health crisis, and allows a person experiencing a mental health crisis to be taken to an emergency medical services facility if a facility that has been approved by the Department is not available. Makes a number of changes regarding the State's coordinated behavioral health crisis response system to ensure that it has the capacity to respond to behavioral health crises and adequately care for individuals brought to the facility through the emergency mental health hold procedure or a voluntary application for mental health services. Expands the authorized use of money in the MTCF, and appropriates $7,086,280 cash funds from the MTCF to the Department's Office of Behavioral Health for FY 2017-18. In addition, states the assumption that OBH will require an additional 0.9 FTE.

S.B. 17-264 (FUNDING FOR BEHAVIORAL HEALTH DISORDERS): Makes statutory changes related to the implementation of H.B. 16-1408, including: authorizing the MTCF to be used for both substance use and behavioral health services; and repealing the Offender Mental Health Services Fund.

2018 SESSION BILLS

S.B. 18-191 (LOCAL GOVERNMENT LIMITED GAMING IMPACT FUND): Requires in FY 2018-19 and 2019-20 that $50,000 of the amount allocated to the Gambling Addiction Account within the Local Government Limited Gaming Impact Fund be appropriated to the Department to develop a plan for a successful gambling addiction program. Eliminates the $100,000 cash funds appropriation to the Department from the Gambling Addiction Account for FY 2018-19 for gambling addiction services, and appropriates $50,000 for the development of the plan.

S.B. 18-249 (MENTAL HEALTH CRIMINAL JUSTICE DIVERSION GRANT PROGRAM): Establishes within the Judicial Department's Office of the State Court Administrator the Mental Health Criminal Justice Diversion Grant Program to support up to four pre-plea local-level mental health pilot programs that will divert individuals with mental health conditions who have been charged with low-level criminal offenses into community treatment programs. Appropriates $750,000 General Fund to the Judicial Department for FY 2018-19, and states the assumption that the Department will require an additional 0.9 FTE.

S.B. 18-250 (JAIL-BASED BEHAVIORAL HEALTH SERVICES): Formally establishes in statute the Jail-based Behavioral Health Services Program, an existing program administered by the Department's Office of Behavioral Health (OBH) that provides funding for substance use disorder services for offenders while they are in jail and as they transition back to the community. Expands the program to include mental health services, and provides additional funding for these services and for state and local program administration. Appropriates $2,564,603 General Fund to OBH for FY 2018-19, and states the assumption that OBH will require an additional 1.8 FTE.

S.B. 18-251 (STATEWIDE BEHAVIORAL HEALTH COURT LIAISON PROGRAM): Establishes within the Judicial Department's Office of the State Court Administrator the Statewide Behavioral Health Court Liaison Program. The program will allocate funding to each judicial district to contract with local behavioral health professionals to facilitate communication and collaboration between judicial and behavioral health systems and promote positive outcomes for individuals living with mental health or co-occurring behavioral health conditions. Appropriates $1,997,112 General Fund to the Judicial Department for FY 2018-19, and states the assumption that the Department will require an additional 0.9 FTE.

S.B. 18-270 (BEHAVIORAL HEALTH CRISIS TRANSITION REFERRAL): Establishes the statewide Community Transition Specialist Program in the Department's Office of Behavioral Health (OBH) to coordinate referrals of high-risk individuals from hospitals and withdrawal management facilities to appropriate transition specialists. Requires OBH to collect information concerning current practices, criteria, procedures, and system capacity for providing follow-up care for high-risk individuals after release or discharge. Appropriates $1,588,250 General Fund to OBH for FY 2018-19.

H.B. 18-1094 (CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT): Indefinitely extends the Child Mental Health Treatment Act, which provides mental health treatment services for children and youth at risk of out-of-home placement. Renames and modifies the program, including expanding eligibility and the availability of services statewide. Appropriates $1,286,611 General Fund to the Department's Office of Behavioral Health (OBH) for FY 2018-19, and states the assumption that OBH will require an additional 0.5 FTE.

H.B. 18-1136 (EXPAND MEDICAID BENEFIT FOR SUBSTANCE USE DISORDER): Adds residential and inpatient substance use disorder treatment and medical detoxification services as a benefit under the Colorado Medicaid Program, conditional upon federal approval. If the new benefit is enacted, requires Managed Service Organizations (MSOs) to determine to what extent money allocated from the Marijuana Tax Cash Fund may be used to assist in providing substance use disorder services if those services are not otherwise covered by private or public insurance. Appropriates a total of $236,827 to the Department of Health Care Policy and Financing (HCPF) for FY 2018-19 (including $155,193 General Fund and $81,634 cash funds from the Healthcare Affordability and Sustainability Fee Cash Fund), and states the assumption that HCPF will receive $236,828 federal funds for FY 2018-19.

H.B. 18-1172 (MONEY ALLOCATED TO MANAGED SERVICE ORGANIZATIONS): Clarifies that an MSO may use money allocated to it from the MTCF for substance use disorder services and for any start-up costs or other expenses necessary to increase capacity to provide such services. Permits an MSO to spend an allocation over two state fiscal years. Modifies related reporting requirements.

H.B. 18-1357 (OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO CARE): Creates in the Department the independent Office of the Ombudsman for Behavioral Health Access to Care (Ombudsman) to serve as a neutral party to help consumers and health care providers navigate and resolve issues related to consumer access to behavioral health care. Requires the State Commissioner of Insurance to submit an annual report to the General Assembly concerning insurance carrier compliance with behavioral health coverage parity requirements. Appropriates $85,695 General Fund to the Department of Human Services and $8,355 cash funds from the Division of Insurance Cash Fund to the Department of Regulatory Agencies for FY 2018-19, and states the assumption that the departments will require an additional 0.9 FTE and 0.1 FTE, respectively.

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-based Mental Health Services
LBF #49 – Appropriation to expand access to inpatient psychiatric care for individuals on the Western Slope who are diagnosed with physical health conditions that are exacerbated by co-occurring mental health problems
RFI #3 – Revenue sources available to pay for services that are provided through the Mental Health Treatment Services for Youth Program

Substance Use Treatment and Prevention Services
Statewide RFI #1 – Cash funds that are utilized by multiple state agencies

Integrated Behavioral Health Services
LBF #50 – Rural Co-occurring Disorder Services
LBF #50a – Expansion of residential treatment services for individuals with co-occurring mental health and substance use disorders
LBF #51 – Authority to roll forward appropriation for Medication Consistency and Health Information Exchange

Mental Health Institutes
LBF #52 – Authority to transfer funds between line item appropriations

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UPDATE ON LONG BILL FOOTNOTES

49 Department of Human Services, Office of Behavioral Health, Community-based Mental Health Services, Assertive Community Treatment Programs and Other Alternatives to the Mental Health Institutes -- It is the General Assembly's intent that $512,079 of this General Fund appropriation be allocated to a community mental health center in western Colorado for the purpose of providing behavioral health services 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. The Department used a request for proposal process and awarded the funds to Mind Springs Health. The General Assembly amended the footnote mid-year (through S.B. 17-163) after staff became aware that the funding was unlikely to be spent based on

procurement-related delays and footnote language that did not reflect the manner in which the services are being provided. Several appropriations in the behavioral health section of the Department's Long Bill appropriations were reorganized in FY 2017-18. As a result, this footnote now references the relevant funding in the "Assertive Community Treatment Programs and Other Alternatives to the Mental Health Institutes" line item.

The appropriation has been increased and modified as follows:

- *FY 2017-18:* The General Assembly increased this appropriation by $7,009 General Fund consistent with the statewide policy concerning community provider rates.
- *FY 2018-19:* The General Assembly increased this appropriation by $5,070 General Fund consistent with the statewide policy concerning community provider rates.

50 Department of Human Services, Office of Behavioral Health, Integrated Behavioral Health Services, Rural Co-occurring Disorder Services -- It is the General Assembly's intent that of this appropriation $1,045,884 cash funds from the Marijuana Tax Cash Fund 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. Staff understands 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 appropriation has been increased and modified as follows:

- *FY 2015-16:* The General Assembly increased this appropriation by $500,000 General Fund, plus $21,213 General Fund consistent with the statewide policy concerning community provider rates.
- *FY 2016-17:* The fund sources were adjusted to include $521,213 General Fund and $500,000 cash funds from the Marijuana Tax Cash Fund (MTCF).
- *FY 2017*-18: The General Assembly increased the appropriation by $14,316 consistent with the statewide policy concerning community provider rates, and the fund sources were adjusted so that the entire appropriation of $1,035,529 is from the MTCF.
- *FY 2018*-19: The General Assembly increased the appropriation by $10,355 consistent with the statewide policy concerning community provider rates.

The Department originally awarded these funds to Crossroads' Turning Points, Inc., a partner in the managed service organization for the southeast region (Signal Behavioral Health Network, Inc.) as a result of the request for proposal process. Crossroads' Turning Points provides 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.

The initial five-year procurement cycle ended in FY 2017-18. Starting in FY 2018-19, the Department is contracting with two managed service organizations to ensure coverage in southern Colorado and the Arkansas Valley:

- Signal Behavioral Health Network administers $737,000 of the appropriation for the southeast region, which includes: Alamosa, Baca, Bent, Conejos, Costilla, Crowley, Huerfano, Kiowa, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande, and Saguache Counties. Signal subcontracts with Crossroads' Turning Points and San Luis Valley Behavioral Health Group (a community mental health center) to provide services in this region.
- West Slope Casa, LLC, administers the remaining $308,884 of the appropriation for the southwest region, which includes: Archuleta, Delta, Dolores, Gunnison, Hinsdale, La Plata, Montezuma, Montrose, Ouray, San Juan, and San Miguel Counties. West Slope Casa subcontracts with Axis Health Systems, Inc. (a community mental health center) to provide services in this region.

The services provided in both regions 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 (MAT), substance use testing, and other similar services.

50a Department of Human Services, Office of Behavioral Health, Integrated Behavioral Health Services, Rural Co-occurring Disorder Services -- It is the General Assembly's intent that of this appropriation $3,000,000 General Fund be used to expand residential treatment services in one or more rural areas of Colorado for individuals with co-occurring mental health and substance use disorders. It is also the General Assembly's intent that this appropriation be used to cover initial expenses necessary to establish, license, and begin operating one or more programs that provide these services, such as building renovations, furnishing, and equipment.

COMMENT: This footnote was first included in the FY 2018-19 Long Bill to state the General Assembly's intent concerning $3.0 million General Fund that was added to an existing line item. The Department indicates that it is finalizing contractual terms with the managed service organization for the Western Slope (West Slope Casa, LLC) for the renovation of a facility that will house a 16-bed residential treatment facility in Clifton (east of Grand Junction). The Department anticipates that the facility will open in early calendar year 2020.

The Department also indicates that it intends to seek Legislative clarification that, in the interim, it is authorized to fund services in other co-occurring treatment facilities in other regions of the State.

51 Department of Human Services, Office of Behavioral Health, Integrated Behavioral Health Services, Medication Consistency and Health Information Exchange -- Of this appropriation, $100,000 shall remain available for expenditure through June 30, 2020.

COMMENT: Last year the Department requested and received a total of $590,936 cash funds from the Marijuana Tax Cash Fund to promote continuity of care between jails, state agencies, and community treatment providers as required by S.B. 17-019. The request included:

- $391,700 for a contracted "e-health record exchange";
- $100,000 for a process evaluation to measure preliminary outcomes; and
- $99,236 for a Health Systems Administrator to oversee the program.

The Department also requested authority to spend the $100,000 over a two-year period. This footnote provides the requested "roll-forward" authority.

52 Department of Human Services, Office of Behavioral Health, 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 2017-18, the Department was authorized to transfer a total of $12,313,777 among line items ($123,137,771 X 10%). The Department transferred a total of $1,961,167 (1.6 percent of total appropriations) among line items in FY 2017-18, as detailed in the following table.

TRANSFERS AMONG LINE ITEM APPROPRIATIONS FOR THE MENTAL HEALTH INSTITUTES: FY 2017-18

LONG BILL LINE ITEM	FUND SOURCE	TRANSFERS IN	TRANSFERS OUT	NET TRANSFER
(1) Mental Health Institute at Ft. Logan				
Personal Services	Total Funds	$333,618	$0	$333,618
	General Fund	322,207		322,207
	Cash Funds			
	Reappropriated Funds	11,411		11,411
Contract Medical Services	General Fund	0	(214,381)	(214,381)
Operating Expenses	Total Funds	150,659	0	150,659
	General Fund	150,659		150,659
	Cash Funds			
	Reappropriated Funds			
Capital Outlay	General Fund	0	(48,624)	(48,624)
Pharmaceuticals	Total Funds	0	(221,272)	(221,272)
	General Fund		(209,861)	(209,861)
	Cash Funds			
	Reappropriated Funds		(11,411)	(11,411)
(2) Mental Health Institute at Pueblo				
Personal Services	Total Funds	1,207,938	0	1,207,938
	General Fund	1,207,938		1,207,938
	Cash Funds			

TRANSFERS AMONG LINE ITEM APPROPRIATIONS FOR THE MENTAL HEALTH INSTITUTES: FY 2017-18				
LONG BILL LINE ITEM	FUND SOURCE	TRANSFERS IN	TRANSFERS OUT	NET TRANSFER
	Reappropriated Funds			
Contract Medical Services	General Fund	0	(1,295,386)	(1,295,386)
Operating Expenses	Total Funds	0	(112,544)	(112,544)
	General Fund		(112,544)	(112,544)
	Cash Funds			
	Reappropriated Funds			
Capital Outlay	General Fund	168,000	(38,883)	129,117
Pharmaceuticals	Total Funds	100,952	0	100,952
	General Fund	100,952		100,952
	Cash Funds			
	Reappropriated Funds			
Educational Programs	Total Funds	0	(30,077)	(30,077)
	General Fund		(30,077)	(30,077)
	Reappropriated Funds			
Jail-based Competency Restoration Program	General Fund	0	0	0
Total	**Total Funds**	**$1,961,167**	**($1,961,167)**	**$0**
	General Fund	1,949,756	(1,949,756)	0
	Cash Funds	0	0	0
	Reappropriated Funds	11,411	(11,411)	0

UPDATE ON REQUESTS FOR INFORMATION

Requests Applicable to Multiple Departments

1 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. **Please note that for two of the three funds, the Department of Human Services' schedule 9's reflect requested amounts for FY 2019-20 that are significantly lower than the amounts officially requested.**

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 2019-20 budget request includes a schedule 9 for this fund. The Judicial Department receives a direct appropriation from the Fund to support probation programs ($3,315,314 for FY 2018-19), and a portion of this funding is transferred to the Department of Human Services for the administration of alcohol and drug abuse services ($502,647 for FY 2018-19).

