

JOINT BUDGET COMMITTEE



STAFF FIGURE SETTING FY 2022-23

DEPARTMENT OF HUMAN SERVICES

(Office of Behavioral Health Only)

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

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HOW TO USE THIS DOCUMENT

The Department Overview contains a table summarizing the staff recommended incremental changes followed by brief explanations of each incremental change. A similar overview table is provided for each subdivision, but the description of incremental changes is not repeated, since it is available under the Department Overview. More details about the incremental changes are provided in the sections following the Department Overview and the subdivision summary tables.

All decision items and staff-initiated items are discussed at the beginning of the document, and are listed in the requested priority order.

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 figure setting document reflects staff recommendations specific to the Department's Office of Behavioral Health.

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 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 program¹.

The Office contracts with 18 community mental health centers (Centers)² 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 services that are not otherwise available. MSOs subcontract with local treatment providers across the state to deliver these services. In addition, the Department administers funding for programs that integrate mental health and substance use-related services. While the majority of community-based behavioral health funding is allocated to Centers and MSOs, the Department also contracts with other organizations to provide specific types of services or services targeting specific populations.

The Office also 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.
- Adults and adolescents who are referred for admission by Centers, the Department's Division of Youth Services, and other health providers.

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.

² Eagle Valley Behavioral Health was designated as the 18th Center in October 2021. Staff notes that as of March 1, 2022, the Department reports that it is not yet contracting with the new Center but that it does expect to do so in the coming months.

Please note that some behavioral health functions and programs administered by the Department receive funding through the Medicaid program, including:

- Community behavioral health administration.
- Behavioral health services for youth and pregnant women.
- The Mental Health Institutes.

The federal Medicaid funds that support these programs and any state matching funds are first appropriated to the Department of Health Care Policy and Financing (HCPF), then appropriated a second time to the Department of Human Services for each relevant program (reflected as reappropriated funds). Within the HCPF budget, these funds are reflected in the last section, which is titled: "Department of Human Services Medicaid-Funded Programs". The staff recommendations for these specific line items are also included in this document.

SUMMARY OF STAFF RECOMMENDATIONS

DEPARTMENT OF HUMAN SERVICES - OFFICE OF BEHAVIORAL HEALTH						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 Appropriation						
S.B. 21-205 (Long Bill)	\$405,740,502	\$276,932,485	\$60,039,750	\$26,334,705	\$42,433,562	1,481.2
Other legislation	103,559,254	7,736,254	95,823,000	0	0	5.0
TOTAL	\$509,299,756	\$284,668,739	\$155,862,750	\$26,334,705	\$42,433,562	1,486.2
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$509,299,756	\$284,668,739	\$155,862,750	\$26,334,705	\$42,433,562	1,486.2
R1 Food service and housekeeping coordinated compensation adjustments	593,760	479,852	25,402	88,506	0	0.0
R2/BA3 CMHIFL 44 bed operating	9,596,004	9,596,004	0	0	0	91.3
R5 Community provider rate increase	4,324,719	3,265,052	1,019,781	39,886	0	0.0
R6 Facilities management operating resources	42,486	0	23,089	9,558	9,839	0.0
R9 Improving involuntary mental health treatment	0	0	0	0	0	0.0
R11 CBH criminal justice Long Bill line consolidation	0	0	0	0	0	0.0
R12 Community behavioral health technical corrections	0	0	0	0	0	0.0
R13 MHI forensic technical Long Bill corrections	125,000	125,000	0	0	0	0.0
BA1 Behavioral Health Administration	0	0	0	0	0	0.0
BA2 SB 19-222 Behavioral Health Safety Net	386,433	386,433	0	0	0	3.8
Staff initiated competency fines and fees	14,000,000	14,000,000	0	0	0	0.0
Annualize prior year budget actions	3,028,508	2,721,853	81,923	27,089	197,643	0.1
Indirect cost assessments	249,810	0	134,410	59,716	55,684	0.0
Non-prioritized requests	117,254	56,373	2,469	58,412	0	0.0
Annualize prior year legislation	(81,908,075)	1,074,529	(82,982,604)	0	0	0.5
Correctional Treatment Cash Fund Adjustments	(1,277,627)	0	0	(1,277,627)	0	0.0
TOTAL	\$458,578,028	\$316,373,835	\$74,167,220	\$25,340,245	\$42,696,728	1,581.9
INCREASE/(DECREASE)	(\$50,721,728)	\$31,705,096	(\$81,695,530)	(\$994,460)	\$263,166	95.7
Percentage Change	(10.0%)	11.1%	(52.4%)	(3.8%)	0.6%	6.4%
FY 2022-23 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	(\$10,735,208)	(\$10,941,225)	(\$1,135,605)	\$1,341,622	\$0	25.0

DESCRIPTION OF INCREMENTAL CHANGES

R1 FOOD SERVICES AND HOUSEKEEPING COORDINATED COMPENSATION: The recommendation includes an increase of \$593,760 total funds, including \$479,852 General Fund, in the Office of Behavioral Health for salary increases for all food services and housekeeping classified positions. For this division, the increase includes \$509,354 total funds (\$401,685 General Fund) for the Mental Health Institute at Pueblo and \$84,406 total funds (\$78,167 General Fund) for the Mental Health Institute at Fort Logan. The Committee approved these changes during figure setting for the Executive Director’s Office on February 23, 2022, and the decision item is not addressed in this document.

R2/BA3 CMHIFL 44 BED OPERATING BUDGET: The recommendation includes an increase of \$11.6 million General Fund and 95.9 FTE for costs to operate 44 new forensic psychiatric beds at the Colorado Mental Health Institute at Fort Logan (CHMIFL). Staff anticipates that this amount would equate to \$11.6 General Fund and 104.3 FTE in FY 2023-24 and subsequent years. The General Assembly approved an appropriation of \$17.8 million in capital construction funding in FY 2019-20 to renovate two existing units at Fort Logan to provide the additional beds for inpatient competency services and address the waitlist for competency services. According to the Department, that capital construction request, as approved by the General Assembly, assumed that operating the units would require approximately \$13.0 million per year. The Committee should note that the Division summary table above does not include the amounts associated with centrally appropriated line items in the Executive Director’s Office or the amount recommended for the Office of Operations.

Modeled on the forensic services staffing ratios at the Mental Health Institute at Pueblo, the request and recommendation include the FTE and associated costs reflected in the following table.

R2/BA3 - CMHIFL 44 BED OPERATING BUDGET						
	FY 2022-23 REQUEST		FY 2022-23 STAFF REC		FY 2023-24 IMPACT	
	GENERAL FUND	FTE	GENERAL FUND	FTE	GENERAL FUND	FTE
OBH, CMHIFL Personal Services						
Nursing	\$3,621,290	48.0	\$3,337,071	44.0	\$3,640,442	48.0
Contract medical (psychiatry, medical, nurse practitioner)	986,527	4.0	986,527	4.0	986,527	4.0
Psychology	962,999	9.0	887,445	8.2	968,122	9.0
Security	700,217	11.2	645,166	10.3	703,817	11.2
Administrative/Other	624,871	8.2	488,607	7.5	533,027	8.2
Social Work	391,661	5.0	360,919	4.6	393,730	5.0
Therapy	380,006	5.0	350,171	4.6	382,006	5.0
Medical (diagnostics, lab, etc.)	311,334	3.9	258,117	3.6	281,582	3.9
Dietary	154,292	3.0	140,471	2.7	153,241	3.0
Pharmacy	149,910	1.0	113,373	0.9	123,681	1.0
Dental	73,792	0.9	68,012	0.9	74,195	0.9
Patient Armed Transport	82,500		82,500		82,500	
Subtotal, CMHIFL Personal Services	\$8,439,399	99.2	\$7,718,379	91.3	\$8,322,870	99.2
OBH, CMHIFL Operating Expenses						
Ongoing programmatic operating expenses	\$641,795		\$641,795		\$641,795	
Operating expenses for FTE	395,893		395,893		82,840	
One-time start-up operating expenses	300,403		300,403		0	
Electronic health records licenses	161,000		161,000		81,000	
Subtotal, CMHIFL Operating Expenses	\$1,499,091		\$1,499,091		\$805,635	
OBH, CMHIFL Pharmaceuticals	\$378,534		\$378,534		\$378,534	

R2/BA3 - CMHIFL 44 BED OPERATING BUDGET						
	FY 2022-23 REQUEST		FY 2022-23 STAFF REC		FY 2023-24 IMPACT	
	GENERAL FUND	FTE	GENERAL FUND	FTE	GENERAL FUND	FTE
Office of Operations						
Personal Services	\$349,319	5.1	\$260,818	4.6	\$284,528	5.1
Operating expenses	123,584		123,584		40,925	
Utilities	81,496		81,496		81,496	
Subtotal, Office of Operations	\$554,399	5.1	\$465,898	4.6	\$406,949	5.1
Executive Director's Office						
Centrally appropriated line items	\$2,769,819		1,556,143		1,698,065	
Total, Request R2/BA3 General Fund	\$13,641,242	104.3	\$11,618,045	95.9	\$11,612,052	104.3

The Department has indicated this request is an evidence-informed program as defined in S.B. 21-284 (Evidence-based evaluation for budget). However, based on JBC staff analysis and pursuant to S.B. 21-284, assignment of a level of evidence is not applicable to this budget request.

R5 COMMUNITY PROVIDER RATE INCREASE: The recommendation includes the Committee-approved common policy 2.0 percent increase in community provider rates. For this division, the recommendation equates to \$4.0 million total funds, including \$3.0 million General Fund.

The Department indicates that funding is for the implementation of a theory-informed practice as defined in S.B. 21-284 (Evidence-based evaluation for budget). Based on JBC staff analysis and pursuant to S.B. 21-284, assignment of a level of evidence is not applicable to this budget request.

R6 FACILITIES MANAGEMENT OPERATING: The recommendation includes an increase of \$42,486 total funds (with no General Fund) to indirect cost assessments for the Office of Behavioral Health in conjunction with an inflationary increase for the Office of Operations. The Committee approved these changes during figure setting for the Executive Director's Office and the Office of Operations on February 23, 2022, and the decision item is not addressed in this document.

R9 IMPROVING INVOLUNTARY MENTAL HEALTH TREATMENT: The recommendation for the Long Bill does not include a requested increase of \$181,433 General Fund and 1.0 FTE for FY 2022-23 to provide statewide technical assistance and training to mental health professionals related to involuntary mental health holds and treatment. The Department proposes to standardize and clarify the appropriate use of involuntary mental health holds, including involuntary transportation holds, through both rulemaking and statewide training efforts for “intervening professionals” such as law enforcement officers, first responders, nurses, psychologists, physicians, social workers, therapists, and counselors. However, the Department does not currently have clear statutory authority or direction from the General Assembly to conduct such training. The General Assembly is currently considering legislation that would establish a requirement for exactly the type of rulemaking and training addressed in request R9 (H.B. 22-1256 (Modifications to Civil Involuntary Commitment)) and would make statutory changes anticipated in the Department’s original request (among other changes). Staff recommends that the General Assembly make appropriations associated with the training requirements in that legislation rather than in the Long Bill.

The Department indicates that funding is for the implementation of a theory-informed practice as defined in S.B. 21-284 (Evidence-based evaluation for budget). Based on JBC staff analysis and pursuant to S.B. 21-284, assignment of a level of evidence is not applicable to this budget request.

R11 CBH CRIMINAL JUSTICE LONG BILL LINE CONSOLIDATION: Staff is not recommending approval of a request to consolidate two existing Long Bill line items associated with services for criminal justice-involved individuals (Criminal Justice Diversion Programs and the Jail Based Behavioral Health Services line item).

- The Criminal Justice Diversion Programs line item supports two different types of programs intended to divert individuals away from the criminal justice system: (1) the co-responders program supports partnerships between law enforcement and behavioral health agencies where behavioral health professionals often respond to behavioral health-related calls with law enforcement to address behavioral health issues; and (2) the Law Enforcement Assisted Diversion (LEAD) program that supports partnerships between law enforcement, district attorneys' offices, sheriffs, treatment providers, and other stakeholders to divert individuals with substance abuse issues (often after arrest but before booking). For FY 2021-22, the line item has a total appropriation of \$7.4 million total funds, including \$1.6 million General Fund and \$5.8 million cash funds from the Marijuana Tax Cash Fund, and 2.3 FTE.
- The Jail Based Behavioral Health Services line item supports contracts with county sheriffs' departments to support behavioral health services in jails. Services include screening and treatment of substance use, mental health, and co-occurring disorders. The Department contracts with sheriffs to administer the funds, and the sheriffs' departments work with local community providers to provide services within the jail and free or low cost services in the community upon release. For FY 2021-22, the line item has an appropriation of \$19.7 million total funds, including \$7.4 million General Fund, \$5.0 million in one-time funding from the Behavioral and Mental Health cash fund (originating as federal COVID-relief funds), and \$7.3 million reappropriated funds transferred from the Judicial Branch from the Correctional Treatment Cash Fund.

The Department proposed to consolidate the line items to increase the flexibility of the use of funds in response to changes in local demand for specific types of programs. Both line items have experienced reversions in recent years and the Department anticipates that the increased flexibility would reduce reversions and allow further use of the funds. However, staff assumes that the General Assembly separated those line items because they represent distinct programs and points in the treatment of patients with potential involvement in the criminal justice system. Staff's recommendation to deny the consolidation assumes that the General Assembly would prefer to maintain transparency into the amount appropriated for each of those purposes.

R12 COMMUNITY BEHAVIORAL HEALTH TECHNICAL CORRECTIONS: The recommendation includes approval of three changes in Community Behavioral Health (all of which are moving funds between line items with no changes in total funding) that the Department has framed as technical corrections, including:

- Move \$1,470,000 General Fund currently appropriated to the Treatment and Detoxification Programs line item to the Jail Based Behavioral Health Services line item. Originally appropriated in S.B. 19-008 (Substance Use Disorder Treatment in the Criminal Justice System), the funds support medication-assisted treatment (MAT) in jail settings. The Department is proposing to consolidate that funding with all of the other jail based services.
- Move \$264,596 cash funds from the Persistent Drunk Driver Cash Fund from the Treatment and Detoxification Programs line item to the Community Prevention and Treatment line item. According to the Department, this originated as a technical error during the drafting of the FY 2020-21 Long Bill. The request and recommendation would correct that error.

- Strike “Pilot” from the Behavioral Health Crisis Response System Secure Transportation Pilot Programs line item in order to align with the program name in statute. The Department is also proposing to expand those services beyond the regions originally considered in the pilot program, with no increase in funding. Staff is not recommending any action related to the program expansion (and the Department has indicated that no action is needed at this time) – but striking “pilot” from the line item name would align with current statute.

R13 MHI FORENSIC TECHNICAL LONG BILL CORRECTIONS: The recommendation includes approval of five proposed changes to appropriations related to forensic behavioral health services (again with no changes in total funding) that the Department has framed as technical corrections, including:

- Move \$164,804 General Fund and 2.0 FTE out of the Community Behavioral Health Administration Personal Services line item to two different line items: \$166,704 and 2.0 FTE to the Forensic Services Outpatient Competency Restoration Program; and \$1,900 to the Community Behavioral Health Administration Operating Expenses line item. It is staff’s understanding that these changes would correct technical errors in the existing appropriations and align funding and FTE with actual usage.
- Move \$125,000 General Fund from the Office of Information Technology Services, Electronic health Record and Pharmacy System line item to the Colorado Mental Health Institute at Pueblo, Personal Services line item to reflect the actual use of the funds.
- Move \$600,000 General Fund from the Mental Health Institutes, Contract Medical Services line item to the Mental health Institutes, Pharmaceuticals line item based on necessary costs for pharmaceuticals and to reduce the need for transfers that the Department has made in recent years (moving surplus funds from Contract Medical Services to cover shortfalls in the Pharmaceuticals line item).
- Create a new Forensic Support Team line item within Forensic Services (in the Mental Health Institutes) and move \$1,495,996 General Fund and 19.0 FTE from the existing Forensic Services Court Services line item to the newly created line item. The Department argues, and staff agrees, that the proposed move would separate out a distinct use of funds that warrants a new line item, at least for the near term. The Department argues that the change will improve transparency and budgetary management associated with Court Services.
- Move a total of \$1,156,300 General Fund from the Mental Health Institute at Pueblo Personal Services line item to be split between the Forensic Services Court Services (\$595,300) and the Forensic Services Forensic Community Based Services line item (\$561,000). The Department indicates that the proposal would reflect costs for contract physicians in the correct line items.

BA1 BEHAVIORAL HEALTH ADMINISTRATION: The recommendation *for the Long Bill* does not include additional funding to implement the Behavioral Health Administration (BHA). Budget Amendment 1 proposes a net increase of \$2,950,271 total funds (including an increase of \$3,574,687 General Fund that is partially offset by a decrease of \$624,416 cash funds) and 15.3 FTE to support the BHA in FY 2022-23. The request anticipates a need for \$10,359,458 General Fund and 67.2 FTE in FY 2023-24 to fully staff the BHA. However, staff notes that H.B. 22-1278 (Behavioral Health Administration) has now been introduced and actually outlines the structure, duties, and responsibilities of the BHA. In the interest of transparency, staff recommends that the General Assembly fund the BHA through appropriations in that legislation rather than through a Long Bill appropriation.

The Department has indicated this request is an evidence-informed program as defined in S.B. 21-284 (Evidence-based evaluation for budget). However, based on JBC staff analysis and pursuant to S.B. 21-284, assignment of a level of evidence is not applicable to this budget request.

BA2 SB 19-222 BEHAVIORAL HEALTH SAFETY NET: The recommendation includes approval an increase of \$386,433 General Fund and 3.8 FTE for FY 2022-23 (increasing to a projected \$558,489 General Fund and 5.0 FTE in FY 2023-24 and subsequent years) to improve the licensing and credentialing process for behavioral health providers serving the safety net population. The Department has framed this request as the next phase of reform to create the statewide behavioral health safety net required by S.B. 19-222. The intent is to reduce fragmentation in the behavioral health care system, ensure co-occurring (mental health and substance use) treatment models are available, and increase the availability of enhanced outpatient treatment programs and intensive outpatient models of care.

The Department indicates that funding is for the implementation of a theory-informed practice as defined in S.B. 21-284 (Evidence-based evaluation for budget). Based on JBC staff analysis and pursuant to S.B. 21-284, assignment of a level of evidence is not applicable to this budget request.

STAFF INITIATED COMPETENCY FINES AND FEES: The recommendation includes an increase of \$14.0 million General Fund for anticipated fees and fines under the Consent Decree in FY 2022-23. The recommendation would provide a total of \$20.0 million for the fiscal year. The actual payments for the year remain uncertain because of both uncertainty regarding inflationary increases in the cap on fines (set as a cap of \$10.0 million in FY 2019-20 with inflationary increases for subsequent year) and the fact that payments under the consent decree do not align with the state fiscal year. The recommendation seeks to avoid the need for a particularly large supplemental adjustment to cover fines and fees in FY 2022-23 given those sources of uncertainty.

ANNUALIZE PRIOR YEAR BUDGET ACTIONS: The recommendation includes a net increase of \$3.0 million total funds, including \$2.7 million General Fund, and 0.1 FTE to reflect the FY 2022-23 impact of prior year budget actions, as summarized in the following table.

ANNUALIZE PRIOR YEAR BUDGET ACTIONS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Annualize prior year salary survey	\$3,312,681	\$3,006,931	\$81,451	\$26,790	\$197,509	0.0
FY 21-22 R2 Family first prevention and services act	94,922	94,922	0	0	0	0.1
FY 19-20 R21 Salesforce	905	0	472	299	134	0.0
FY 21-22 Medicaid match public health emergency	0	0	0	0	0	0.0
FY 21-22 R1 Expanded behavioral health crisis services for children and youth	(380,000)	(380,000)	0	0	0	0.0
TOTAL	\$3,028,508	\$2,721,853	\$81,923	\$27,089	\$197,643	0.1

INDIRECT COST ASSESSMENTS: The request includes an increase in the Office of Behavioral Health’s indirect cost assessments. The recommendation for the division’s indirect cost assessment is pending the Committee’s decisions on the Department’s decision item requests for FY 2022-23. Staff requests permission to adjust the division’s indirect cost assessments based on those decisions.