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. Money in the fund is 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 2018-19 for law enforcement assistance fund contracts. **Both the Department of Transportation and the Department of Human Services included a schedule 9 for this fund in their FY 2019-20 budget requests. These schedules are inconsistent in terms of beginning fund balance, revenues, and expenses. The Department of Human Services' schedule 9 reflects an appropriation of only $100,000 from this fund for FY 2018-19 and a request of $100,000 for FY 2019-20; the FY 2018-19 Long Bill appropriates $255,000 and the Department requests the same appropriation for FY 2019-20.**

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. Money in the Fund is 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.

For FY 2018-19, a total of $2,327,044 is appropriated from this fund to the Department of Human Services (the same as for FY 2017-18), 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 Department of Human Services' FY 2018-19 budget request includes a schedule 9 for this fund. **The Department's schedule 9 reflects an appropriation of only $2,173,779 from this**

fund for FY 2018-19 and a request of $1,684,318 for FY 2019-20. The Department's official budget request, however, does not reflect this decrease for FY 2019-20.

The schedule 9 submitted by the Department of Human Services indicates that the Fund balance was $233,041 at the end of FY 2017-18. This is the first year (in recent history) that the ending fund balance was below the statutory reserve balance of 16.5 percent of expenditures ($363,000 for FY 2017-18). The Committee approved a staff recommendation to increase the annual appropriation from this fund by $365,000 for three years (from FY 2014-15 through FY 2016-17) to reduce the fund balance by $1,095,000 (thus leaving a balance of about 16.5 percent of base annual expenditures). While Department expenditures had increased, these increases had lagged the increase in the appropriation. Thus, the higher appropriation level was continued for FY 2017-18 and FY 2018-19.

Staff will discuss this issue with Department staff and make recommendations to the Committee for FY 2019-20 (and potentially for a mid-year adjustment for FY 2018-19) to ensure that the appropriations is consistent with available funds.

Requests Applicable to the Department of Human Services

3 Department of Human Services, Office of Behavioral Health, Community-based Mental Health Services, Mental Health Treatment Services for Youth (H.B. 99-1116); Office of Self Sufficiency, Disability Determination Services -- The Department is requested to provide, by October 1, 2018, a report concerning revenue sources available to pay for services that are provided through the Mental Health Treatment Services for Youth (H.B. 99-1116) Program. The report should:
(a) describe the types of expenses that Medicaid funding, federal supplemental security income (SSI) benefits, and parental fees can cover and any related limitations that are based on other factors such as a youth's diagnoses, the licensure of the service provider, or the client's family's income;
(b) detail total annual expenditures for state fiscal years 2016-17 and 2017-18 for services provided to children and youth through the Mental Health Treatment Services for Youth Program, including those sources that are recorded on-budget (General Fund, Marijuana Tax Cash Fund, and Medicaid funds) and those that are paid directly to treatment providers (private insurance payments, SSI benefits, and parental fees);
(c) describe the processes that are currently used to maximize the appropriate use of Medicaid funds and ensure that these expenses are properly attributed to the Program; and
(d) describe the processes that are currently used to ensure that a family receiving services through the Program applies for federal supplemental security income (SSI) benefits on behalf of their child, the application is processed timely, and any resulting SSI benefits are used to offset State expenditures.

COMMENT: The Office of Behavioral Health (OBH) submitted the report as requested. Unfortunately, the report does not provide any new information about the magnitude of funding sources that are paid directly to treatment providers for children and youth that are accessing services through this program (private insurance payments, SSI benefits, and parental fees). In addition, while OBH indicates that full utilization of available Medicaid funding for this program is a "priority for the upcoming year", it does not appear that any progress was made on this issue between March and October of 2018. Finally, it also does not appear that OBH worked with the DHS Disability Determination Services unit to determine whether the SSI determination process

can be expedited for children and youth who receive services through this program (as it once was).

Origin of the Request

The Department submitted a supplemental request for FY 2017-18 and a budget amendment for FY 2018-19 to increase funding significantly for this program (now named the Children and Youth Mental Health Treatment Act). The Department also supported legislation (H.B. 18-1094) to modify and extend indefinitely the scheduled repeal of this program. All of these changes increased total funding for this program by $1.9 million (175.6 percent). Prior to FY 2016-17, annual expenditures for this program typically fell well short of the appropriation. In the course of analyzing the Department's budget requests and H.B. 18-1094, staff identified two funding related issues.

First, it is not clear to staff that the Department is following the statutory directive to use General Fund appropriations for this program to assist the lowest income families to ensure the maximum use of appropriate least restrictive treatment services and to provide access to the greatest number of children. The Department indicates that its typical practice is to identify children with the highest clinical acuity and highest financial need. Staff suggested that the General Assembly consider clarifying whether and how the Department should consider clinical acuity when prioritizing services. However, H.B. 18-1094 maintained the existing language regarding the prioritization of state funding [see Section 27-67-106 (3), C.R.S.].

Second, it appears that Medicaid is no longer a significant source of funding for services provided through this program. Through discussions with staff from DHS and HCPF, staff learned of several potential related factors:

- The DHS now guarantees funding for residential treatment providers up to the date that a decision is made concerning a youth's eligibility for federal supplemental security income (SSI). The time for determining SSI eligibility has increased, and the DHS unit responsible for this function no longer expedites determinations for youth served through this program. There does not appear to be any incentive for providers to actively seek Medicaid reimbursement, and this does not appear to be a priority for DHS staff.
- The actual expenditures reported by DHS and HCPF differ. Staff understands that in order to verify Medicaid expenditures for this program, DHS identifies clients in the program and sends the related expenditure data to HCPF; HCPF then transfers expenditures from the Child Welfare Services line item in HCPF to the line item that corresponds to this program. Staff understood that the two departments were working together to reconcile clients between the DHS Division of Child Welfare, the Division of Youth Services, and this program to verify whether there were inconsistencies in previous billings.

In order to maximize the number of eligible youth who can benefit from services this program, it is important that DHS and HCPF work together to establish procedures that maximize the number of youth who become eligible for Medicaid-funded residential services (rather than fully state-funded services), and that such funding is actually collected and used to offset state expenditures. House Bill 18-1094 eliminated statutory language that explicitly made this program subject to annual appropriation, and eliminated legislative intent language indicating that program expenditures from the General Fund shall not exceed the annual General Fund appropriation for the program.

Staff recommended that the Committee include this request for information in the Committee's 2018 letter to the Governor to allow DHS time to work with HCPF to reconcile billings for this program to determine whether Medicaid funding is being accessed appropriately and that program expenditures are being recorded accurately. Staff also included DHS' Disability Determination Services unit to encourage DHS staff to work together to evaluate existing processes for determining youth's eligibility for federal SSI for purposes of this program.

Department Response

Staff has included below information in OBH's report that is responsive to each of the four specified topics related to revenue sources for this program.

Describe the types of expenses that Medicaid funding, federal supplemental security income (SSI) benefits, and parental fees can cover and any related limitations that are based on other factors such as a youth's diagnoses, the licensure of the service provider, or the client's family's income.

- When a child and family are approved for funding through this program and require residential treatment, the child may become eligible for Medicaid funding through the SSI eligibility process. If a child has been in residential services for more than 30 days, or is expected to remain in residential services for more than 30 days, the child can qualify for SSI due to being considered a "household of one" per the Social Security Administration.

  Due to federal regulations, the **SSI benefit** is paid directly to the child or payee (typically the parent) to fund a portion of the residential room and board rate. The parent will then give all but $30 of the SSI award to the residential provider. SSI awards vary based on the child's treatment location and family income, ranging from $30 to $700 per month.

- Once a child obtains SSI, the child automatically acquires fee-for-service Medicaid. **Medicaid funding** pays for the treatment costs of residential services, but does not fund room and board costs.

- Each family is responsible for funding a portion of treatment provided through this program. The **parental fee** for this program is based on the Colorado child support guidelines, and accounts for family income and the number of children in the home. This program does not have a cap on family income, so any family that does not qualify for Medicaid can request funding through the program. Once the parental fee is determined, the family pays the fee directly to the treatment provider. For residential services, the fee pays a portion of the room and board; for community-based care, the fee covers a portion of the treatment costs.

Detail total annual expenditures for state fiscal years 2016-17 and 2017-18 for services provided to children and youth through the Mental Health Treatment Services for Youth Program, including those sources that are recorded on-budget (General Fund, Marijuana Tax Cash Fund, and Medicaid funds) and those that are paid directly to treatment providers (private insurance payments, SSI benefits, and parental fees).

OBH provided the following table detailing actual expenditures for the last two fiscal years. In both fiscal years, OBH spent the full amounts appropriated from the General Fund and state cash funds (Tobacco master settlement agreement funds in FY 2016-17 and the Marijuana Tax Cash

Fund in FY 2017-18). Medicaid funding expenditures are limited to $675 in FY 2016-17, and $0 in FY 2017-18.

The report does not provide any information about amounts that are paid directly to treatment providers (private insurance payments, SSI benefits, and parental fees). OBH provides the following explanation:

> "The CYMHTA program only tracks the State expenses as appropriated to OBH and is unable to track costs that the family may incur outside of the program such as medical expenses or payments to treatment providers not funded through the program."

It is not clear whether OBH explored any options to work with providers to capture data concerning the amount of room and board costs or treatment costs that are being covered through private insurance payments, SSI benefits, or parental fees.

Figure1. Actual CYMHTA Expenditures for FY 2016-17 and FY 2017-18

CYMHTA Appropriations and Expenditures	ACTUAL FY 2016-17	ACTUAL FY 2017-18
Appropriation		
General Fund	$ 655,223	$ 664,408
General Fund FY18 Supplemental	$ -	$ 524,864
Cash Funds - Marijuana Tax Cash Fund	$ 300,000	$ 304,205
Reappropriated Funds (accessed through HCPF approval)	$ 123,624	$ 125,356
Total Funds	**$ 1,078,847**	**$ 1,618,833**
Expenditures		
General Fund	$ 655,223	$ 1,189,272
Cash Funds - Marijuana Tax Cash Fund	$ 300,000	$ 304,205
Reappropriated Funds (accessed through HCPF approval)	$ 675	$ -
Subtotal	**$ 955,898**	**$ 1,493,477**
Other federal Block Grant funds	$ 337,087	-
Total Funds	**$ 1,292,985**	**$ 1,493,477**
Over/(Under) Expenditure		
General Fund	$ -	$ -
Cash Funds - Marijuana Tax Cash funds	$ -	$ -
Reappropriated Funds (accessed through HCPF approval)	$ (122,949)	$ (125,356)
Subtotal	**$ (122,949)**	**$ (125,356)**
Other federal Block Grant funds	$ 337,087	$ -
Total Funds	**$ 214,138**	**$ (125,356)**

Describe the processes that are currently used to maximize the appropriate use of Medicaid funds and ensure that these expenses are properly attributed to the Program.

OBH indicates that it provides technical assistance to all residential providers and community mental health centers on appropriate billing practices that include proper Medicaid billing procedures, the monitoring of the Medicaid Colorado Benefits Management System portal to identify when the child becomes Medicaid eligible, and the appropriate use of room and board funding that is available through this program.

OBH also indicates that it has historically worked with the DHS Division of Child Welfare and HCPF to identify children who are receiving services through this program and who have acquired Medicaid, and identifying the appropriate line item appropriations that should be covering expenditures. The report also indicates that OBH is currently working with these two agencies to increase communication and increase the utilization of Medicaid funding. This includes automating notifications of SSI and Medicaid eligibility, identifying when a child has continuous eligibility with Medicaid, and ensuring timely invoicing from providers. OBH indicates that, "Full access to HCPF reappropriated funds, which are accessed solely through HCPF approval, are a priority for the upcoming year and both departments will work together to utilize all of these funds."

Describe the processes that are currently used to ensure that a family receiving services through the Program applies for federal supplemental security income (SSI) benefits on behalf of their child, the application is processed timely, and any resulting SSI benefits are used to offset State expenditures.

OBH indicates that children receiving community-based treatment through this program do not need to obtain SSI, and treatment services will be funded by OBH. OBH describes planned efforts to contract with an agency to provide family advocacy to help families in obtaining needed services and qualified benefits, identifying alternative funding sources, acquiring insurance documentation, and applying for Supplemental Security Income. OBH indicates that the SSI application process is time consuming, complicated, and detailed. Due to the processing timeframes for acquiring SSI, it typically takes three to five months to receive an SSI award, although the award will backdate to the date of application in many situations. The backdated SSI award is then removed from future services that are funded through this program, similar to a credit, or the provider will reimburse OBH.