NON-PRIORITIZED REQUESTS: The recommendation includes an increase \$53,381 reappropriated funds (originating from the Department of Corrections) for the Mental Health Institute at Pueblo associated with a Department of Corrections request for food service cost adjustments. *The Committee approved this increase during figure setting for the Department of Corrections on February 17, 2022.*

ANNUALIZE PRIOR YEAR LEGISLATION: The recommendation includes a net decrease of \$81.9 million total funds to reflect the FY 2022-23 impact of bills passed in previous sessions, as summarized in the following table. The reduction is driven by the elimination of one-time funding provided in S.B. 21-137 (Behavioral health recovery act).

ANNUALIZE PRIOR YEAR LEGISLATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
SB 21-154 988 Suicide prevention lifeline network	\$6,103,581	\$0	\$6,103,581	\$0	\$0	0.1
SB 21-129 Veteran suicide prevention pilot	1,260,000	1,260,000	0	0	0	0.0
HB 21-1021 Peer support specialists BH	16,929	14,529	2,400	0	0	0.2
HB 21-1276 Prevention of substance use disorders	9,039	0	9,039	0	0	0.2
SB 21-137 Behavioral health recovery act	(89,297,624)	(200,000)	(89,097,624)	0	0	0.0
TOTAL	(\$81,908,075)	\$1,074,529	(\$82,982,604)	\$0	\$0	0.5

CORRECTIONAL TREATMENT CASH FUND ADJUSTMENTS: The recommendation the following decreases in appropriations reappropriated funds originating as cash funds from the Correctional Treatment Cash Fund in the Judicial Department: \$1,000,000 associated with the Circle Program and Other Treatment Programs for People with Co-occurring Disorders; and (2) \$277,627 for Jail-based Behavioral Health Services. The Committee approved these adjustments during figure setting for the Judicial Department on February 24, 2022, and the Department of Human Services has indicated that both programs can absorb the reductions without significant impacts on the programs.

MAJOR DIFFERENCES FROM THE REQUEST

The staff recommendation is \$10.7 million total funds and \$10.9 million General Fund higher than the Department’s request. The most significant differences between the recommendation and the request are described below.

- An increase of \$14.0 million General Fund associated with fines and fees for the Consent Decree. The Department’s request did not adjust for anticipated increases in fines and fees in FY 2022-23.
- Reflection of the Committee’s action to increase the community provider rate from 1.0 percent in the request to 2.0 percent. In addition, the recommendation adjusts the base to which the provider rate applies for a number of line items. However, those adjustments are based on consultation with the Department.
- Recommended denial of BA1 (a decrease of \$3.6 million General Fund and 15.3 FTE below the request) and R9 (a decrease of \$181,433 General Fund and 1.0 FTE below the request).
- Reductions totaling \$1.3 million reappropriated funds from the Correctional Treatment Cash fund (including \$1.0 million for the Circle Program and \$0.3 million for Jail Based Behavioral Health Services). The Committee approved those reductions during figure setting for the Judicial Branch.

Additional differences are included in the decision item write-ups, as well as the line item detail.

(1) EXECUTIVE DIRECTOR'S OFFICE

The Executive Director's Office is the central administrative office responsible for general department policy, budgeting, public information, human resources, internal audits, and outreach to county departments of human services. This office also includes appropriations for various boards and commissions and for entities that provide separate quality assurance, oversight, or policy direction for human services programs. This document includes a recommendation for one such line item that relates to behavioral health services. Most of the remaining line item appropriations for this office are covered in the figure setting document prepared by Tom Dermody on February 23, 2022.

(B) SPECIAL PURPOSE

OFFICE OF THE OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO CARE

House Bill 18-1357 created the Office of the Ombudsman for Behavioral Health Access to Care (Office), and requires the Commissioner of Insurance to report annually on insurance carrier compliance with mental health parity requirements³. Statute requires the Office to operate independently of DHS and with complete autonomy. Prior to FY 2022-23, the Office operated pursuant to a memorandum of understanding with the Department of Human Services (DHS) that defined the roles of DHS and the Office. Senate Bill 21-137 (Behavioral Health Recovery Act) eliminated the requirement for a memorandum of understanding and outlined the specific roles of the DHS Office of Behavioral Health in support of the Office, including support with administration such as personnel matters, recruiting, payroll, benefits, budget submission, accounting, facilities, and other supports that “will help maintain the independence of the office.”

The DHS Executive Director and the Commissioner of Insurance are required to appoint liaisons to the Ombudsman to receive reports of concerns, complaints, and potential violations. The duties of the Ombudsman include:

- Resolving access and coverage issues.
- Monitoring concerns, complaints, and potential violations of state or federal rules, regulations, or law.
- Receiving and reporting concerns and complaints relating to inappropriate care.
- Providing information to help consumers obtain behavioral health care.
- Developing appropriate points of contact for referrals.
- Assisting in filing appeals or complaints.
- Reporting every September 1 to the Governor, the DHS Executive Director, the Commissioner of Insurance, and the House and Senate Health committees.

³ The federal Mental Health Parity and Addiction Equity Act of 2008 requires that certain health insurers provide mental health or substance use disorder benefits comparable to medical and surgical benefits. These provisions are also included in Colorado law [Section 10-16-104 (5.5), C.R.S.].

The FY 2021-22 Long Bill included a continuation appropriation of \$131,287 General Fund and 1.5 FTE to support the Office. For FY 2021-22, S.B. 21-137 added \$300,000 cash funds from the Behavioral and Mental Health Cash Fund (originating as federal funds from the Coronavirus State Fiscal Recovery Fund) to assist the Office in resolving access and coverage concerns for patients and providers. The appropriation was identified as one-time in nature but does provide authority for the Office to spend the money in either FY 2021-22 or FY 2022-23.

STATUTORY AUTHORITY: Section 27-80-301, et seq., C.R.S. [Behavioral Health Access to Care Ombudsman Act]; Section 24-1-120 (12), C.R.S. [Creation within the Department of Human Services]

REQUEST: The Department requests a continuation appropriation of \$132,943 General Fund and 1.5 FTE. The request includes the following changes from the FY 2021-22 appropriation:

- An increase of \$1,656 General Fund to annualize FY 2021-22 salary survey.
- A decrease of \$300,000 cash funds from the Behavioral and Mental Health Cash Fund (originating as federal stimulus funds) that was provided as one-time funding for FY 2022-23 in S.B. 21-137 but also remains available through FY 2022-23.

RECOMMENDATION: Staff recommends approving the request. The following table shows the recommended changes from the FY 2021-22 appropriation. Please note that this amount does not appear in the Summary of Staff Recommendations table, nor does it appear in Appendix A – Number Pages.

EXECUTIVE DIRECTOR'S OFFICE, SPECIAL PURPOSE, OFFICE OF THE OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO CARE						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
Other legislation	\$300,000	\$0	\$300,000	\$0	\$0	0.0
S.B. 21-205 (Long Bill)	\$131,287	\$131,287	\$0	\$0	\$0	1.5
TOTAL	\$431,287	\$131,287	\$300,000	\$0	\$0	1.5
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$431,287	\$131,287	\$300,000	\$0	\$0	1.5
Annualize prior year budget actions	1,656	1,656	0	0	0	0.0
Annualize prior year legislation	(300,000)	0	(300,000)	0	0	0.0
TOTAL	\$132,943	\$132,943	\$0	\$0	\$0	1.5
INCREASE/(DECREASE)	(\$298,344)	\$1,656	(\$300,000)	\$0	\$0	0.0
Percentage Change	(69.2%)	1.3%	(100.0%)	0.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	0.0

(5) BEHAVIORAL HEALTH ADMINISTRATION (NEW)

During figure setting for the Executive Director's Office, the Committee approved a broad reorganization of the Department's Long Bill, including creating a new division for the Behavioral Health Administration which the Department is establishing pursuant to H.B. 21-1097 (Behavioral Health Administration). This division will include most of the line items currently reflected in the Office of Behavioral Health (essentially the line items outside of the Mental Health Institutes and Forensics). For the purposes of this document, staff is only reflecting the Department's proposed H.B. 21-1097 Behavioral Health Administration line item within this division. However, the FY 2022-23 Long Bill will reflect the Committee's decision regarding the reorganization and the line items approved by the Committee. In the numbers pages in Appendix A, this line item is within the Office of Behavioral Health, Community Behavioral Health Administration.

H.B. 21-1097 BEHAVIORAL HEALTH ADMINISTRATION (NEW LINE ITEM REQUESTED)

The Department's request (BA1 – Behavioral Health Administration) includes one line item to accommodate the proposed increases associated with that budget amendment. The request assumes that any changes associated with the Behavioral Health Administration will be incorporated into the reorganization approved by the Committee. However, in the interest of simplicity, the Department proposed the creation of this line item as a placeholder to reflect the requested increases for the BHA.

REQUEST: As discussed above with request BA1, the Department requests an appropriation of \$2,477,045 General Fund and 21.7 FTE for this (placeholder) line item.

RECOMMENDATION: As discussed above with request BA1, staff is not recommending inclusion of the increases proposed in BA 1 in the Long Bill. Instead, staff recommends making any appropriation adjustments associated with the establishment of the BHA in the separate legislation providing the General Assembly's specific direction for the agency.

NOTE: The remainder of this document is based on the existing line item structure and does not reflect any reorganization approved by the Committee.

(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. The Office administers funding for community-based prevention, treatment, and recovery support services for mental health and substance use disorders (referred to as "behavioral health" services⁴). 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 Office contracts with 18 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

⁴ Senate Bill 17-242 modernized statutory terminology related to behavioral health. For more information, see the description of this bill in Appendix B.

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 services that are not otherwise available. MSOs subcontract with local treatment providers across the state to deliver these services. In addition, the Department administers funding for programs that integrate mental health and substance use-related services. While the majority of community-based behavioral health funding is allocated to Centers and MSOs, the Department also contracts with other organizations to provide specific types of services or services targeting specific populations.

The Office also 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:

- (1) individuals with pending criminal charges who require evaluations of competency to stand trial and services to restore competency;
- (2) individuals who have been found not guilty by reason of insanity; and
- (3) adults and adolescents who are referred for admission by Centers, the Department's Division of Youth Services, and other health providers.

In addition to General Fund, this Office is primarily supported by the following fund sources:

- the federal Substance Abuse Prevention and Treatment, and Community Mental Health Services block grants;
- transfers from the Department of Health Care Policy and Financing, which originate as General Fund and federal Medicaid funds;
- patient revenues earned by the Mental Health Institutes (including private insurance payments, as well as Medicaid and Medicare funds);
- transfers from the Judicial Department, which originate as General Fund, drug offender surcharge revenues, and the Marijuana Tax Cash Fund; and
- marijuana tax revenues.

OFFICE OF BEHAVIORAL HEALTH						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 Appropriation						
S.B. 21-205 (Long Bill)	\$405,740,502	\$276,932,485	\$60,039,750	\$26,334,705	\$42,433,562	1,481.2
Other legislation	103,559,254	7,736,254	95,823,000	0	0	5.0
TOTAL	\$509,299,756	\$284,668,739	\$155,862,750	\$26,334,705	\$42,433,562	1,486.2
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$509,299,756	\$284,668,739	\$155,862,750	\$26,334,705	\$42,433,562	1,486.2
R1 Food service and housekeeping coordinated compensation adjustments	593,760	479,852	25,402	88,506	0	0.0
R2/BA3 CMHIFL 44 bed operating	9,596,004	9,596,004	0	0	0	91.3
R5 Community provider rate increase	4,324,719	3,265,052	1,019,781	39,886	0	0.0
R6 Facilities management operating resources	42,486	0	23,089	9,558	9,839	0.0
R9 Improving involuntary mental health treatment	0	0	0	0	0	0.0
R11 CBH criminal justice Long Bill line consolidation	0	0	0	0	0	0.0
R12 Community behavioral health technical corrections	0	0	0	0	0	0.0

OFFICE OF BEHAVIORAL HEALTH						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
R13 MHI forensic technical Long Bill corrections	125,000	125,000	0	0	0	0.0
BA1 Behavioral Health Administration	0	0	0	0	0	0.0
BA2 SB 19-222 Behavioral Health Safety Net	386,433	386,433	0	0	0	3.8
Staff initiated competency fines and fees	14,000,000	14,000,000	0	0	0	0.0
Annualize prior year budget actions	3,028,508	2,721,853	81,923	27,089	197,643	0.1
Indirect cost assessments	249,810	0	134,410	59,716	55,684	0.0
Non-prioritized requests	117,254	56,373	2,469	58,412	0	0.0
Annualize prior year legislation	(81,908,075)	1,074,529	(82,982,604)	0	0	0.5
Correctional Treatment Cash Fund Adjustments	(1,277,627)	0	0	(1,277,627)	0	0.0
TOTAL	\$458,578,028	\$316,373,835	\$74,167,220	\$25,340,245	\$42,696,728	1,581.9
INCREASE/(DECREASE)	(\$50,721,728)	\$31,705,096	(\$81,695,530)	(\$994,460)	\$263,166	95.7
Percentage Change	(10.0%)	11.1%	(52.4%)	(3.8%)	0.6%	6.4%
FY 2022-23 EXECUTIVE REQUEST	\$447,842,820	\$305,432,610	\$73,031,615	\$26,681,867	\$42,696,728	1,606.9
Request Above/(Below) Recommendation	(\$10,735,208)	(\$10,941,225)	(\$1,135,605)	\$1,341,622	\$0	25.0

DECISION ITEMS – OFFICE OF BEHAVIORAL HEALTH

→ R2/BA3 CMHIFL 44 BED OPERATING BUDGET

REQUEST: With the combined impact of R2 and BA2 (which simply modified R2), the request includes an increase of \$13.6 million General Fund and 104.3 FTE for costs to operate 44 new forensic psychiatric beds at the Colorado Mental Health Institute at Fort Logan (CHMIFL). The Department expects costs to decrease to \$12.4 million in FY 2023-24 and subsequent years because of the elimination of one-time purchases necessary in FY 2022-23. Request R2 (submitted in November) had not expected the units to be available until October 2022. However, construction is moving faster than anticipated and the Department now expects occupancy to be possible in August. The Department plans to onboard as many staff as possible in July 2022 and BA3 adjusted the request to reflect a full year of costs.

STAFF RECOMMENDATION: Staff recommends approving an appropriation of \$11,618,045 General Fund and reflecting an additional 95.9 FTE, including appropriations to the Executive Director’s Office for centrally appropriated amounts, to the Office of Operations, and to CMHIFL to support the operations of the new units at Fort Logan in FY 2022-23. The recommendation:

- Includes all of the FTE requested by the Department, including at Fort Logan and support positions in the Office of Operations.
- Funds all of the direct care, nursing, and security positions at the midpoint their respective salary ranges. This is based on Committee decisions associated with direct care, medical, and clinical security personnel at the Institutes from FY 2017-18 and FY 2018-19. Staff has also recommended increased salaries for dining services and custodial positions impacted by the Committee’s decision related to housekeeping food services personnel for FY 2022-23 (request R1, addressed during figure setting for the Executive Director’s Office). Given the nature of the request (to staff hospital units), the recommendation includes funding salaries above the range minimum for the majority of positions (81.9 of the recommended 95.9 FTE).

- The recommendation is \$2.0 million below the request based largely on adjustments related to the Committee's common policies. Other than the positions outlined above, the recommendation funds positions at the range minimum. The assumptions for centrally appropriated items (which are funded because of the large number of FTE) align with the General Assembly's common policies, which in many cases are below the assumptions in the request.

The following table summarizes the Department's request, the staff recommendation for FY 2022-23, and the anticipated impact in FY 2023-24 and subsequent years based on the staff recommendation.

R2/BA3 - CMHIFL 44 BED OPERATING BUDGET						
	FY 2022-23 REQUEST		FY 2022-23 STAFF REC		FY 2023-24 IMPACT	
	GENERAL FUND	FTE	GENERAL FUND	FTE	GENERAL FUND	FTE
OBH, CMHIFL Personal Services						
Nursing	\$3,621,290	48.0	\$3,337,071	44.0	\$3,640,442	48.0
Contract medical (psychiatry, medical, nurse practitioner)	986,527	4.0	986,527	4.0	986,527	4.0
Psychology	962,999	9.0	887,445	8.2	968,122	9.0
Security	700,217	11.2	645,166	10.3	703,817	11.2
Administrative/Other	624,871	8.2	488,607	7.5	533,027	8.2
Social Work	391,661	5.0	360,919	4.6	393,730	5.0
Therapy	380,006	5.0	350,171	4.6	382,006	5.0
Medical (diagnostics, lab, etc.)	311,334	3.9	258,117	3.6	281,582	3.9
Dietary	154,292	3.0	140,471	2.7	153,241	3.0
Pharmacy	149,910	1.0	113,373	0.9	123,681	1.0
Dental	73,792	0.9	68,012	0.9	74,195	0.9
Patient Armed Transport	82,500		82,500		82,500	
Subtotal, CMHIFL Personal Services	\$8,439,399	99.2	\$7,718,379	91.3	\$8,322,870	99.2
OBH, CMHIFL Operating Expenses						
Ongoing programmatic operating expenses	\$641,795		\$641,795		\$641,795	
Operating expenses for FTE	395,893		395,893		82,840	
One-time start-up operating expenses	300,403		300,403		0	
Electronic health records licenses	161,000		161,000		81,000	
Subtotal, CMHIFL Operating Expenses	\$1,499,091		\$1,499,091		\$805,635	
OBH, CMHIFL Pharmaceuticals	\$378,534		\$378,534		\$378,534	
Office of Operations						
Personal Services	\$349,319	5.1	\$260,818	4.6	\$284,528	5.1
Operating expenses	123,584		123,584		40,925	
Utilities	81,496		81,496		81,496	
Subtotal, Office of Operations	\$554,399	5.1	\$465,898	4.6	\$406,949	5.1
Executive Director's Office						
Centrally appropriated line items	\$2,769,819		1,556,143		1,698,065	
Total, Request R2/BA3 General Fund	\$13,641,242	104.3	\$11,618,045	95.9	\$11,612,052	104.3

ANALYSIS

The General Assembly approved an appropriation of \$17.8 million in capital construction funding in FY 2019-20 to renovate two existing units at Fort Logan to provide the additional beds for inpatient competency services and address the waitlist for competency services. That capital construction request, as approved by the General Assembly, assumed that operating the units would require approximately \$13.0 million per year, and the recommended level of funding is in that range.

Particularly given ongoing challenges staffing the Mental Health Institute at Pueblo (CMHIP), with units remaining vacant for extended periods because of a lack of staff, JBC Staff agrees that the additional units at Fort Logan are important components of the State’s efforts to improve competency services and achieve compliance with the consent decree. Based on that conclusion, and the fact that the General Assembly approved the capital construction funding for these units in FY 2019-20, staff recommends that the Committee approve the request for funding to operate the units (with limited adjustments to align with the Committee’s common policies).

Staff simply does not have the expertise to evaluate the details of the personnel required to run two new forensic units at Fort Logan. However, the request is based on the staffing and operations of the similar units at CMHIP, which are also serving the forensic population. Thus, staff is recommending approval of all of the positions requested by the Department.

The Committee’s common policy includes funding for those items for large FTE requests such as this one. As the summary table above does not include the detail regarding recommendations for centrally appropriated line items associated with the new FTE, the following table summarizes the staff recommendation for FY 2022-23 by centrally appropriated line item.

R2/BA3 – CENTRALLY APPROPRIATED AMOUNTS		
LINE ITEM	FY 2022-23 STAFF	FY 2023-24
	REC GENERAL FUND	IMPACT GENERAL FUND
Health, Life, and Dental	\$933,951	\$1,019,311
Short-term Disability	10,400	11,346
S.B. 04-257 AED (PERA)	305,896	333,704
S.B. 06-235 SAED (PERA)	305,896	333,704
Subtotal, Centrally Appropriated	\$1,556,143	\$1,698,065

LEVEL OF EVIDENCE PURSUANT TO S.B. 21-284

Senate Bill 21-284 states that a program or practice is “evidence-informed” if a theory of change has been identified and implemented. The Department identified this budget request as a theory-informed practice, and identified the theory of change as “the Department will be able to more adequately address the growing need for forensic and behavioral health services and reduce long-term fines associated therewith by increasing the number of staff and beds in the State dedicated to treating Coloradans in the forensic behavioral health system.” The Department’s objective is “to comply with statute and legislative intent, and to operate the newly renovated F2/F3 units in an effort to reduce the number of Coloradans waiting for competency restoration treatment.”