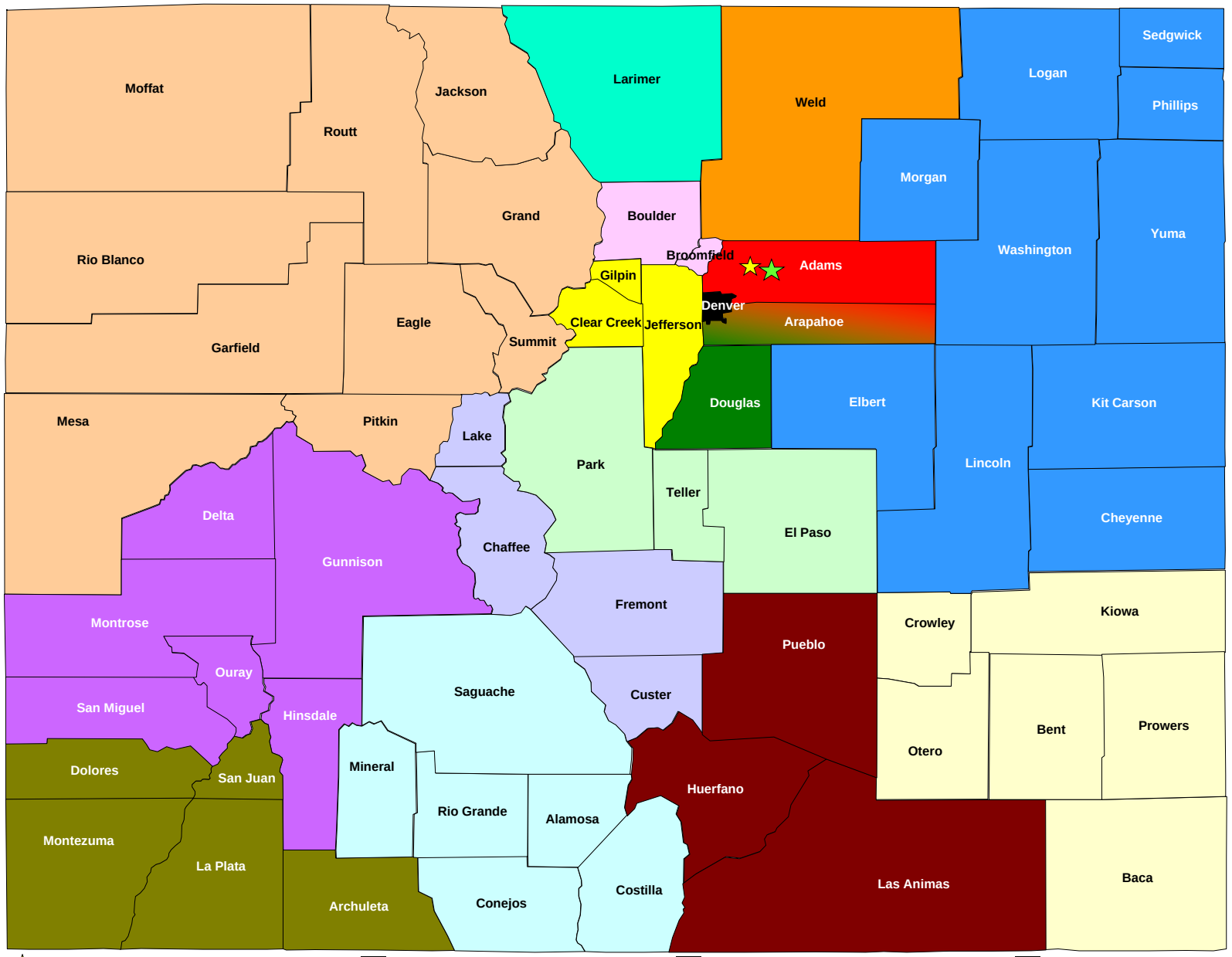
It is not clear, based on the report, whether OBH requires families with children who receive residential treatment through this program to apply for SSI benefits so that Medicaid funds can be accessed to pay for the treatment portion of the cost of care. Further, it is not clear whether OBH has worked with the DHS Disability Determination Services unit to determine whether the SSI determination process can be expedited for children and youth who receive services through this program (as it once was).

APPENDIX D
DEPARTMENT ANNUAL PERFORMANCE REPORT

Pursuant to Section 2-7-205 (1)(b), C.R.S., the Department of Human Services is required to publish an **Annual Performance Report** for the *previous fiscal year* 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 the designated fiscal year. In addition, pursuant to Section 2-7-204 (3)(a)(I), C.R.S., the Department is required to develop a **Performance Plan** and submit the plan for the *current fiscal year* to the Joint Budget Committee and appropriate Joint Committee of Reference by July 1 of each year.

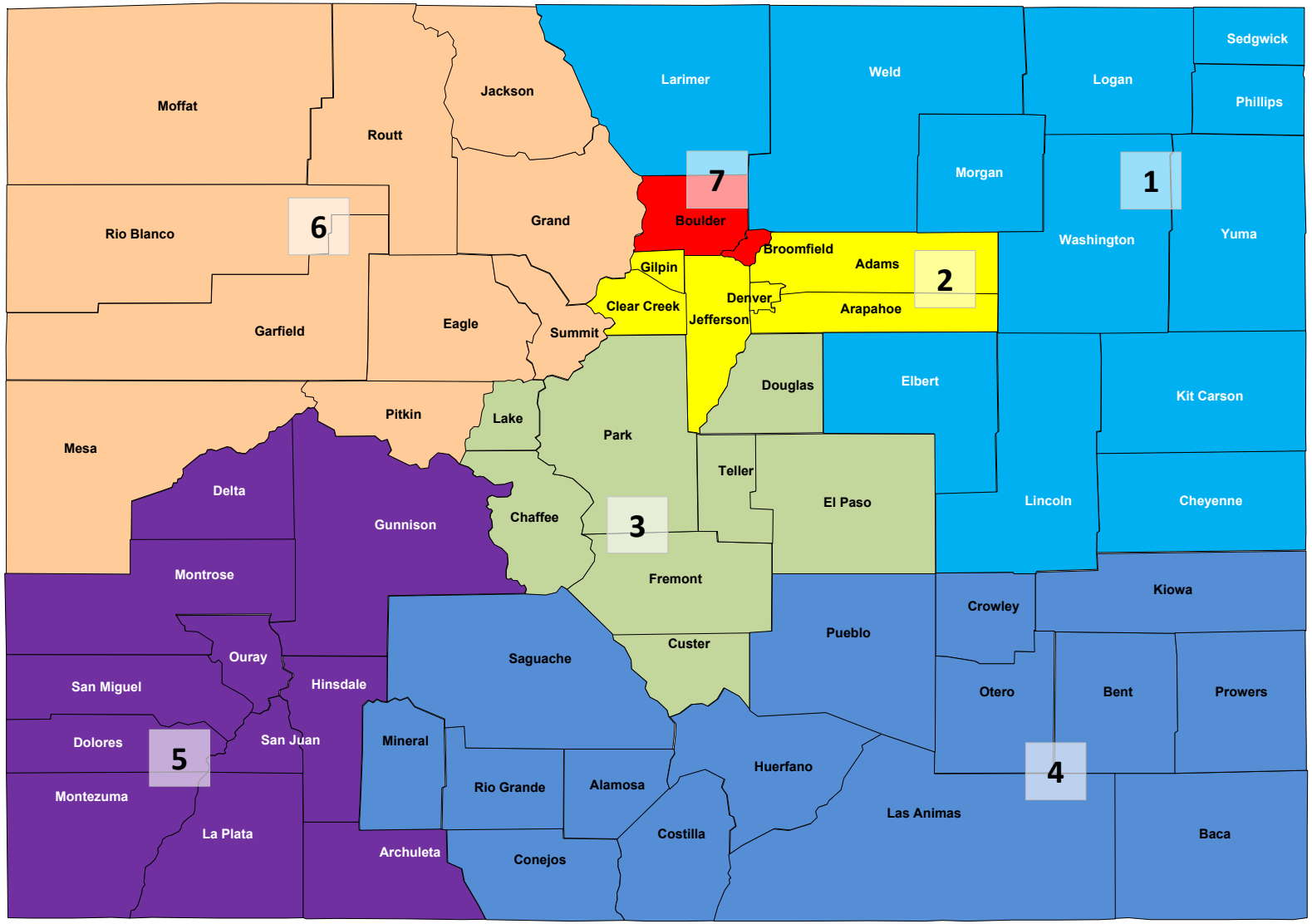
For consideration by the Joint Budget Committee in prioritizing the Department's FY 2019-20 budget request, the FY 2017-18 Annual Performance Report dated October 2018 and the FY 2018-19 Performance Plan [undated] can be found at the following link:

https://www.colorado.gov/pacific/performancemanagement/department-performance-plans



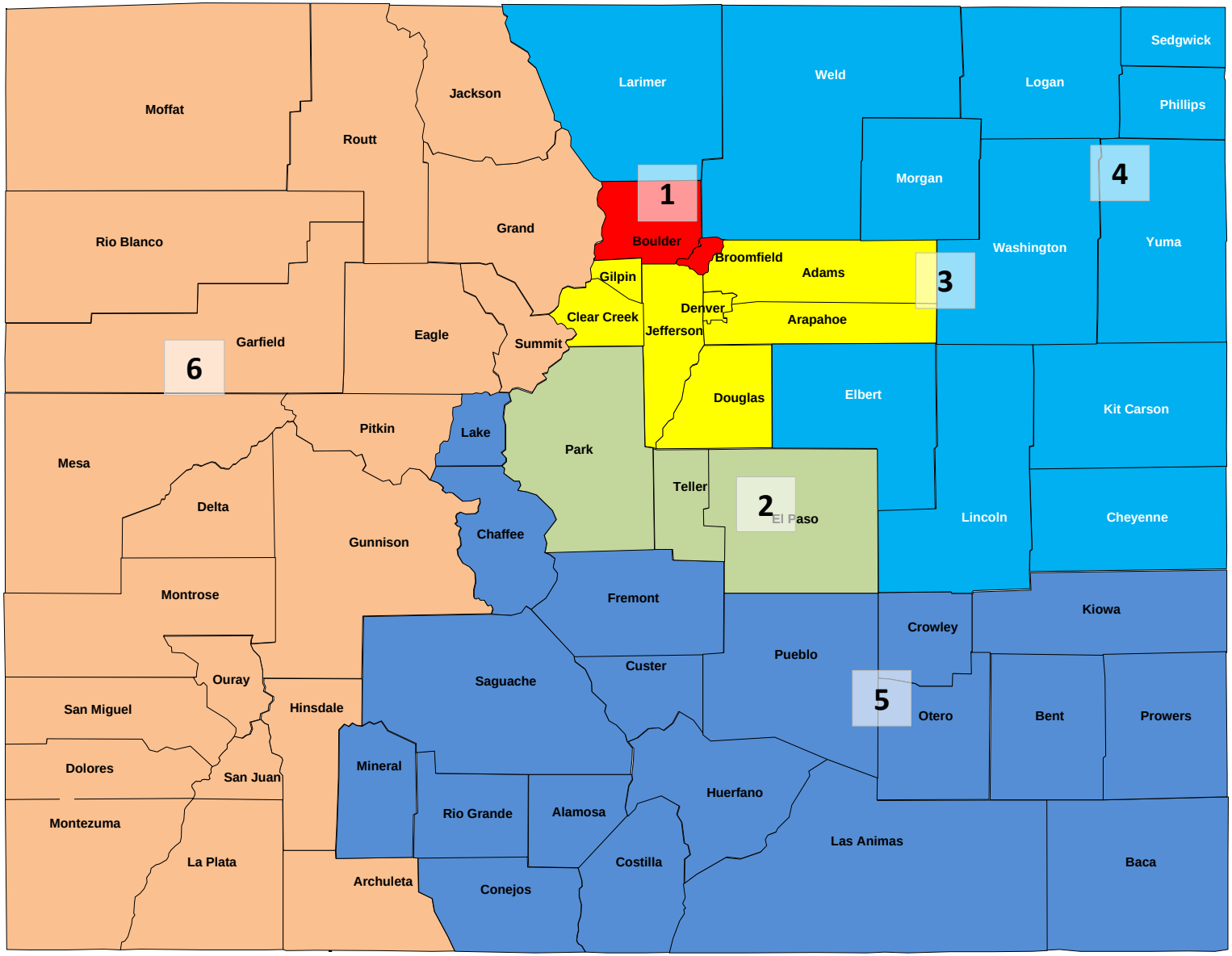
** Arapahoe County is served by Arapahoe/Douglas MHN excluding the city of Aurora, which is served by Aurora MHC.*

Colorado Community Mental Health Centers by County Served



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



Mental Health Centers in Existing Crisis Regions	
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

FY1718 SB202 Supported Substance Use Disorder Programs Year-End Report

Counties	Arapahoe, Douglas, Elbert, Lincoln
Continuum	Prevention
Description	This program provides screenings and referrals to treatment through the multi-county Juvenile Assessment Center for at-risk youth.
Funding Need	Funds support case managers and clinicians providing services.
Expenditures	$32,893.30

Counties	All
Continuum	Recovery
Description	Recovery Housing provisioned by Oxford Houses. Oxford Houses supports recovery living homes that are peer-run. This is a strong, well-respected organization that SAMHSA recognizes as an appropriate and important destination for SUD funding.
Funding Need	These funds support staff to manage the housing programs and expansion, as well as funds to expand the number of houses.
Expenditures	$169,850.24