A theory of change is a method that explains how a given intervention, or set of interventions, is expected to lead to specific outcomes, drawing on a causal analysis based on available evidence. Increasing capacity at the Institute should reduce the waitlist for services potentially reduce fines under the consent decree (which are very positive outputs) relative to the status quo. However, this request is an expansion of an existing hospital and staff suggests that it does not represent a specific intervention or “program” that could be evaluated well in the evidence based framework. JBC staff has determined that, pursuant to S.B. 21-284 (Evidence-based Evaluations for Budget), assignment of a level of evidence is not applicable to this request.

→ R5 COMMUNITY PROVIDER RATE INCREASE

REQUEST: The request includes an increase \$2.0 million total funds (including \$1.4 million General Fund) to support a 1.0 percent common policy provider rate increase in the Office of Behavioral Health in FY 2022-23.

STAFF RECOMMENDATION: Pursuant to the Committee’s common policy to provide a 2.0 percent provider rate increase for FY 2022-23, the recommendation includes an increase of \$4,324,719 total funds (including \$3,265,052 General Fund) distributed among the behavioral health line items. Staff has worked with the Department to identify the appropriate base for each line item receiving a provider rate increase. The recommended increases for each applicable line item are in the line item detail of this document.

LEVEL OF EVIDENCE PURSUANT TO S.B. 21-284

Senate Bill 21-284 states that a program or practice is “theory-informed” if a theory of change has been identified and implemented. The Department identified this budget request as a theory-informed practice, and identified the theory of change as “ensuring members have sufficient access to care, that quality outcomes are achieved, and that services provided are cost effective.” The Department’s objective is “to increase access to care and to ensure adequate reimbursement of services for providers.”

A theory of change is a method that explains how a given intervention, or set of interventions, is expected to lead to specific outcomes, drawing on a causal analysis based on available evidence. While there are identified outputs related to the community provider rates, JBC staff disagrees that it qualifies as an intervention that is intended to lead to a specific change with measurable outcomes. This request is a technical adjustment to an established funding practice and does not propose a deviation from that practice. JBC staff has determined that, pursuant to S.B. 21-284 (Evidence-based Evaluations for Budget), assignment of a level of evidence is not applicable to this request.

→ R9 IMPROVING MENTAL HEALTH INVOLUNTARY TREATMENT

REQUEST: The request includes an increase of \$181,433 General Fund and 1.0 FTE for FY 2022-23 to provide statewide technical assistance and training to mental health professionals related to involuntary mental health holds and treatment. After eliminating one-time costs proposed for the first year, the request anticipates an ongoing need for \$133,883 General Fund and 1.0 FTE in FY 2023-24 and subsequent years (see following table with a correction to the out-year cost for operating expenses).

R9 - IMPROVING INVOLUNTARY MENTAL HEALTH TREATMENT				
	FY 2022-23 REQUEST		FY 2023-24 IMPACT	
	\$ GF	FTE	\$ GF	FTE
Community Behavioral Health Administration, Administration, Personal Services				
Salaries	\$92,924	1.0	\$92,924	1.0
PERA (10.9%)	10,129		10,129	
Medicare (1.45%)	1,347		1,347	
AED (5.0%) ¹	4,646		4,646	
SAED (5.0%) ¹	4,646		4,646	
STD (0.019%) ¹	149		149	
Estimated HLD ¹	10,042		10,042	

R9 - IMPROVING INVOLUNTARY MENTAL HEALTH TREATMENT				
	FY 2022-23 REQUEST		FY 2023-24 IMPACT	
	\$ GF	FTE	\$ GF	FTE
Subtotal, Personal Services	\$123,883	1.0	\$123,883	1.0
Community Behavioral Health Administration, Administration, Operating Expenses				
Supplies (\$500)	\$500		\$500	
Computer (\$1,230)	1,600		0	
Office Equipment (\$3,473)	5,000		0	
Telephone (\$450/FTE)	450		450	
Computer Software (\$400/FTE)	0		0	
Subtotal, Operating Expenses	\$7,550		\$950	
Involuntary Mental Health Care and Treatment	\$50,000		\$10,000	
Total, Request R9 (General Fund)	\$181,433	1.0	\$134,833	1.0

¹ These amounts would be addressed through centrally appropriated line items rather than within the personal services lines and would not be appropriated in the first year under the Committee's common policies.

STAFF RECOMMENDATION: Staff recommends denying the request for the inclusion of additional funds in the Long Bill. The Department’s original request included proposed statutory changes related to involuntary “27-65” holds, particularly the involuntary transportation hold authorized in S.B. 17-207. The request also stated that the Department “does not have clear statutory authority or FTE for training...” as proposed in R9. Although the Department later concluded that it *could* offer the training within its existing rulemaking authority⁵, staff notes that the General Assembly is currently considering legislation (H.B. 22-1256 (Modifications to Civil Involuntary Commitments)) that would not only give clear authority for the training but would actually require it. Staff recommends that the General Assembly make any appropriation for the training, as necessary, in that legislation.

ANALYSIS

Request R9 proposes to add an FTE to develop, administer, and support training and technical assistance to standardize and clarify the appropriate use of involuntary mental health holds, including involuntary transportation holds, through both rulemaking and statewide training efforts for “intervening professionals” such as law enforcement officers, first responders, nurses, psychologists, physicians, social workers, therapists, and counselors. The original request R9 proposed statutory changes to the involuntary holds statutes (Article 65 of Title 27, C.R.S.) and highlights a number of problems with the existing statute, particularly as it pertains to the involuntary transportation hold authorized in S.B. 17-207.

- For example, the request reports that many intervening professionals refuse to use the transportation hold because of ambiguity in the statute and potential liability concerns. According to the Department, the intent of the transportation hold was to allow transportation to providers that could then evaluate the need for a more restrictive 72 hour hold. However, the Department reports that that has not been the outcome.
- According to the request, the current involuntary transportation hold allows all intervening professionals to initiate the hold and does not address patient rights and/or liability concerns from law enforcement. The Department reports that this has resulted in most law enforcement agencies refusing to use the new hold.

⁵ Section 27-65-128, C.R.S., states “The department shall make such rules as will consistently enforce this article.”

The Department later indicated that it was no longer pursuing the statutory changes through the budget process (or otherwise) but continued to request the funds and FTE for the training under its rulemaking authority in Sec. 27-65-128. The request includes funding for 1.0 FTE to develop, maintain, and offer the training, which would generally be delivered through online platforms. The Department expects to create trainings tailored to specific audiences/intervening professionals (e.g. law enforcement vs. emergency medical vs. other providers). The request also includes \$50,000 in contract funds to specifically support the development of the training programs in FY 2022-23 (which reduces to \$10,000 to maintain the programs in future years).

Staff Considerations

Staff agrees that clarifying and improving the system surrounding involuntary treatment and holds appears to be appropriate. According to the Department, there were at least 50,083 72-hour holds statewide in calendar year 2019, in addition to 2,812 transportation holds. Given the public safety, constitutional, and individual liberties issues at stake, staff agrees that improving this system should be a priority. Staff also notes that this is a recurring topic for the General Assembly. Finally, staff also agrees that adding and requiring training for applicable professionals would be appropriate in order to ensure that the system is uniform statewide and that holds are properly conducted.

However, as the Department noted in the request, there is no clear authority in statute for the Department to offer such training and no requirement for any individual to receive it. While staff agrees that the Department may be able to institute a training program under its existing rulemaking authority in Sec. 27-65-128, C.R.S., there is no indication that training was anticipated in that authority. Staff contends that it would be preferable for the General Assembly to provide clear authority for the training and to specify what it wants that training to include, whether individuals should be required to receive the training (and who), etc.

Staff notes that H.B. 22-1256, currently before the General Assembly, would provide that authority. The bill specifically requires the Department (actually the BHA) to provide training related to the involuntary hold process, law, and regulations. Staff believes that it would be preferable for the General Assembly to authorize and require the Department to provide this training in statute, preferably in concert with clarification and improvement of the involuntary hold statutes (assuming that the General Assembly finds such changes to be necessary). Making any necessary appropriation in that legislation would reflect the cost of the new requirements in the legislation setting those requirements and allow the General Assembly to evaluate those costs through the normal legislative process and connect those costs with the General Assembly's intentions for the training.

Points to Consider if the Committee Approves the Request

Should the Committee elect to approve the request rather than proceed with appropriations in separate legislation such as H.B. 22-1256, staff notes the following:

- As with nearly every position requested by the Department this year, the request proposes a mid-point salary for the Program Management I position. The Department has pointed to specific skills required of the position (potentially including professional licensure, experience in emergency mental health intervention, experience in adult education/training, and/or health facility auditing). The Department also cited current difficulties hiring in general, and potential concerns about the Equal Pay Act, as justification for the mid-point salary. However, this is not a direct care position (such as the positions in request R2 that are funded at the midpoint based on Committee precedent) and the Committee's common policies would require a range minimum

salary (roughly \$12,000 per year lower than the request for the salary) unless the Committee approved an exception.

- There are several other components of the request (inclusion of centrally appropriated amounts, calculations for PERA and operating common policies, for example) that would require adjustment to align with the Committee’s common policies.

If the Committee were to approve the request then staff would request guidance on the Committee’s preference for the salary and permission to make technical adjustments to align with the Committee’s common policies associated with new FTE.

LEVEL OF EVIDENCE PURSUANT TO S.B. 21-284

Senate Bill 21-284 states that a program or practice is “theory-informed” if a theory of change has been identified and implemented. The Department identified this budget request as a theory-informed practice, and identified the theory of change as “all intervening professionals will be trained by OBH in Colorado-specific involuntary procedures ensuring these professionals have the skills and knowledge to initiate mental health procedures that meet the individual needs of the people of Colorado.” The Department’s objective is “create involuntary mental health provisions that meet the needs of individuals in a mental health crisis.”

A theory of change is a method that explains how a given intervention, or set of interventions, is expected to lead to specific outcomes, drawing on a causal analysis based on available evidence. As discussed above, staff agrees that the Department’s arguments for statutory change (which ties to the Department’s objective) are compelling. However, the Department has divorced this request from any change to those provisions, and staff is not aware of any evidence that would indicate that the training is likely to accomplish the Department’s goals, particularly without statutory changes. The Department has proposed to measure trends in the utilization of voluntary and involuntary holds, with a goal of reducing the use of involuntary holds. However, given that the request assumes statutory change that the Department is not requesting, JBC staff has determined that, pursuant to S.B. 21-284 (Evidence-based Evaluations for Budget), assignment of a level of evidence is not applicable to this request. However, staff agrees that the request could generate evidence that would inform future decision making.