Counties	Morgan, Logan, Sedgwick, Phillips, Washington, Yuma, Elbert, Lincoln, Kit Carson, Cheyenne
Continuum	Prevention
Description	School-based prevention in the 10-county Northeastern Colorado portion of Colorado. Prevention and youth-based services were among the most significant expressed needs from the SB202 community action plan process.
Funding Need	Funds support staff, training, communication, and other program expenses.
Expenditures	$115,773.43

Counties	Weld, Larimer, Morgan, Logan, Sedgwick, Phillips, Washington, Yuma, Elbert, Lincoln, Kit Carson, Cheyenne
Continuum	Prevention
Description	Screening, Brief Intervention, and Referral to Treatment (SBIRT) is used in a primary care setting to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol, marijuana and illicit drugs. Additionally for individuals assessed to be in need of treatment, to connect them with treatment providers in the region. This initiative focuses on a rural setting, an area underserved by this important program.
Funding Need	Funds support staff, training, communication, and other program expenses.
Expenditures	$239,414.33

Counties	Weld, Larimer, Morgan, Logan, Sedgwick, Phillips, Washington, Yuma, Elbert, Lincoln, Kit Carson, Cheyenne
Continuum	Treatment
Description	Expansion of services to treat clients with intensive residential services. Beds will be available for both women and men. This will be the first program of this level of care in Northeastern Colorado
Funding Need	Funds will support facility expansion, staffing, and other program needs. Additionally, these funds will provide services for clients to receive treatment once the program opens.
Expenditures	$1,056,835.90

Counties	Weld, Larimer, Morgan, Logan, Sedgwick, Phillips, Washington, Yuma, Elbert, Lincoln, Kit Carson, Cheyenne
Continuum	Treatment
Description	This is a new program that will begin offering specialized residential treatment to pregnant women and moms. This will be the first program of its kind in Northeastern Colorado.
Funding Need	Funds will support facility expansion, staffing, and other program needs. Additionally, these funds will provide services for clients to receive treatment once the program opens.
Expenditures	$195,228.60

Counties	Weld, Larimer, Morgan, Logan, Sedgwick, Phillips, Washington, Yuma, Elbert, Lincoln, Kit Carson, Cheyenne
Continuum	Treatment
Description	Supportive training and deployment of the evidence-based Acudetox treatment protocol.
Funding Need	Funds support training for this protocol.
Expenditures	$9,509.45

Counties	Weld, Larimer, Morgan, Logan, Sedgwick, Phillips, Washington, Yuma, Elbert, Lincoln, Kit Carson, Cheyenne
Continuum	Treatment
Description	Provide enhanced medical support within a withdrawal management facility, to allow more clients to be served there appropriately. Additionally, this will allow for the opportunity to expand treatment access for clients.
Funding Need	Funds will support facility expansion, staffing, and other program needs.
Expenditures	$80,936.75

Counties	Larimer
Continuum	Treatment
Description	The goal of this initiative is to expand access to medication assisted treatment (Suboxone), a significant need due to the opioid epidemic.
Funding Need	Funds will support facility expansion, staffing, and other program needs.
Expenditures	$376,249.72

Counties	Adams, Arapahoe, Jefferson, Douglas, Broomfield, Gilpin, Clear Creek
Continuum	Treatment
Description	Expansion of services to treat clients in both intensive and transitional residential services. Beds will be available for both women and men.
Funding Need	These funds support treatment services.
Expenditures	$786,093.75

Counties	Adams, Arapahoe, Jefferson, Douglas, Broomfield, Gilpin, Clear Creek
Continuum	Treatment
Description	Expansion of services to treat clients with intensive residential services. Beds will be available for both women and men.
Funding Need	These funds went to provide services for clients to receive treatment.
Expenditures	$97,072.50

Counties	Adams, Broomfield
Continuum	Treatment
Description	The goal of this initiative is to expand access to medication assisted treatment (Suboxone), a significant need due to the opioid epidemic.
Funding Need	Funds will support facility expansion, staffing, and other program needs.
Expenditures	$133,360.53

Counties	Denver
Continuum	Treatment
Description	Provide MAT (Suboxone, naltrexone, and buprenorphine, and other FDA-approved medications for treatment) in a jail-based setting and as a part of transitions of care. SUD clients transitioning from incarceration to the community are at a high risk of overdose. Having treatment begin before discharge is one of the most effective ways to help protect clients from this.
Funding Need	Funds will support facility expansion, staffing, and other program needs.
Expenditures	$348,038.60

Counties	Adams, Arapahoe, Jefferson
Continuum	Treatment
Description	The goal of this initiative is to expand access to medication assisted treatment, a significant need due to the opioid epidemic. Three different clinics will be expanded.
Funding Need	Funds will support facility expansion, staffing, and other program needs.
Expenditures	$219,327.38

Counties	Douglas
Continuum	Treatment
Description	An MAT clinic has opened in Castle Rock, a location lacking in MAT (and treatment services in general). The clinic serves a county (Douglas) that has been underserved for MAT.
Funding Need	Funds will support facility expansion, staffing, and other program needs.
Expenditures	$160,601.10

Counties	Arapahoe, Douglas, Elbert
Continuum	Treatment
Description	The southeastern corner of the Denver metro area has long lacked a withdrawal management facility. This initiative seeks to partner with local governments to place a location in that area.
Funding Need	Funds will support facility expansion, staffing, and other program needs.
Expenditures	$0.00

Counties	Adams, Arapahoe, Jefferson, Douglas, Broomfield, Gilpin, Clear Creek
Continuum	Treatment
Description	Expansion of services to treat clients with intensive residential services. Beds will be available for both women and men.
Funding Need	These funds went to provide services for clients to receive treatment.
Expenditures	$115,965.63

Counties	Adams, Arapahoe, Jefferson, Douglas, Broomfield, Gilpin, Clear Creek
Continuum	Treatment
Description	West Pines Behavioral Health offers a 20-bed intensive residential program with an expected length of stay of two to three weeks. The program has 24-hour nursing care, a full-time addiction psychiatrist and nurse practitioners to address medical complaints. Before discharge all patients are linked to ongoing outpatient services either at West Pines or other facilities, such as the patient's community mental health center. The program offers daily physical fitness opportunities, smoking cessation, and nutritional counseling to improve overall health outcomes. Patients' families are engaged with treatment through both individual family sessions and a weekly multiple-family group. The treatment team and treating physician engage primary care medical providers, outpatient behavioral health providers, social supports and recovery-oriented services to enhance patients' recovery.
Funding Need	These funds went to provide services for clients to receive treatment.
Expenditures	$433,853.88

Counties	Arapahoe, Douglas
Continuum	Recovery
Description	Care Navigators work collaboratively within a team based care model to assist with care coordination, client, family and community education, navigating internal and external behavioral and physical health providers as well as facilitating communication and advocating on clients' behalf. The addition of a Care Navigator supports long-term recovery for individuals with substance abuse challenges.
Funding Need	Funds support staff, training, communication, and other program expenses.
Expenditures	$39,949.81

Counties	Adams, Arapahoe, Jefferson, Douglas, Broomfield, Gilpin, Clear Creek
Continuum	Recovery
Description	A new program center offering recovery services to clients in recovery and transition from treatment, supported by peer coaching and other peer-led services to help maintain long-term recovery. The program includes a facility where services are in part provided.
Funding Need	Funds will support facility expansion, staffing, and other program needs.
Expenditures	$100,742.23

Counties	Denver, Arapahoe
Continuum	Recovery
Description	This program supports the delivery of recovery services embedded in a homeless shelter, a population underserved for substance user services.
Funding Need	Funds will support facility expansion, staffing, and other program needs.
Expenditures	$215,000.19

Counties	Adams, Arapahoe, Jefferson, Douglas, Broomfield, Gilpin, Clear Creek
Continuum	Recovery
Description	West Pines set up a Recovery Nurse Advocate program, modeled after the Nurse-Family Partnership, featuring nurses trained specifically to help pregnant mothers struggling with substance abuse and their babies, with a special focus on individuals with opioid use disorders.
Funding Need	Funds support nursing staff providing treatment and recovery services to pregnant and post-partum moms.
Expenditures	$125,557.55

Counties	Denver
Continuum	Prevention, Treatment
Description	This program, hosted in an urban, and underserved area provides family-based treatment and prevention services.
Funding Need	Funds will support facility expansion, staffing, and other program needs.
Expenditures	$143,449.89

Counties	Arapahoe, Douglas
Continuum	Prevention
Description	School-based prevention for Sheridan, Englewood, and other districts located in Arapahoe and Douglas counties. Services are being provided to schools in these districts that are identified as having the largest population of low socioeconomic status students in need of prevention and early intervention services related to substance abuse. Ongoing planning and collaboration is taking place throughout the academic year as well as during months when school is not in session in order to ensure continuity of the program.
Funding Need	Funds support staff, training, communication, and other program expenses.
Expenditures	$84,914.19

Counties	Arapahoe
Continuum	Treatment
Description	The Dependency and Neglect System Reform (DANSR) initiative is a partner on this program to have SUD counselors located on-site with problem-solving courts to help divert and provide treatment services.
Funding Need	Case management staff.
Expenditures	$7,758.49

Counties	Adams, Arapahoe, Denver
Continuum	Treatment, Recovery
Description	Offender-based treatment and case management services for corrections-involved clients.
Funding Need	Case Management staff.
Expenditures	$126,985.31

Counties	Adams, Arapahoe, Jefferson, Douglas, Broomfield, Gilpin, Clear Creek
Continuum	Treatment
Description	Expansion of residential services for pregnant women
Funding Need	Funds went to assist the start up of the residential program for pregnant women in order to maintain this level of care in the SSPA.
Expenditures	$53,750.00

Counties	Adams, Arapahoe, Jefferson, Douglas, Broomfield, Gilpin, Clear Creek
Continuum	Treatment, Recovery
Description	Currently, indigent patients who get treatment in the West Pines Detoxification Unit or on the West Pines Recovery Center's residential care unit do not receive ongoing services from West Pines when they are discharged from care. The transition back to everyday life is difficult, and the patients are at high risk of relapse. A Linkage Case Manager will assist indigent patients while they are in treatment with securing permanent housing, connecting to sober supports, helping with employment and education and re-connecting with family when indicated. The Linkage Case Manager will continue to follow the patient for at least three months post treatment, to make sure the patient is sufficiently connected to services and to provide an ongoing warm hand-off to all aspects of care. There is evidence that the supports the use of assertive community treatment for patients who are leaving residential treatment. Additionally, the case manager will work to make sure that those who are on medication assisted therapy will continue to receive this treatment as an outpatient client.
Funding Need	Case management staff and other program supports.
Expenditures	$53,027.60

Counties	Lake, Chaffee, Custer
Continuum	Treatment, Recovery
Description	These funds helped support SUD client outreach and engagement and provided mobile response for both outpatient treatment, crisis response. They also allowed the provider, Solvista Health to employ a regional care manager who could forge relationships with withdrawal management providers and coordinate transportation between those sites. The care manager also took steps to strengthen sober support networks, working with faith providers and local social service organizations.
Funding Need	Funds were used for staffing, program, and training expenses.
Expenditures	$130,986.00

Counties	El Paso
Continuum	Treatment & Recovery
Description	Funds afforded a transitional housing program for pregnant and parenting women through Homeward Pikes Peak. The format included five phases: orientation, outpatient treatment, personal strength-building, skill-building & independent living. The facility was conceived and marketed as a shelter and recovery program. Clients were screened for commitment to sobriety and family re-unification goals. All tenants were assisted in obtaining TANF, WIC, Food Stamps, and Medicaid.
Funding Need	Funds provided outreach, the direct provision of housing, food, case management, life skills instruction, infants, and adolescent services not covered by public benefits, house supplies, cleaning items, medical care, and client incentives and transportati
Expenditures	$162,738.00

Counties	Fremont, Chaffee, Custer
Continuum	Treatment, Recovery
Description	RMBH partnered with Colorado Springs-based Family Care Center to provide access to medical, psychiatric, and medication management care for uninsured and underinsured SUD clients. Over 80% of RMBH clients with a substance use diagnosis also have mental health and/or chronic medical issues. This partnership facilitated whole-person care, and consequently, better SUD treatment outcomes. Poor access to timely psychiatric services in RMBH's rural community was the impetus for this venture.
Funding Need	Program expenses, transportation, and staffing costs
Expenditures	$21,209.00

Counties	Fremont, Chaffee, Custer
Continuum	Treatment, Recovery
Description	Addressing a longstanding community gap, RMBH used SB 202 funding to employ a Care Coordinator. This position managed clients with substance use disorders, ensuring their transition from local sobering center facilities to outpatient service programs. Referrals were initiated by 11th Judicial District, Fremont Department of Human Services, family members and local businesses. Clients were screened and promptly referred to the appropriate level of care, using ASAM criteria.
Funding Need	Funds were used to hire a care coordinator.
Expenditures	$38,500.00

Counties	Fremont, Chaffee, Custer
Continuum	Treatment & Recovery
Description	The Rocky Mountain Behavioral Health (RMBH) Recovery Campus provides used SB202 funds to expand comprehensive substance use disorder case/care management resources, including outpatient treatment, recovery support options, and primary medical care. In addition to augmenting outpatient service options, SB 202 dollars allowed for expanded recovery support techniques, including employment and peer coaching, spiritual counseling, health and wellness offerings, community engagement training and client transportation.
Funding Need	Program expenses and staffing costs.
Expenditures	$318,844.00

Counties	El Paso
Continuum	Treatment & Recovery
Description	The program, offered by Insight Services (IS) incorporated evidenced-based treatment techniques proven effective in facilitating fragile brain learning and improved executive function in SUD clients.
Funding Need	Funds were used to reimburse clinical program staff who administered the protocols.
Expenditures	$38,414.00

Counties	El Paso
Continuum	Prevention, Treatment, Recovery
Description	The goal of this funding was to not only increase access to substance use disorder services in SSPA 3, but to enhance the quality of the clinical work force providing those services, and subsequently improve client engagement and outcomes. SUD workforce across the country are far less than adequate. Project funds were also utilized to defer client copays for sober living homes, and provide motivational incentives, designed to bolster client participation. Programs funded in this initiative benefited the entire SUD continuum.
Funding Need	Funds were utilized for client sober living copays, contingency management, motivational incentives, recruitment and retention of certified addiction counselors, and evidenced-based workforce training.
Expenditures	$44,872.00

Counties	El Paso
Continuum	Treatment & Recovery
Description	These funds provided the resources to bridge gaps in supportive housing for chronically homeless individuals with dual mental health and substance abuse diagnosis. Clients followed prescribed treatment plans.
Funding Need	Funds were used for rent, utility assistance, and mileage reimbursement for case managers performing home visits. Dollars also supported moving expenses, management fees, and property mitigation outlays.
Expenditures	$67,782.00

Counties	El Paso, Teller
Continuum	Prevention, Treatment, Recovery
Description	SSPA Region 3 created a workforce development plan, identifying evidenced-based-program courses. Objectives were to engage service providers and community SUD stakeholders, introducing techniques designed to better engage clients and improved outcomes. Themes were designed to increase student aptitude for serving diverse demographic groups, and encourage the adoption of therapies which best address addiction. Enhancing these competencies inspire positive impact in workforce retention, client outcomes, and customer satisfaction. Targeted training areas included: group facilitation skills, addiction medicine (ASAM adherence), matrix-model benefits, brief interventions, management of co-occurring disorders, gender specific techniques, and marijuana-focused interventions.
Funding Need	These funds were used for both live and on-line instructors, interactive course materials including learning guides, facility rental, and supplies.
Expenditures	$54,239.00

Counties	Baca, Bent, Otero, Kiowa, Crowley, Prowers
Continuum	Treatment
Description	Outpatient Clinics in Springfield and Las Animas are supported to ensure their availability in a rural setting.
Funding Need	Funds support facilities, staffing, and other program needs.
Expenditures	$80,625.00

Counties	Baca, Bent, Otero, Kiowa, Crowley, Prowers
Continuum	Treatment
Description	Outpatient Clinics are supported to ensure their availability in a rural setting.
Funding Need	Funds support facilities, staffing, and other program needs.
Expenditures	$33,829.84

Counties	Pueblo, Crowley, Kiowa, Huerfano, Las Animas, Otero, Bent, Prowers, Baca, Saguache, Mineral, Rio Grande, Alamosa, Conejos, Costilla
Continuum	Recovery
Description	The provider used these funds to hire a Peer Recovery Specialist in March 2017. The Recovery Specialist provided monitoring and recovery support services to guide individuals in transitioning successfully back into the community. Services supported the four dimensions of recovery: health, home, purpose, and community and included illness management and Wellness Recovery Action Planning (WRAP).
Funding Need	Funds were used to staff a Recovery Peer Specialist to support clients' transition from treatment to recovery.
Expenditures	$68,641.02

Counties	Pueblo, Prowers, Baca, Bent, Kiowa
Continuum	Treatment
Description	A new clinic will be opened in Lamar, to provide methadone medication treatment services. This has been an area lacking in MAT for a long period of time. Such services are critical to address the opioid epidemic. Additionally, services in Pueblo will be expanded to serve more clients.
Funding Need	Funds will support facility expansion, staffing, and other program needs.
Expenditures	$452,574.52

Counties	Pueblo, Crowley, Kiowa, Huerfano, Las Animas, Otero, Bent, Prowers, Baca, Saguache, Mineral, Rio Grande, Alamosa, Conejos, Costilla
Continuum	Treatment
Description	Expansion of services to treat clients in transitional residential program. The program focuses treatment on opioid users, in the area of Colorado hardest hit by the opioid crisis.
Funding Need	These funds support treatment services.
Expenditures	$560,886.63

Counties	Pueblo, Crowley, Kiowa, Huerfano, Las Animas, Otero, Bent, Prowers, Baca, Saguache, Mineral, Rio Grande, Alamosa, Conejos, Costilla
Continuum	Prevention
Description	SBIRT is used in a primary care setting to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol, marijuana and illicit drugs. Additionally for individuals assessed to be in need of treatment, to connect them with treatment providers in the region. This initiative focuses on a rural setting, an area underserved by this important program.
Funding Need	Funds support staff, training, communication, and other program expenses.
Expenditures	$239,414.33

Counties	Pueblo
Continuum	Recovery
Description	Expansion of Peer Specialist services to provide recover and support services to 55 clients in an outpatient setting.
Funding Need	Funds will be used to hire and train two peer specialists.
Expenditures	$60,339.62

Counties	Pueblo, Crowley, Kiowa, Huerfano, Las Animas, Otero, Bent, Prowers, Baca, Saguache, Mineral, Rio Grande, Alamosa, Conejos, Costilla
Continuum	Treatment
Description	Expansion of withdrawal management services in the southeast of Colorado
Funding Need	This provider integrated substance use clinicians to assess and determine appropriate level of care based on the ASAM placement criteria, refer to appropriate services, and arrange transportation to placement, integrating withdrawal management services wi
Expenditures	$16,013.86

Counties	Pueblo, Crowley, Kiowa, Huerfano, Las Animas, Otero, Bent, Prowers, Baca, Saguache, Mineral, Rio Grande, Alamosa, Conejos, Costilla
Continuum	Treatment
Description	Expansion of residential services.
Funding Need	Funds supported increased staffing and program expenses.
Expenditures	$267,599.75

Counties	Montezuma
Continuum	Prevention, Treatment
Description	Case Manager position to provide extra support for SUD clients with their basic needs, such as housing, benefits, medical care needs, etc. This position will also help us with MAT services once they are up and running. The case manager coordinates with other providers in the community to ensure that we are not duplicating services of any kind, and will help the clients move through the systems a bit easier.
Funding Need	Clinician time and expenses relating to services delivered.
Expenditures	$40,444.00

Counties	Montrose
Continuum	Treatment
Description	The Center for Mental Health is opening a facility that will house both withdrawal management and crisis services.
Funding Need	Facility modifications are ongoing and much of the needed equipment has been purchased. Program scheduled to open first quarter of FY19.
Expenditures	$340,763.00

Counties	Montezuma
Continuum	Prevention, Treatment
Description	The Bridge Homeless Shelter is a shelter in Cortez, a critical service for individuals in the Cortez community. The homeless population has barriers to accessing treatment, and often has distrust of service providers. Axis Health System (AHS) partnered with the Bridge to provide outreach, engagement and SUD treatment services to the homeless population. A CAC III level clinician provided these services on site. By embedding a CAC clinician at the shelter, trusting relationships were built over time, barriers were identified and addressed (such as enrollment in Medicaid) and a number of individuals successfully engaged in treatment.
Funding Need	Clinician time and costs for transportation to Ft. Lyons program
Expenditures	$52,313.00

Counties	Mesa
Continuum	Treatment
Description	Provide enhanced case management for high utilizers of withdrawal management services who have been admitted more than three times in six months.
Funding Need	Clinician staffing expenses.
Expenditures	$208,000.00

Counties	Mesa
Continuum	Treatment
Description	Women's Recovery Center (WRC) is unique facility that addresses the specific needs of women, including trauma. WRC has the capacity to allow clients to have their children with them if necessary.
Funding Need	Funds supported treatment for clients who could not otherwise afford treatment and for whom no other funding sources were available, or were insufficient to pay for treatment.
Expenditures	$137,500.00

Counties	Routt
Continuum	Prevention, Recovery
Description	Through our music programs, resiliency trainings, and outreaches, we are engaging our community and young people in fresh new ways to start changing our entrenched cultural approach towards substance abuse and mental health.
Funding Need	Funds were used for equipment, travel expenses and partial personnel costs.
Expenditures	$68,200.00

Counties	Boulder
Continuum	Treatment
Description	Residential treatment services for clients unable to access services.
Funding Need	Provided residential access to opioid clients who had no other funding source available for treatment.
Expenditures	$41,600.00

Counties	Boulder
Continuum	Treatment
Description	Staff hired to support new Suboxone Clinic, ramping up on this program. Medication Assisted Treatment has been a continual area of need for expansion.
Funding Need	Staffing for the program
Expenditures	$83,733.18

Counties	Boulder
Continuum	Treatment
Description	Staff hired to support the Vivitrol Clinic. Medication Assisted Treatment has been a continual area of need for expansion.
Funding Need	Staffing for the program
Expenditures	$31,749.64

Counties	Boulder
Continuum	Treatment
Description	Individual class CAC Training provided to individual provider staff for workforce development as well as trainings provided at provider by Noeticus for provider staff and Boulder County community members to expand and enhance SUD workforce in Boulder County. Workforce expansion has been one of the most critical needs cited by the SB202 community needs assessment process.
Funding Need	Training needed to provide more highly trained staff for expanded SUD services.
Expenditures	$23,436.00

Counties	Boulder
Continuum	Treatment
Description	Staff hired to support Enhanced Outpatient Program services. This provider also hired a part time case manager. Overall, this expanded outpatient access to Boulder County.
Funding Need	Provided a higher level of care for SUD clients who needed more than traditional OP therapy.
Expenditures	$157,466.03

JBC Staff Briefings

Department of Health Care Policy and Financing

(Medicaid Behavioral Health Community Programs)