→ R11 CBH CRIMINAL JUSTICE LONG BILL CONSOLIDATION

REQUEST: The request proposes to consolidate two existing Long Bill line items (Criminal Justice Diversion Programs and Jail Based Behavioral Health Services) into a single line item in order to provide additional flexibility for the Department to move funds between those purposes. Both line items have experienced reversions in recent years and the Department anticipates that the increased flexibility will reduce reversions.

STAFF RECOMMENDATION: Staff recommends denying the Department’s request to consolidate these line items. Staff understands that the consolidation would provide additional flexibility to the Department – and agrees that it may reduce reversions (and therefore increase the utilization of funds). However, staff assumes that the General Assembly separate those line items because they represent distinct programs and points in the treatment of patients with potential involvement in the criminal justice system, with Criminal Justice Diversion Programs avoiding either arrest or booking and Jail Based Behavioral Health Programs addressing individuals once they are detained in jail.

- Given that distinction, staff’s recommendation to deny the consolidation assumes that the General Assembly would prefer to maintain transparency into the amount appropriated for each of those purposes.
- However, if the Committee would prefer to maximize the utilization of the funds rather than maintain the specific uses for each appropriation then staff agrees that consolidation would be appropriate.

ANALYSIS

The Department is proposing to consolidate two line items that support behavioral health services for individuals with potential criminal justice involvement: Criminal Justice Diversion Programs and Jail Based Behavioral Health Services.

The Criminal Justice Diversion Programs line item supports two different types of programs intended to divert individuals away from the criminal justice system *before they are actually booked into the system*:

- First, the co-responders program supports partnerships between law enforcement and behavioral health agencies where behavioral health professionals often respond to behavioral health-related calls with law enforcement to address behavioral health issues, with the potential to connect individuals to needed services and avoid an arrest altogether.
- Second the Law Enforcement Assisted Diversion (LEAD) program that supports partnerships between law enforcement, district attorneys’ offices, sheriffs, treatment providers, and other stakeholders to divert individuals with substance abuse issues (often after arrest but before booking).
- For FY 2021-22, the line item has a total appropriation of \$7.4 million total funds, including \$1.6 million General Fund and \$5.8 million cash funds from the Marijuana Tax Cash Fund, and 2.3 FTE.

The Jail Based Behavioral Health Services line item supports contracts with county sheriffs’ departments to support behavioral health services in jails (after arrest and booking). Services include screening and treatment of substance use, mental health, and co-occurring disorders. The Department contracts with sheriffs to administer the funds, and the sheriffs’ departments work with local community providers to provide services within the jail and free or low cost services in the community upon release. For FY 2021-22, the line item has an appropriation of \$19.7 million total funds, including \$7.4 million General Fund, \$5.0 million in one-time funding from the Behavioral and Mental Health cash fund (originating as federal COVID-relief funds), and \$7.3 million reappropriated funds transferred from the Judicial Branch from the Correctional Treatment Cash Fund.

The Department proposed to consolidate the line items to increase the flexibility of the use of funds in response to changes in local demand for specific types of programs. Both line items have experienced reversions in recent years (see table below) and the Department anticipates that the increased flexibility would reduce reversions and allow further use of the funds.

APPROPRIATIONS TO AND REVERSIONS FROM LINE ITEMS FOR DIVERSION PROGRAMS				
	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
Criminal Justice Diversion Programs				
Appropriation	\$5,517,942	\$5,561,828	\$6,854,072	\$6,797,182
General Fund	0	0	1,165,052	1,165,052
Cash Funds MTCF	5,517,942	5,561,828	5,689,020	5,632,130
Actual Expenditures	\$1,186,673	\$3,924,204	\$5,253,026	\$6,596,133

APPROPRIATIONS TO AND REVERSIONS FROM LINE ITEMS FOR DIVERSION PROGRAMS				
	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
General Fund	0	0	659,074	1,019,331
Cash Funds MTCF	1,186,673	3,924,204	4,593,952	5,576,802
Reversion	\$4,331,269	\$1,637,624	\$1,601,046	\$201,049
Jail-based BH Services				
Appropriation	\$5,256,185	\$6,444,277	\$14,454,233	\$13,232,195
General Fund	0	1,146,667	7,277,387	6,127,117
Reappropriated Funds CTCF	5,256,185	5,297,610	7,176,846	7,105,078
Actual Expenditures	\$4,996,063	\$5,686,085	\$9,112,250	\$13,046,565
General Fund	0	506,705	3,491,651	6,006,513
Reappropriated Funds CTCF	4,996,063	5,179,380	5,620,599	7,040,052
Reversion	\$260,122	\$758,192	\$5,341,983	\$185,630

Staff recognizes the potential benefits of consolidation, including the additional flexibility provided to the Department and the potential for increased utilization of funds. However, staff assumes that the General Assembly has maintained separate line items in the Long Bill because they represent distinct programs and points in the treatment of patients with potential involvement in the criminal justice system. Staff agrees that both line items support necessary services and understands that increased flexibility may increase the utilization of funds. However, staff also sees the line items as supporting distinct (though closely related) goals. Staff's recommendation to deny the consolidation assumes that the General Assembly would prefer to maintain transparency into the amount appropriated for each of those purposes.

→ R12 COMMUNITY BEHAVIORAL HEALTH TECHNICAL CORRECTIONS

REQUEST: The request includes three changes in Community Behavioral Health (with no changes in total funding) that the Department has framed as technical corrections, including:

- Move \$1,470,000 General Fund currently appropriated to the Treatment and Detoxification Programs line item to the Jail Based Behavioral Health Services line item. Originally appropriated in S.B. 19-008 (Substance Use Disorder Treatment in the Criminal Justice System), the funds support medication-assisted treatment (MAT) in jail settings. The Department is proposing to consolidate that funding with all of the other jail based services.
- Move \$264,596 cash funds from the Persistent Drunk Driver Cash Fund from the Treatment and Detoxification Programs line item to the Community Prevention and Treatment line item. According to the Department, this originated as a technical error during the drafting of the FY 2020-21 Long Bill, and the Department is asking to correct that error for FY 2022-23.
- Strike "Pilot" from the Behavioral Health Crisis Response System Secure Transportation Pilot Programs line item in order to align with the program name in statute. The Department is also proposing to expand those services beyond the regions originally considered in the pilot program, with no increase in funding.

STAFF RECOMMENDATION: Staff recommends approval of the Department's requested adjustments. Based on the available information, staff agrees that these appear to be technical adjustments that would either correct errors in the current appropriation or would better align appropriations with the use of funds.

ANALYSIS

Staff agrees that all of the components of this request appear to be technical in nature and intended to improve the alignment of appropriations and the use of funds (shifting money associated with MAT in jails from the Treatment and Detoxification Programs line item to the Jail Based Behavioral Health Services line item), correct known errors in the appropriation (the shift of Persistent Drunk Driver Cash Fund money from Treatment and Detoxification Programs to Community Prevention and Treatment), or align the program name with statute (Secure Transportation). As the requests are technical and do not require any net increase in funds, staff recommends approving the changes as requested.

→ R13 MHI FORENSIC TECHNICAL LONG BILL CORRECTIONS

REQUEST: The request proposes five changes to appropriations related to forensic behavioral health services (again with no changes in total funding) that the Department has framed as technical corrections, including:

- Move \$164,804 General Fund and 2.0 FTE out of the Community Behavioral Health Administration Personal Services line item to two different line items: \$166,704 and 2.0 FTE to the Forensic Services Outpatient Competency Restoration Program; and \$1,900 to the Community Behavioral Health Administration Operating Expenses line item.
- Move \$125,000 General Fund from the Office of Information Technology Services, Electronic health Record and Pharmacy System line item to the Colorado Mental Health Institute at Pueblo, Personal Services line item.
- Move \$600,000 General Fund from the Mental Health Institutes, Contract Medical Services line item to the Mental health Institutes, Pharmaceuticals line item.
- Create a new Forensic Support Team line item within Forensic Services (in the Mental Health Institutes) and move \$1,495,996 General Fund and 19.0 FTE from the existing Forensic Services Court Services line item to the newly created line item.
- Move a total of \$1,156,300 General Fund from the Mental Health Institute at Pueblo Personal Services line item to be split between the Forensic Services Court Services (\$595,300) and the Forensic Services Forensic Community Based Services line item (\$561,000).

STAFF RECOMMENDATION: Staff recommends approval of the Department request. Staff agrees that these adjustments appear to be largely technical in nature and, based on the available information, would better align appropriations with the Department's actual use of funds.

ANALYSIS

The Department's request includes the five components outlined above, which staff agrees are largely technical in nature and, based on the information provided by the Department, would each either: (1) correct technical errors in the appropriation, (2) improve the alignment of appropriations with the Department's actual use of funds, or (3) in the case of separating out the Forensic Support Team line item from the existing Forensic Services line item, increase transparency into the use of funds and (hopefully) allow for improved management of resources by the Department. Given the nature of the requests and that there is a net zero impact on total funding, staff recommends approving all of the proposed changes.

→ BA1 BEHAVIORAL HEALTH ADMINISTRATION

REQUEST: Budget Amendment 1 (BA1) proposes a net increase of \$2,950,271 total funds and 15.3 FTE for the Department of Human Services to staff the new Behavioral Health Administration (BHA) in FY 2022-23. The request includes:

- A net increase of \$3,574,687 General Fund and 26.5 FTE for the Department of Human Services in FY 2022-23. As submitted, the Department would expect these amounts to increase to \$10,359,458 General Fund and 74.8 FTE in FY 2023-24 and subsequent years.
- A decrease of \$624,416 cash funds from the Marijuana Tax Cash Fund and 11.2 FTE in FY 2022-23. The request would shift \$590,487 of that amount and the 11.2 FTE to the Department of Public Health and Environment (CDPHE) to centralize prevention activities in that Department. In addition to those cash funds, the request would move \$47,167 General Fund currently appropriated to the Department of Human Services and instead appropriate those funds to CDPHE. Finally, paired with a non-prioritized request from CDPHE, BA1 proposes an increase of \$7.9 million reappropriated funds in CDPHE (consisting of other cash and federal funds sources that would be transferred from the Department of Human Services).

The Committee should also note that two other agencies submitted prioritized budget amendments related to the BHA:

- Department of Health Care Policy and Financing BA8 requests \$638,727 total funds (\$319,365 General Fund) and 4.8 FTE.
- Department of Regulatory Agencies BA2 requests \$171,733 cash funds and 2.0 FTE for the Division of Insurance. The Committee approved this budget amendment during figure setting for the Department of Regulatory Agencies.

STAFF RECOMMENDATION: Staff recommends denial of the Department's request for inclusion of this funding in the Long Bill.

- Staff acknowledges that the Department has submitted the request based on the Behavioral Health Administration's duties outlined in Section 27-60-203 (3), C.R.S., as enacted in H.B. 21-1097 (Behavioral Health Administration) which directed the Department to create a plan for the BHA and required the establishment of the BHA on or before July 1, 2022.
- However, the guidance in Section 27-60-203 (3), C.R.S., is clearly broad and staff interprets that legislation as calling for the relevant agencies to develop a plan that the General Assembly would then act on, presumably in the form of legislation that would actually specify the governance, authorities, duties, and responsibilities of the BHA.
- Staff notes that the General Assembly is currently considering H.B. 22-1278 (Behavioral Health Administration), which provides the detailed statutory framework and responsibilities for the BHA (as compared to the broad responsibilities identified in last year's legislation). Given that H.B. 22-1278 is before the General Assembly, staff recommends that the General Assembly make the appropriations for the BHA based on the specific responsibilities included in this year's legislation through the legislative process rather than providing the appropriations in the Long Bill (that may or may not align with the final version of H.B. 22-1278).

If the Committee approves the staff recommendation to not include the funds in the Long Bill, it may wish to consider a placeholder amount to account for anticipated appropriations in H.B. 22-1278. Based on the requests submitted by the Departments of Human Services, Public Health and

Environment, and Health Care Policy and Financing, such a placeholder would require approximately \$4.0 million General Fund for FY 2022-23. If the Committee assumed the annualizations proposed in the Department's requests, then that would require approximately \$11.0 million General Fund in FY 2023-24 and subsequent years (though staff recommends that any actual expectations for FY 2023-24 and beyond be based on the legislation's fiscal note).

ANALYSIS

H.B. 21-1097

The Department is requesting the increase in order to support the first full year of operations of the BHA established in H.B. 21-1097. The legislation requires the Department of Human Services to establish a plan for the creation of the BHA and to establish the BHA by July 1, 2022. The bill required the Department to submit the plan as a written report to the Joint Budget Committee and the relevant committees of reference no later than November 1, 2021. The Department met that requirement.⁶

The plan must include:

- Recommendations for funding and legislation to implement the BHA, including information on start-up costs as well as ongoing operations.
- A list of state programs that should be managed by the BHA.
- The governance structure of the BHA.
- Potential opportunities for collaboration with local governments,
- Recommendations concerning the process for appeals, grievances, and ombudsman activities.
- A data integration plan.
- A description of how to ensure the availability of programs and establish a standard of care.

The bill also requires recommendations for associated activities in the Departments of Health Care Policy and Financing (HCPF), Public Health and Environment (CDPHE), and Regulatory Agencies (Division of Insurance or DOI).

In Sec. 27-60-203 (3), C.R.S., the bill also includes a broad list of duties that the BHA would have to include (though the bill says that duties could go beyond this list). That list includes:

- Serving as the single state agency responsible for state behavioral health programs that are identified as appropriate to transition to the BHA.
- Receiving, coordinating, and distributing appropriate community behavioral health funding throughout the state.
- Monitoring, evaluating, and reporting behavioral health outcomes across the state and within various jurisdictions, while maintaining tribal sovereignty.
- Promoting a behavioral health system that supports a whole-person approach to ensure Coloradans have the best chance to achieve and maintain wellness (with specific requirements related to the integration of mental health and substance use treatment, integration of physical and behavioral health care, enhancing programmatic and funding opportunities, and promoting culturally responsive, trauma-informed, and equitable care).

⁶ The plan is available on the Department's website at:

<https://drive.google.com/file/d/13H2jGAAPljrItLdeljyvwB4PvjDNcv6-/view>

The bill also directs the Department to work with HCPF, community stakeholders, and other state departments to promulgate rules for the BHA to provide adequate oversight of services and to set standards of care.

The bill requires the BHA to be established within the Department of Human Services no later than July 1, 2022. On or before November 1, 2024, the Department has to report to the Committee and the committees of reference with recommendations on whether the BHA should remain within the Department of Human Services or be transferred to a different department. Barring action by the General Assembly to move the BHA prior to June 30, 2025, the bill indicates that the BHA will remain within the Department of Human Services.

FY 2022-23 BA1 (BEHAVIORAL HEALTH ADMINISTRATION)

The Department has submitted BA1 seeking funding for the first year of operations of the BHA in the Long Bill.

- The request includes a net increase of \$3,574,687 General Fund for the Department of Human Services in FY 2022-23 and the addition of 26.5 new FTE to stand up the new agency, with an anticipated increase to \$10,359,458 General Fund and 74.8 FTE in FY 2023-24 and subsequent years (the following table summarizes the requested increases by line item). The FTE increase shows up as 15.3 in the request because of a proposal to transfer 11.2 existing FTE to CDPHE (see discussion below).
- The request includes reductions totaling \$47,617 General Fund, \$590,497 cash funds from the Marijuana Tax Cash Fund, and 11.2 FTE associated with a proposal to transfer prevention activities to CDPHE. That department (CDPHE) has a non-prioritized request seeking those increases, in addition to \$8.2 million in reappropriated funds, to accommodate the transfer of prevention activities.

BA1 - BEHAVIORAL HEALTH ADMINISTRATION REQUEST					
LINE ITEM	FY 2022-23 REQUEST		FY 2023-24 IMPACT		
	\$	FTE	\$	FTE	
EDO - Employment and Regulatory Affairs	\$25,530	0.3	\$153,182	2.0	
Office of Operations - Personal Services	53,234	0.5	476,820	4.8	
Office of Operations - Operating Expenses	19,851		18,085		
Behavioral Health Administration (new line item/group)	2,477,045	21.7	6,927,619	67.6	
Mental Health Institutes at Pueblo					
Personal Services	413,927	4.0	413,927	4.0	
Operating Expenses	12,801		6,468		
Centrally appropriated line items	619,466		2,410,524		
Total Increases for Human Services - GF	\$3,621,854	26.5	\$10,406,625	78.4	
Community Behavioral Health Administration - Personal Services Technical Adj. (Cash Funds)	(33,919)		(33,919)		
Reductions for Transfer to CDPHE					
Community Behavioral Health Administration - Personal Services (Cash Funds)	(\$89,817)	(11.2)	(\$89,817)	(11.2)	
Community Behavioral Health Administration - Operating Expenses (Cash Funds)	(2,130)		(2,130)		
Substance Use Prevention and Treatment - Prevention Programs (General Fund)	(36,828)		(36,828)		
Substance Use Prevention and Treatment - Comm Treatment and Prevention	(508,889)		(508,889)		
General Fund	(10,339)		(10,339)		
Cash Funds	(498,550)		(498,550)		
Total Reductions for Transfer to CDPHE	(\$637,664)	(11.2)	\$380,007	(11.2)	
General Fund	(47,167)		(47,167)		
Cash Funds	(590,497)		(590,497)		

BA1 - BEHAVIORAL HEALTH ADMINISTRATION REQUEST				
LINE ITEM	FY 2022-23 REQUEST		FY 2023-24 IMPACT	
	\$	FTE	\$	FTE
Total Impact - Department of Human Services	\$2,950,271	15.3	\$9,735,042	67.2
General Fund	3,574,687		10,359,458	
Cash Funds	(624,416)		(624,416)	

The request includes significant detail about the Department’s proposed governance structure, duties, and responsibilities for the BHA, in alignment with the report submitted to the General Assembly.⁷ For example, the request specifies that:

- The BHA will be headed by a Commissioner who will function as a member of the Governor’s cabinet and as a peer to the other departments’ executive directors. The Commissioner has already been appointed and has joined the Department.
- The Commissioner will oversee a staff that would manage the core functions of the BHA, including most of the new positions requested in BA1.
- The BHA intends to establish an advisory council of 15-20 members, to be appointed by the Commissioner, that would ensure stakeholder involvement and advise the BHA.
- The Department proposes a “workgroup” structure within the BHA to allow for “a sharper focus on particular issues of concern.” Advisory council members would co-chair these workgroups, which would be supported by staff.
- The BHA would work across state agencies to ensure a collaborative approach along the behavioral health continuum and among the various agencies and departments with behavioral health-related programs.
- The request also includes a number of specific priorities and core functions of the BHA, including individual and family facing services, care navigation and resources, grievances, ongoing needs assessments and gap assessments, system oversight and standard setting, payment systems and policy oversight, and data sharing and cost analysis, among others.
- The request indicates that FY 2022-23 would allow for the establishment of key BHA infrastructure with the intention that the BHA could be fully staffed and operational in FY 2023-24 (resulting in the large increase in cost and FTE in the second year).

STAFF CONSIDERATIONS

Staff agrees that the Department’s proposed plan could be a reasonable framework for the BHA, and staff is not disagreeing with the specifics of the Department’s plan. However, staff continues to recommend that the Committee not approve this request for inclusion in the Long Bill. Staff contends that decisions of this magnitude (setting up and funding an entirely new entity as complex as the BHA) warrant a thorough review by the entire General Assembly (and particularly the relevant committees of reference) through the standard legislative process. Staff does not believe that it is appropriate to make these changes in the Long Bill. While the Department’s request proposes to build out the BHA based on the broad duties and guidance in H.B. 21-1097, staff contends that this issue warrants more statutory direction and specificity from the General Assembly.

Fortunately, as mentioned above in the recommendation section, the General Assembly is currently considering H.B. 22-1278, which is currently scheduled for its first hearing before the House Public

⁷ The budget amendment is available on the OSPB website at: https://drive.google.com/drive/folders/1H1RTnN_wczPDM3vC8VAHhTtjPP5-b3hj

and Behavioral Health and Human Services Committee on March 25, 2022. That bill, which staff understands has been developed with input from the Department, provides the specific statutory guidance and structure to build out the BHA and to allow the General Assembly to consider the necessary costs to actually operate the entity that it (the General Assembly) is approving. As introduced, the bill outlines the BHA’s governance, duties, and responsibilities, and officially transfers prevention activities to the Department of Public Health and Environment. Given the complexity of the issues at hand, and the amount of money involved, staff contends that the General Assembly should make any new appropriations and changes in funding associated with the BHA in that bill.