and

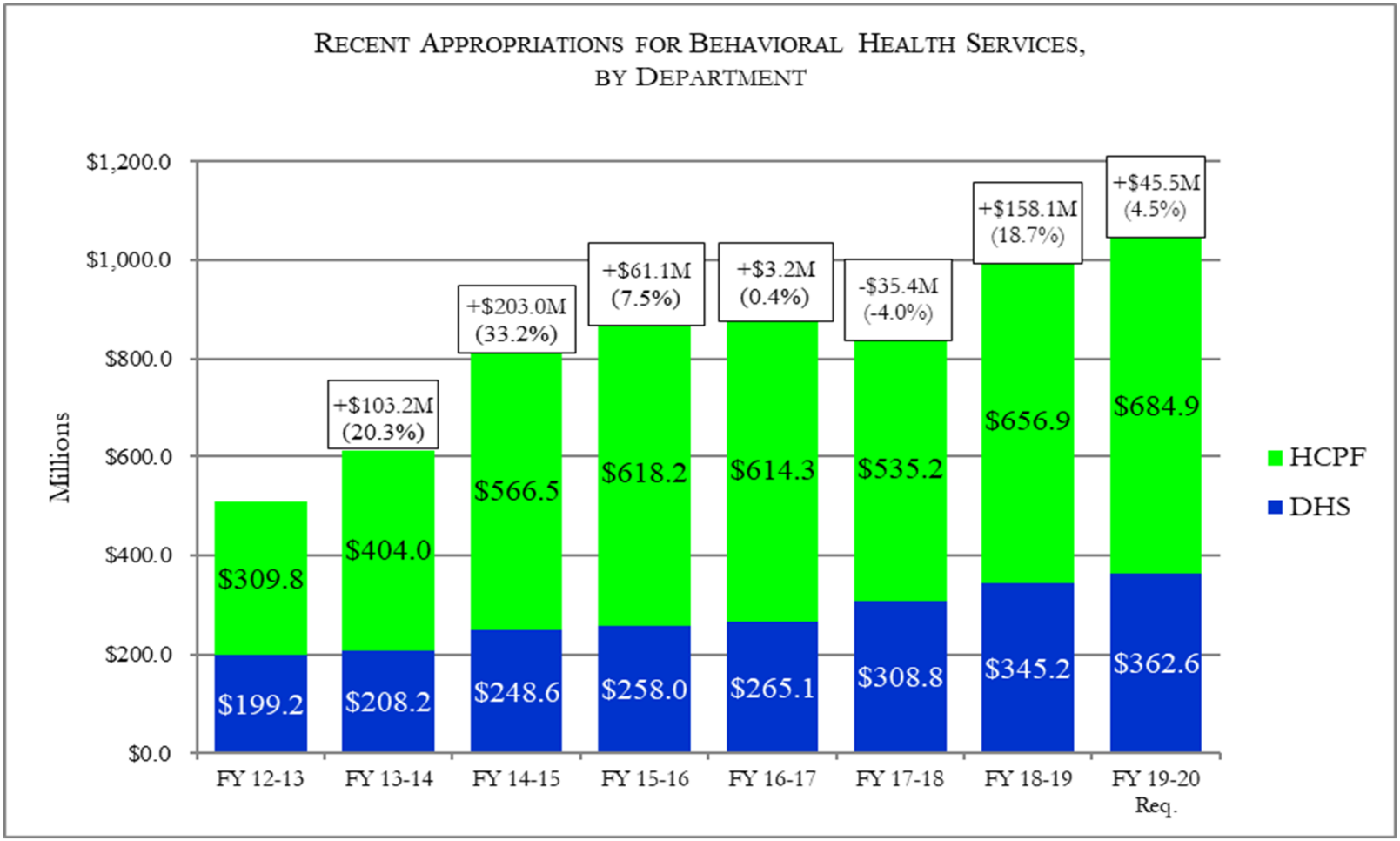
Department of Human Services

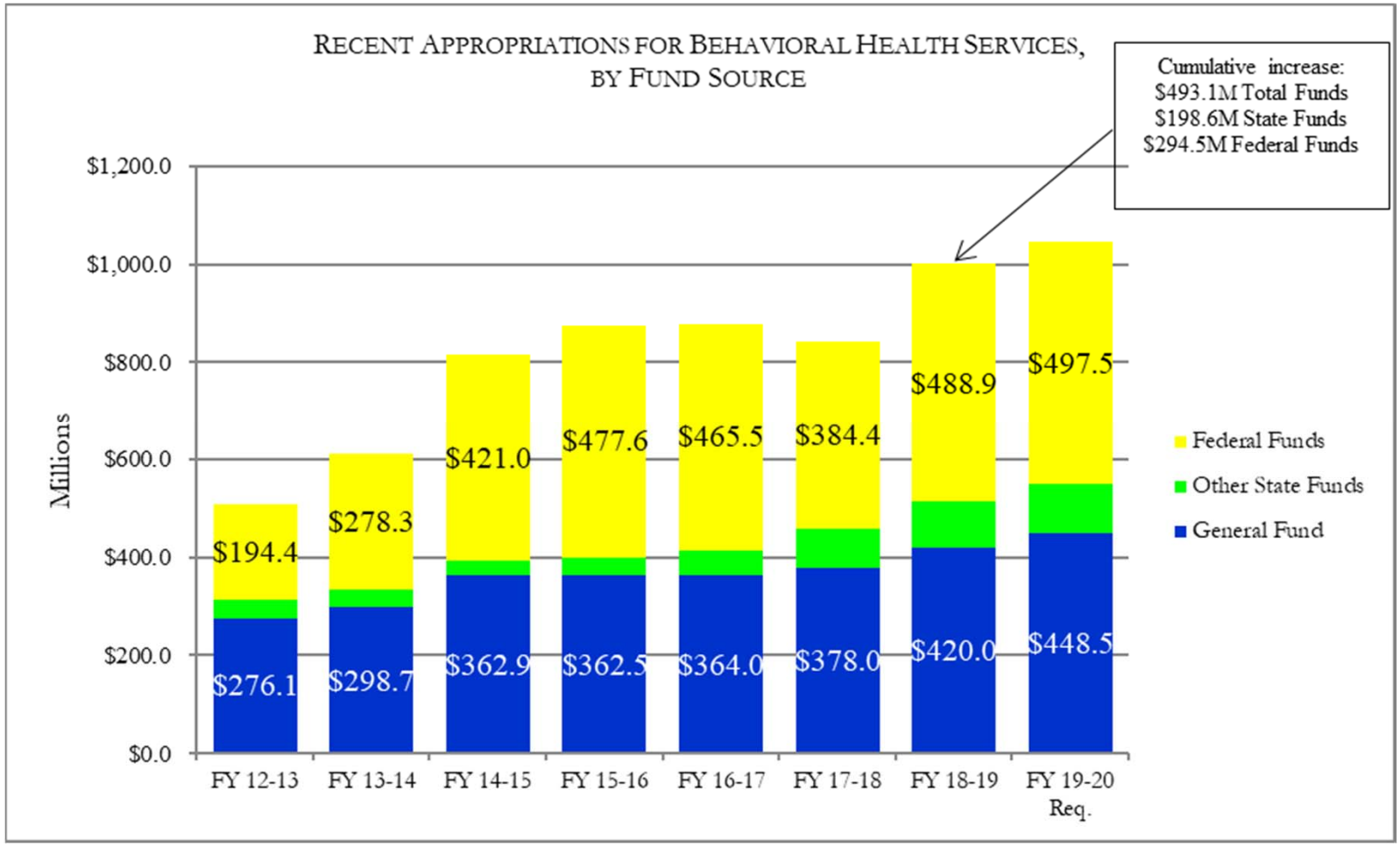
(Office of Behavioral Health)

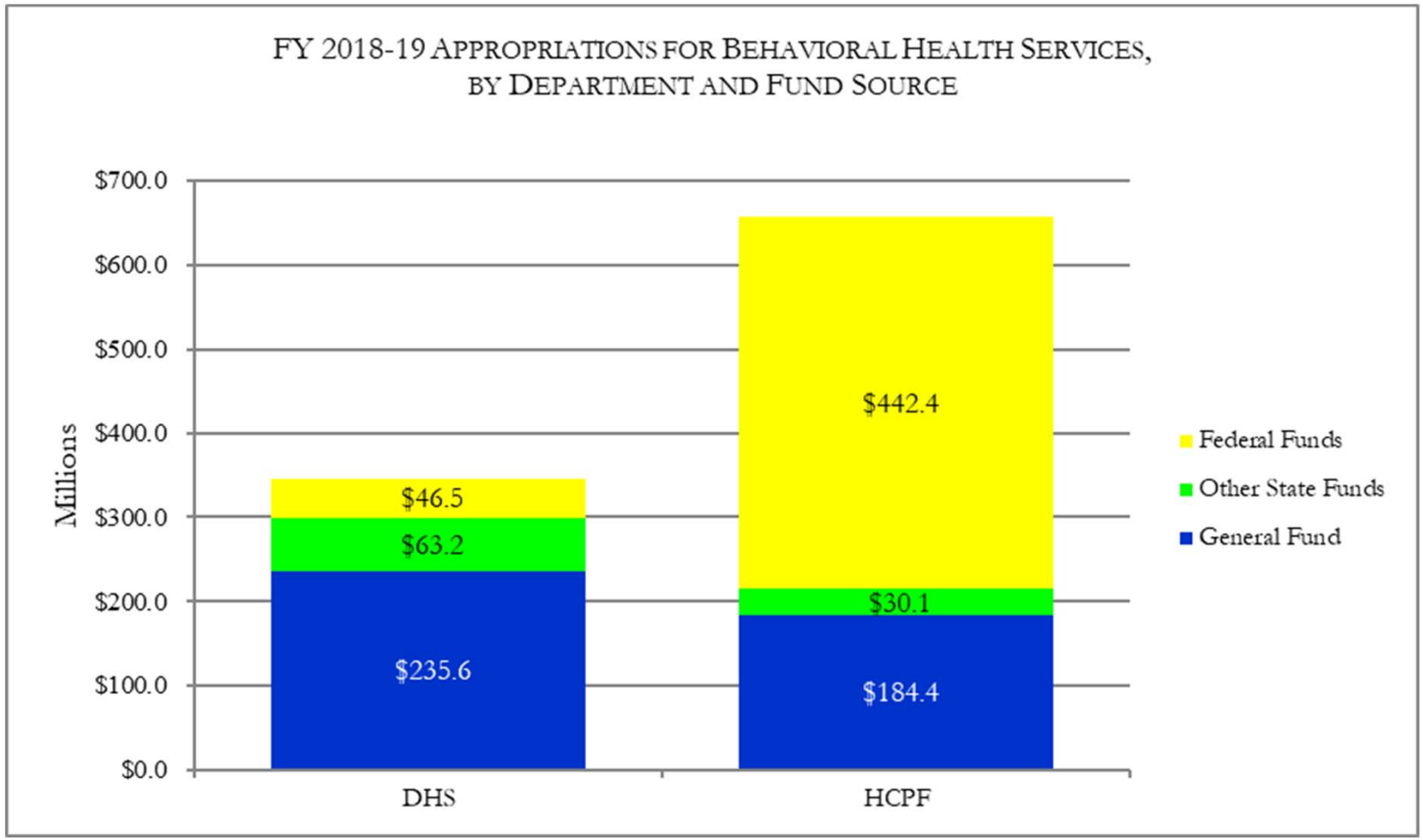
Presented by:

Carolyn Kampman, JBC Staff

December 11, 2018


RECENT APPROPRIATIONS FOR BEHAVIORAL HEALTH SERVICES, BY DEPARTMENT
Millions
$1,200.0
$1,000.0
$800.0
$600.0
$400.0
$200.0
$0.0
+$103.2M (20.3%)
+$203.0M (33.2%)
+$61.1M (7.5%)
+$3.2M (0.4%)
-$35.4M (-4.0%)
+$158.1M (18.7%)
+$45.5M (4.5%)
$309.8
$404.0
$566.5
$618.2
$614.3
$535.2
$656.9
$684.9
$199.2
$208.2
$248.6
$258.0
$265.1
$308.8
$345.2
$362.6
FY 12-13
FY 13-14
FY 14-15
FY 15-16
FY 16-17
FY 17-18
FY 18-19
FY 19-20 Req.
HCPF
DHS


RECENT APPROPRIATIONS FOR BEHAVIORAL HEALTH SERVICES, BY FUND SOURCE
Cumulative increase:
$493.1M Total Funds
$198.6M State Funds
$294.5M Federal Funds
Millions
$1,200.0
$1,000.0
$800.0
$600.0
$400.0
$200.0
$0.0
$194.4
$278.3
$421.0
$477.6
$465.5
$384.4
$488.9
$497.5
$276.1
$298.7
$362.9
$362.5
$364.0
$378.0
$420.0
$448.5
FY 12-13
FY 13-14
FY 14-15
FY 15-16
FY 16-17
FY 17-18
FY 18-19
FY 19-20 Req.
Federal Funds
Other State Funds
General Fund


FY 2018-19 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
$46.5
$63.2
$235.6
$442.4
$30.1
$184.4
DHS
HCPF
Federal Funds
Other State Funds
General Fund

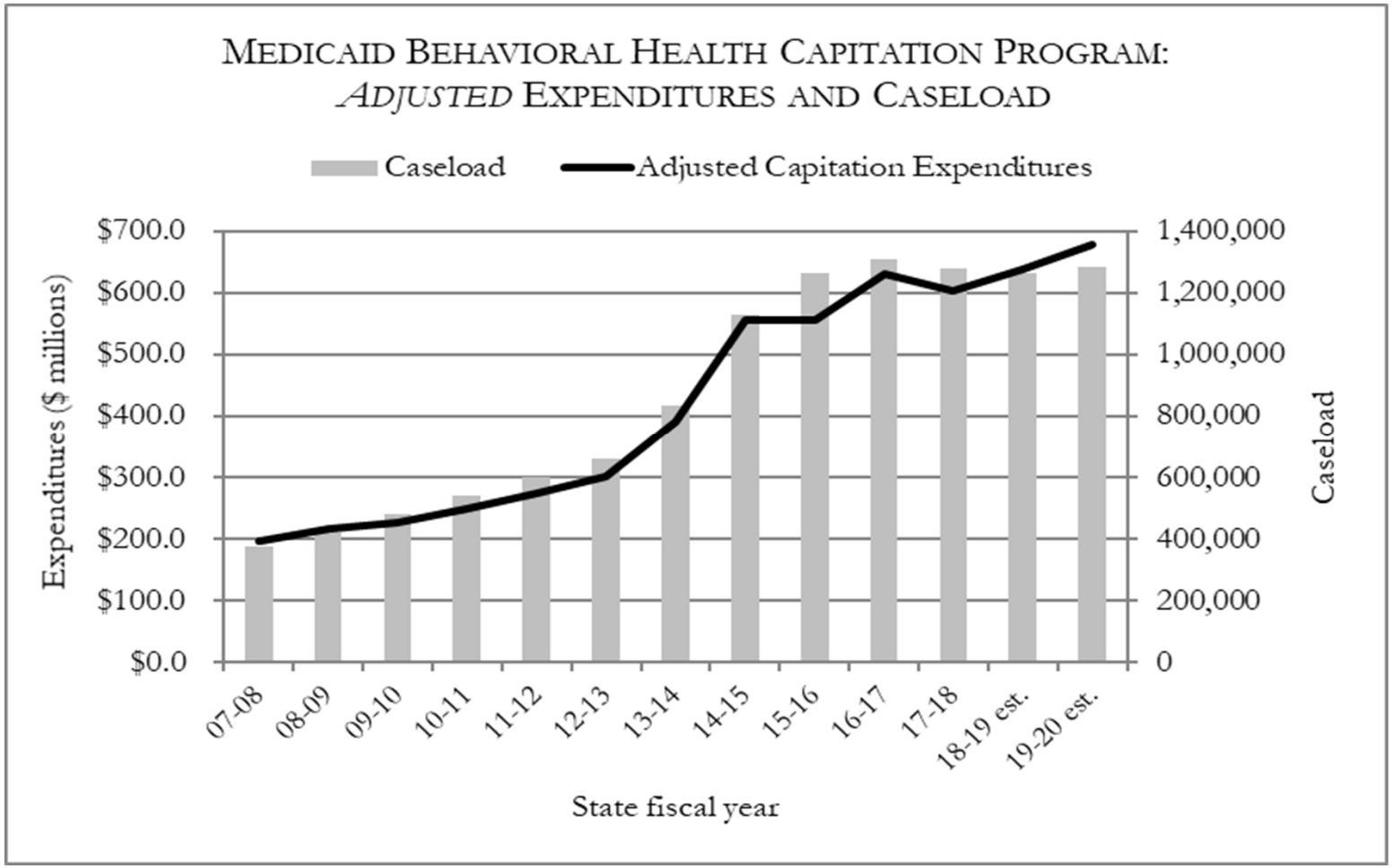
JBC Staff Briefing

Department of Health Care Policy and Financing

(Medicaid Behavioral Health Community Programs)

Presented by:

Carolyn Kampman, JBC Staff
December 11, 2018


MEDICAID BEHAVIORAL HEALTH CAPITATION PROGRAM:
ADJUSTED EXPENDITURES AND CASELOAD
Caseload
Adjusted Capitation Expenditures
Expenditures ($ millions)
$700.0
$600.0
$500.0
$400.0
$300.0
$200.0
$100.0
$0.0
1,400,000
1,200,000
1,000,000
800,000
600,000
400,000
200,000
0
Caseload
07-08
08-09
09-10
10-11
11-12
12-13
13-14
14-15
15-16
16-17
17-18
18-19 est.
19-20 est.
State fiscal year

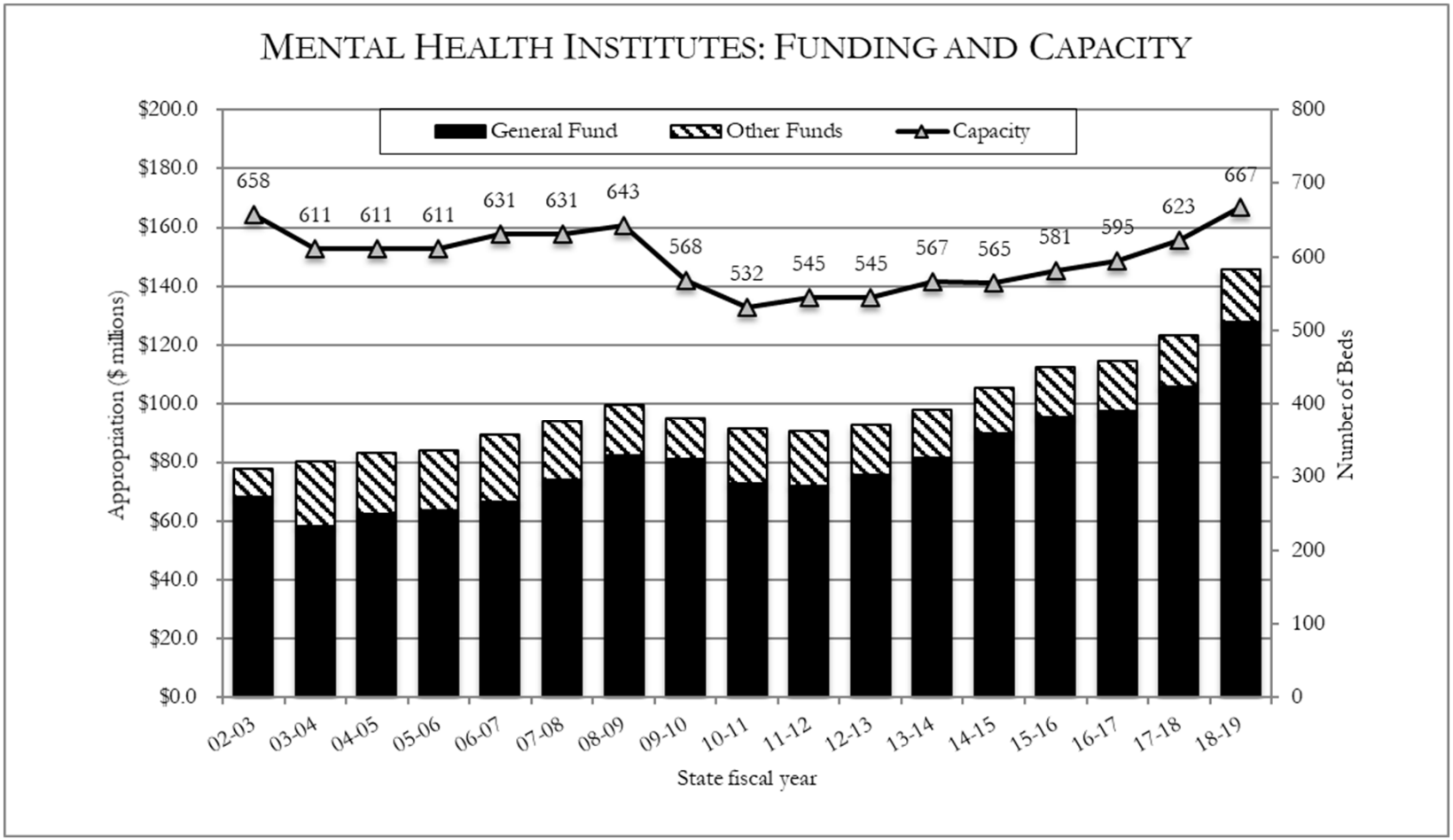
JBC Staff Briefing

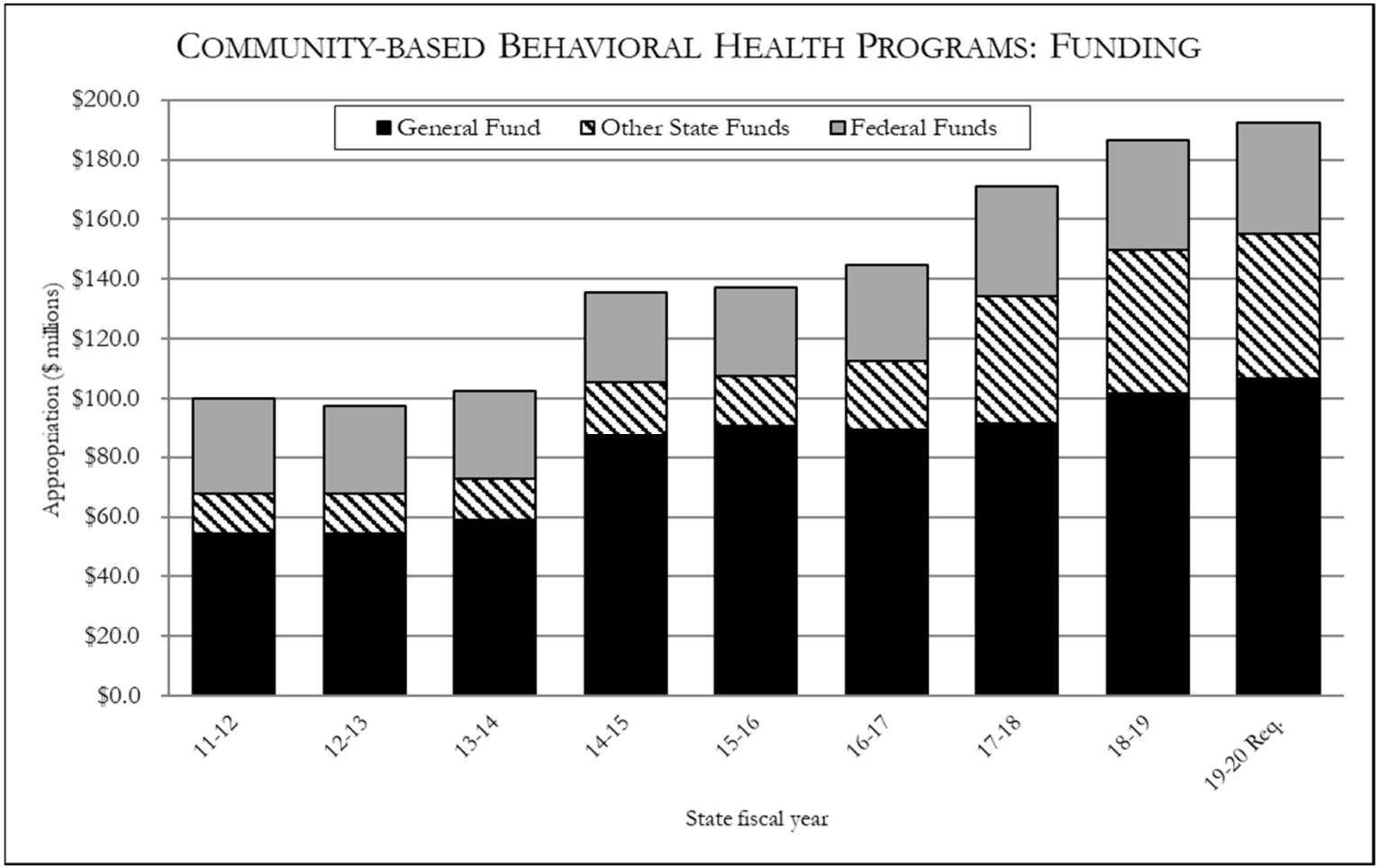
Department of Human Services

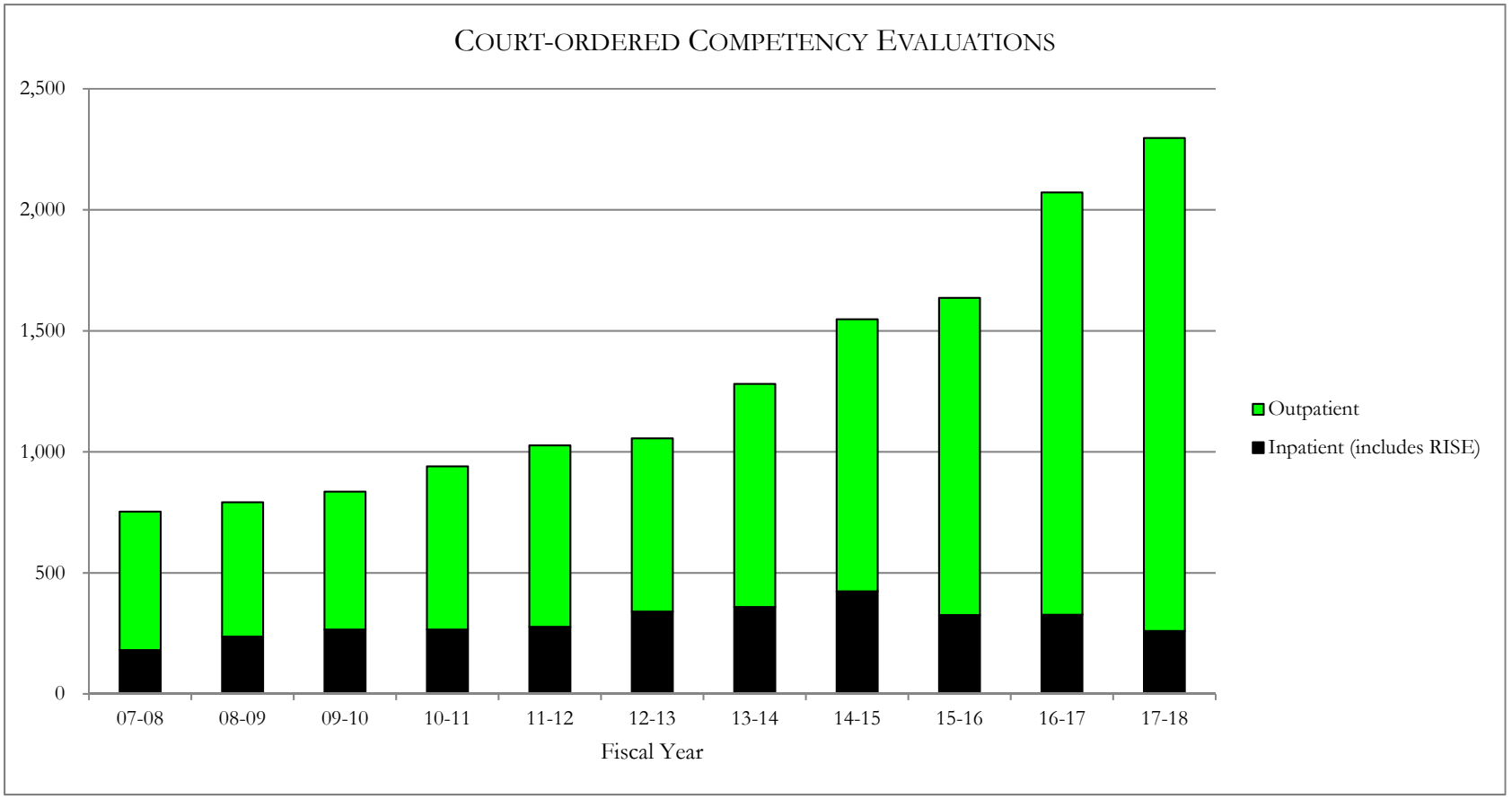
(Office of Behavioral Health)

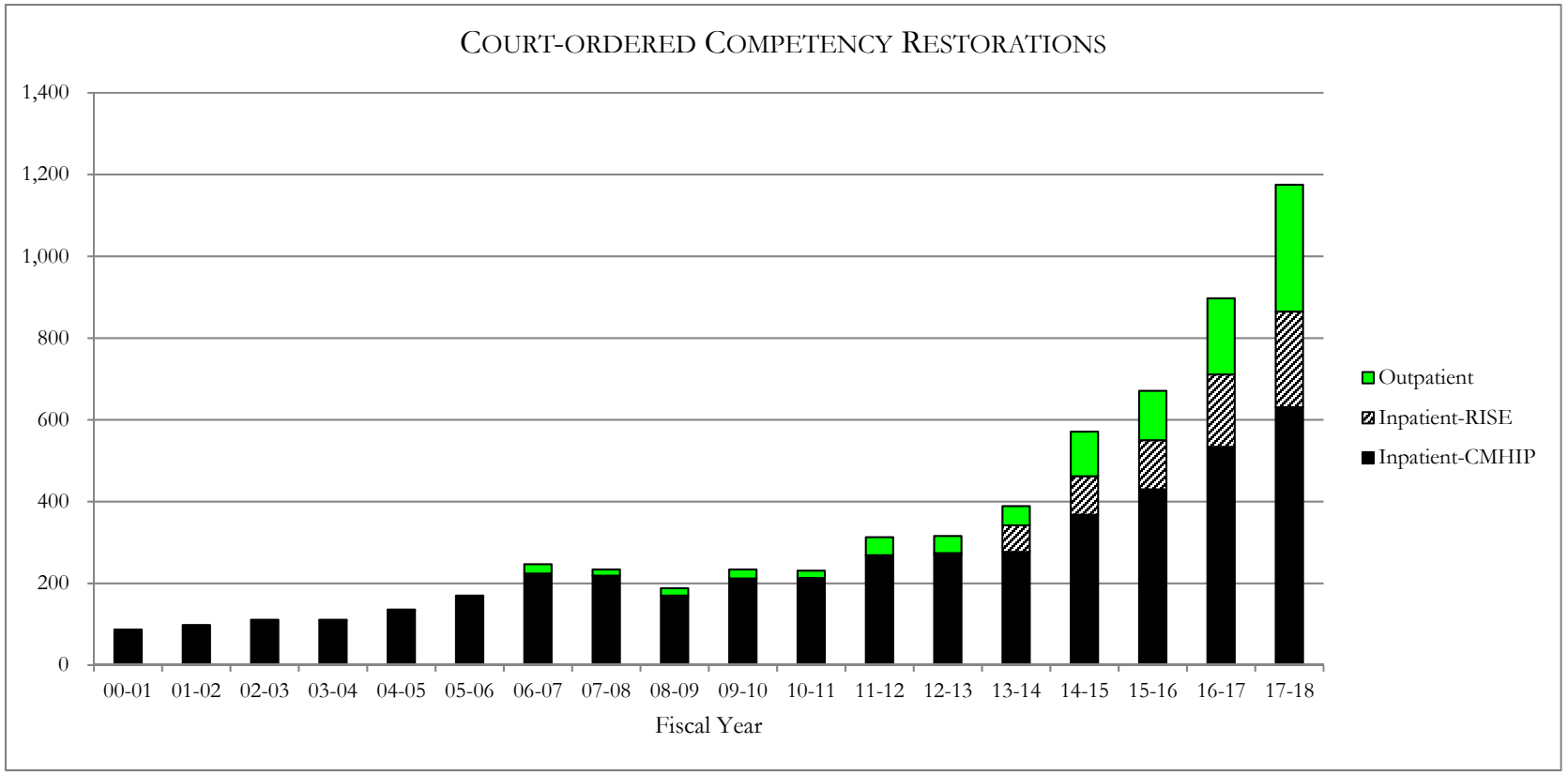
Presented by:

Carolyn Kampman, JBC Staff
December 11, 2018

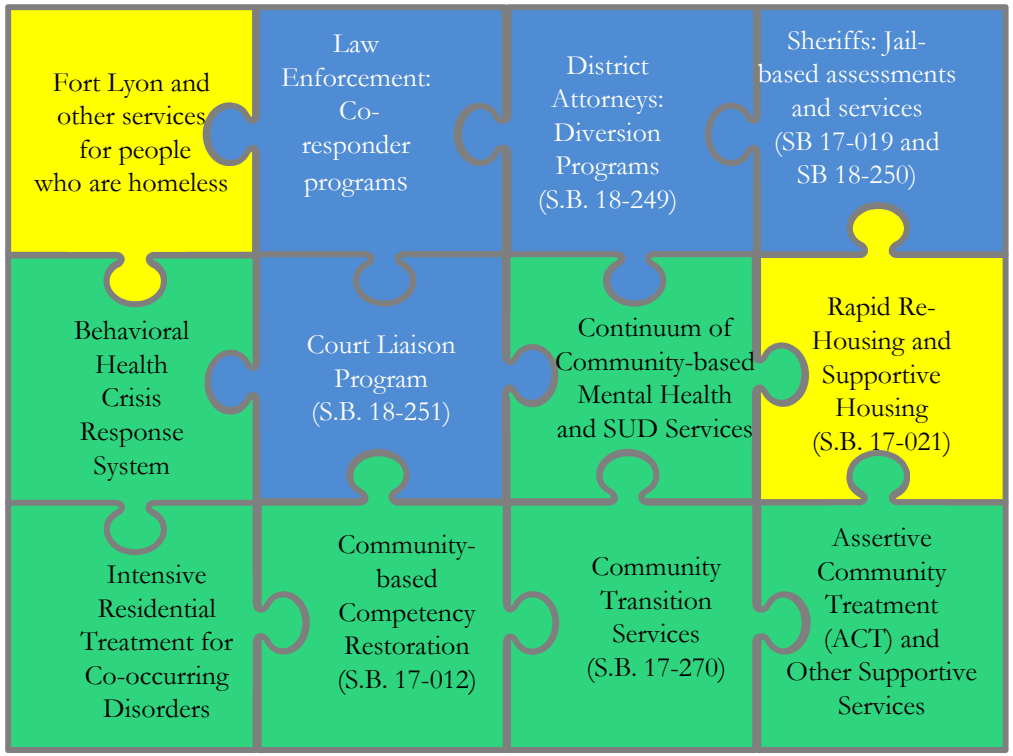

MENTAL HEALTH INSTITUTES: FUNDING AND CAPACITY
General Fund
Other Funds
Capacity
Appropriation ($ millions)
Number of Beds
$200.0
$180.0
$160.0
$140.0
$120.0
$100.0
$80.0
$60.0
$40.0
$20.0
$0.0
800
700
600
500
400
300
200
100
0
658
611
611
611
631
631
643
568
532
545
545
567
565
581
595
623
667
02-03
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
18-19
State fiscal year


COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS: FUNDING
General Fund
Other State Funds
Federal Funds
Appropriation ($ millions)
$200.0
$180.0
$160.0
$140.0
$120.0
$100.0
$80.0
$60.0
$40.0
$20.0
$0.0
11-12
12-13
13-14
14-15
15-16
16-17
17-18
18-19
19-20 Req
State fiscal year

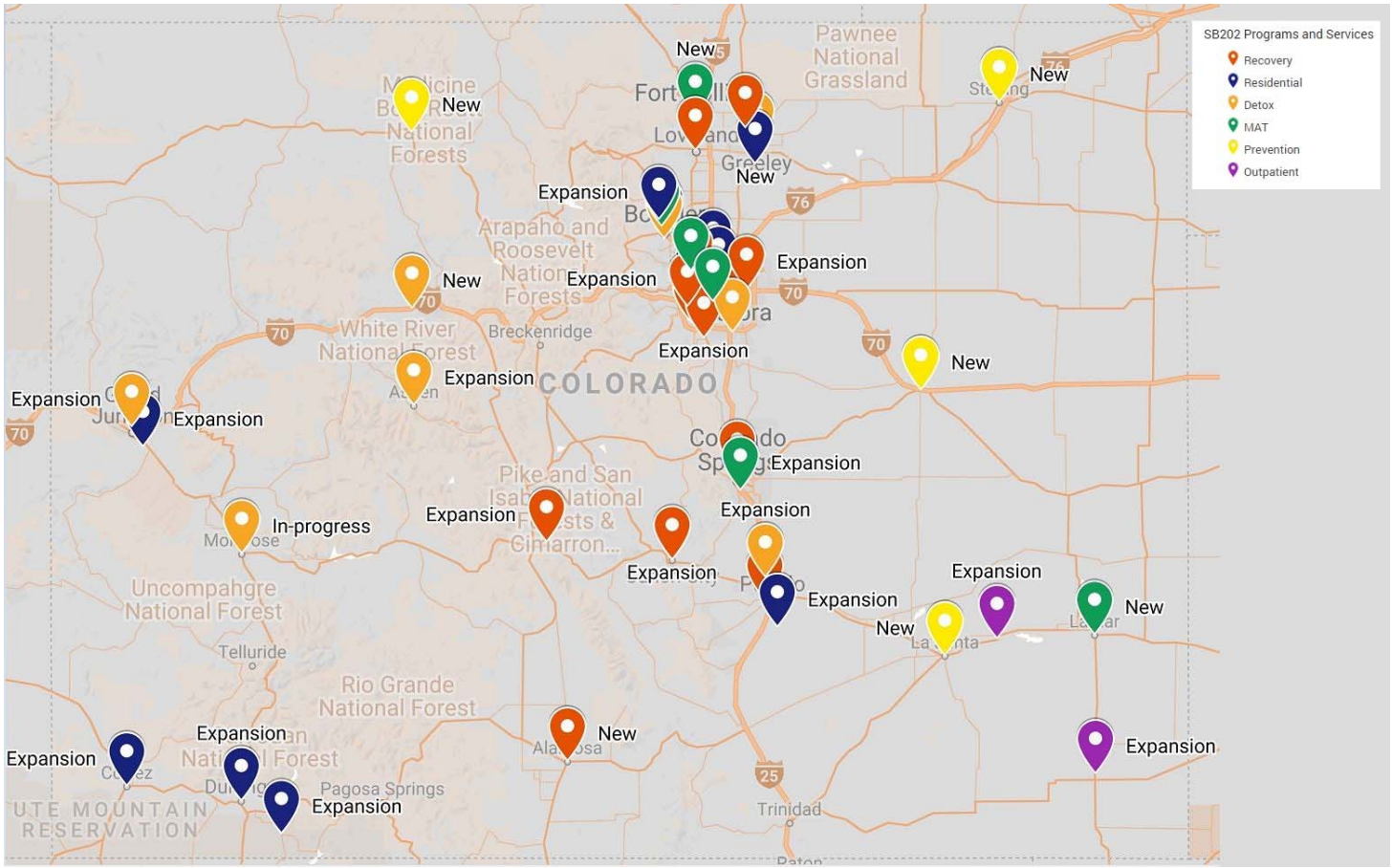

COURT-ORDERED COMPETENCY EVALUATIONS
2,500
2,000
1,500
1,000
500
0
07-08
08-09
09-10
10-11
11-12
12-13
13-14
14-15
15-16
16-17
17-18
Fiscal Year
Outpatient
Inpatient (includes RISE)


COURT-ORDERED COMPETENCY RESTORATIONS
1,400
1,200
1,000
800
600
400
200
0
00-01
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
Fiscal Year
Outpatient
Inpatient-RISE
Inpatient-CMHIP

Addressing Behavioral Health Needs of Justice-involved Individuals

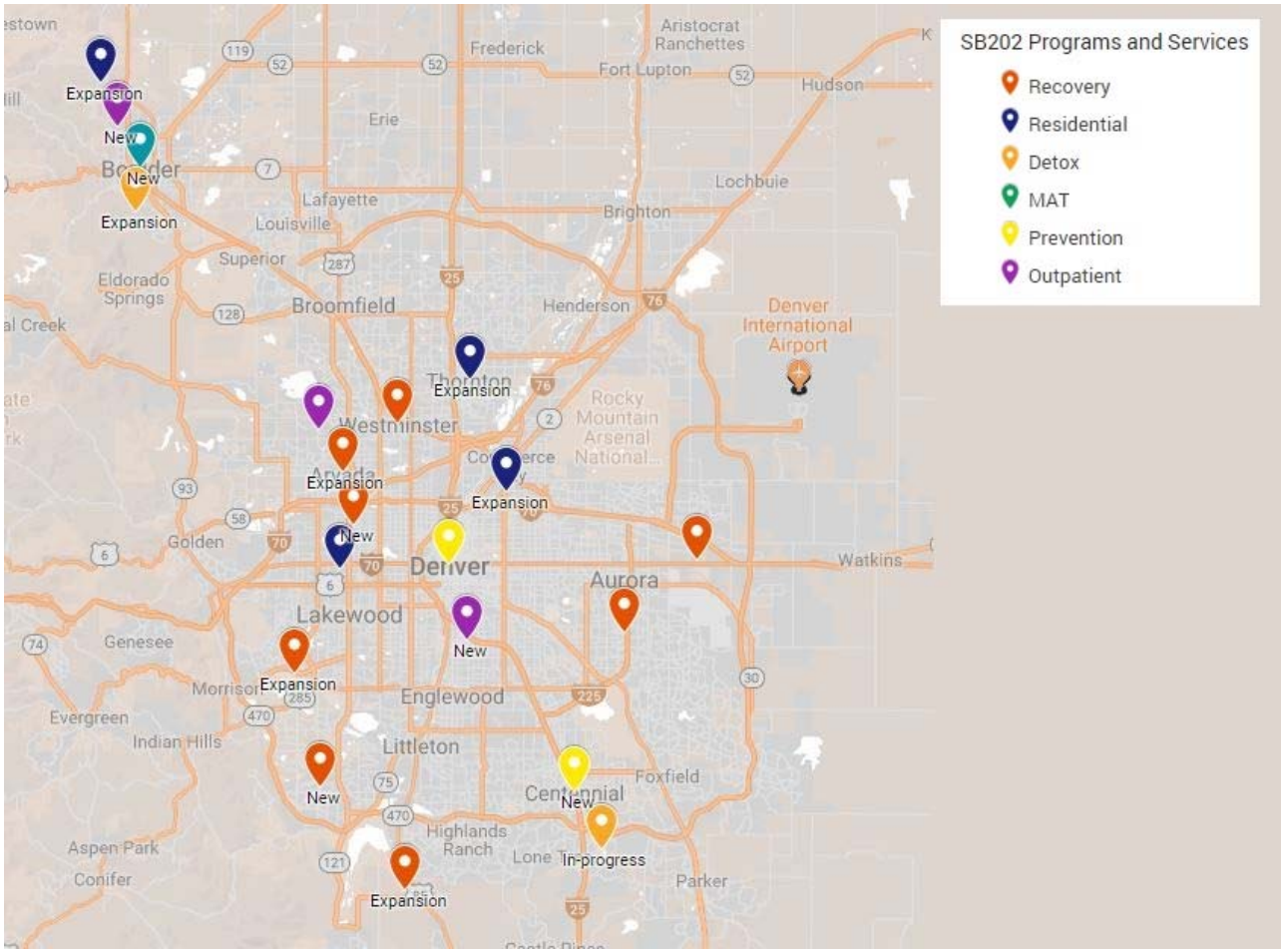


S.B. 16-202: New and Expanded Substance Use Programs and Services



Source: Signal Behavioral Health Network

S.B. 16-202: New and Expanded Substance Use Programs and Services



Source: Signal Behavioral Health Network