Staff notes that the Committee has already approved a staff initiated Long Bill restructure that includes a new division for the BHA. As approved, that restructure does not require any additional funding and would largely relocate existing line items into the new BHA section of the Long Bill. Staff continues to recommend moving forward with the restructure as previously approved by the Committee. Staff believes that doing so will also facilitate more transparency in any appropriation changes approved through H.B. 22-1278.

As is clear from this discussion, staff strongly recommends that the Committee not approve this request for the Long Bill. However, if the Committee does elect to approve funding for the BHA in the Long Bill then staff would recommend that the Committee direct the Department to return with a new decision item for the FY 2023-24 budget process. In the event that the Committee would elect to approve the funding through the budgetary process, staff does not believe that it would be appropriate for next year’s budget to assume an “annualization” of the magnitude anticipated in the request.

LEVEL OF EVIDENCE PURSUANT TO S.B. 21-284

Senate Bill 21-284 states that a program or practice is “theory-informed” if a theory of change has been identified and implemented. The Department identified this budget request as a theory-informed practice, and identified the theory of change as “more Coloradans will receive the care they need if the behavioral health system and the departments are appropriately staffed and funded as outlined in this request, the DHS Blueprint and Needs Assessment, and the S.B. 19-222 Implementation Report.” The Department’s objective is “to improve access and integration of behavioral health services statewide.”

A theory of change is a method that explains how a given intervention, or set of interventions, is expected to lead to specific outcomes, drawing on a causal analysis based on available evidence. While staff is optimistic that the implementation of the BHA pursuant to legislation will improve the behavioral health system, staff does not believe that this request represents a specific intervention or set of interventions that would allow for specific measures. Staff is also not aware of any concrete evidence that would indicate that specific improvements in outcomes are predictable based on the implementation of the BHA. JBC staff has determined that, pursuant to S.B. 21-284 (Evidence-based Evaluations for Budget), assignment of a level of evidence is not applicable to this request.

→ BA2 S.B. 19-222 BEHAVIORAL HEALTH SAFETY NET

REQUEST: The request proposes an increase of \$572,213 General Fund and 3.8 FTE in FY 2022-23 (increasing to \$703,155 general Fund and 5.0 FTE in FY 2023-24 and subsequent years) to improve

the behavioral health safety net by changing the credentialing process to license behavioral health care providers.

STAFF RECOMMENDATION: Staff recommends approval of the Department request for the additional FTE, with adjustments related to the Committee’s common policies (specifically funding the positions at the range minimum for the Program Management I classification and not funding the centrally appropriated items for these FTE in the first year). For FY 2023-24, the centrally appropriated amounts would be addressed through the common policy process for those (centrally appropriated) line items rather than through the personal services line.

BA2 BEHAVIORAL HEALTH SAFETY NET						
	FY 2022-23 REQUEST		FY 2022-23 STAFF REC		FY 2023-24 IMPACT	
	\$ GF	FTE	\$ GF	FTE	\$ GF	FTE
Community Behavioral Health Administration, Administration, Personal Services						
Salaries	\$389,568	3.8	\$309,715	3.8	\$407,520	5.0
PERA	42,463		35,617		46,865	
Medicare (1.45%)	5,649		4,491		5,909	
AED (5.0%) 1	19,478		0		20,376	
SAED (5.0%) 1	19,478		0		20,376	
STD (0.017%) 1	623		0		693	
Estimated HLD 1	56,344		0		50,000	
Subtotal, Personal Services	\$533,603	3.8	\$349,823	3.8	\$551,739	5.0
Community Behavioral Health Administration, Administration, Operating Expenses						
Supplies (\$500)	\$1,900		\$1,900		\$2,500	
Computer (\$1,200)	10,000		6,000		0	
Office Equipment (\$5,000)	25,000		25,000		0	
Telephone (\$450/FTE)	1,710		1,710		2,250	
Computer Software (\$400/FTE)	0		2,000		2,000	
Subtotal, Operating Expenses	\$38,610		\$36,610		\$6,750	
Total, Request BA2 (General Fund)	\$572,213	3.8	\$386,433	3.8	\$558,489	5.0

1 These amounts would be addressed through centrally appropriated line items rather than within the personal services line. Pursuant to the Committee’s common policies, the recommendation does not include those amounts in the first year.

ANALYSIS

Senate Bill 19-222 (Behavioral Health Safety Net) requires the Department to implement a behavioral health safety net system meeting specific criteria by January 1, 2024. The Department issued the report required by that legislation in fall 2021.⁸ Through the work of the Department’s 2020 Behavioral Health Needs Assessment and planning for the implementation of S.B. 19-222, stakeholders and the Department have identified several key areas of concern within the safety net system, including fragmentation of responsibility and inadequate availability of services that require a more intensive level of care.

The Department has tied BA2 to the implementation of S.B. 19-222, seeking to decrease the amount of fragmentation in the current credentialing process, ensure that co-occurring (mental health and substance use) treatment models are available, and ensure the availability of enhanced outpatient treatment programs and intensive outpatient models of care. The Department argues that the request

⁸ The report is available at: <https://drive.google.com/file/d/1Dio5mfPXBkfMR5uDdILPlO11t-aA0aoz/view>

will complement new regulatory requirements to be administered by the Behavioral Health Administration (BHA) as well as federal stimulus funds provided by the General Assembly in 2022.

As staff understands it, the Department is working through significant regulatory reform to improve the licensing and credentialing process for behavioral health providers. The Department currently manages more than 800 licenses and designations with a staff of 12 licensing FTE. However, the current system is fragmented based on a division between mental health and substance use providers. The Department is working to implement a “Behavioral Health Entity” license that could reduce some of this fragmentation.

The Department is seeking the additional staff to assist with development of the new and enhanced standards and then to actually operate the licensing process to support an improved continuum of safety net services. The Department indicates that it needs to begin this work now in order to meet the January 2024 deadline in S.B. 19-222.

The Department reports that the current staff are at their maximum licensing caseload to provide proper oversight of the existing facilities. Staff is aware of concerns from providers about the timing of the licensing process and delays in the ability to serve clients and receive payment from the state for those services. Based on those concerns, staff hopes that adding additional staff while reducing the degree of fragmentation in the process will improve the experience for prospective providers that would like to serve the safety net population. As expanding and improving the safety net will almost certainly require a significant number of additional providers to serve the safety net population (at least in some areas), staff agrees that the workload associated with licensing and oversight will increase.

Based on those factors, staff recommends approving the requested positions (with adjustments in funding to align with the Committee’s common policies). Staff notes that the Department has indicated that filling the positions at the range minimum may not be possible given the desired skill sets and experience. However, these positions do not fall within the direct care categories where there is precedent under the Committee’s policies to fund increased salaries – and staff does not have sufficient information to justify a recommendation for an exception for these salaries.

LEVEL OF EVIDENCE PURSUANT TO S.B. 21-284

Senate Bill 21-284 states that a program or practice is “theory-informed” if a theory of change has been identified and implemented. The Department identified this budget request as a theory-informed practice, and identified the theory of change as “more Coloradans will receive the care they need if the behavioral health system is properly regulated as outlined in the Blueprint and S.B. 19-222.” The Department’s objective is “ensure that the behavioral health system has the framework to provide the resources needed to support Coloradans.”

A theory of change is a method that explains how a given intervention, or set of interventions, is expected to lead to specific outcomes, drawing on a causal analysis based on available evidence. Staff hopes that the improved licensing process will lead to improved outcomes for patients. However, there is no data to suggest that the specific changes proposed by the Department will lead to those outcomes. JBC staff has determined that, pursuant to S.B. 21-284 (Evidence-based Evaluations for Budget), assignment of a level of evidence is not applicable to this request. However, staff agrees that the request could generate evidence that would inform future decision making.

→ STAFF INITIATED: COMPETENCY FINES AND FEES

DEPARTMENT REQUEST: The Department requested continuation funding of \$6,000,000 General Fund for fines and fees associated with the Consent Decree for FY 2022-23, with no change from the FY 2021-22 appropriation.

STAFF RECOMMENDATION: Staff recommends an appropriation of \$20.0 million General Fund in FY 2022-23. The recommendation includes an increase of \$14.0 million General Fund for anticipated fees and fines under the Consent Decree in FY 2022-23. The recommendation would provide a total of \$20.0 million for fines and fees for the fiscal year. The actual payments for the year remain uncertain because of both uncertainty regarding inflationary increases in the cap on fines (set as a cap of \$10.0 million in FY 2019-20 with inflationary increases for subsequent year) and the fact that payments under the consent decree do not align with the state fiscal year. The recommendation seeks to avoid the need for a particularly large supplemental adjustment to cover fines and fees in FY 2022-23 given those sources of uncertainty.

STAFF ANALYSIS:

The Department of Human Services is currently paying fines required by the legal agreement, or Consent Decree, related to individuals waiting for competency restoration or evaluation. Fines accrue monthly, the decree establishes a maximum annual payment of \$10.0 million per year (although that amount is adjusted for inflation after the first year). Additionally, the Consent Decree requires the Department to pay fees for the court-appointed Special Master (the expert appointed to provide technical support and professional opinions to both the Department and the court).

COVID-19 Impact

COVID-19 caused significant delays with admissions to the Colorado Mental Health Institute at Pueblo (CMHIP) and the jail based restoration programs, forcing a number of changes in the operations of those programs, including delays in admissions and admissions by cohort, monitoring periods prior to admission, etc. The combination of those changes and ongoing challenges staffing CMHIP and serving the forensic population has resulted in significant growth in the waitlist, as discussed during the FY 2022-23 briefing and hearing processes. However, formal agreements between the parties limited the fines and fees paid during the worst of the pandemic, with \$2.0 million in payments in FY 2020-21 and a limit of \$6.0 million in FY 2021-22. The Department's request does not include any adjustment to that amount for FY 2022-23.

However, there is no formal agreement to further reduce the fines in FY 2022-23, and the maximum fines will return to an inflation-adjusted increase above the original \$10.0 million cap. Staff is now aware of two “wrinkles” that complicate projections of potential consent decree costs for FY 2022-23.

Inflation Uncertainty: First, according to the Department, the decree does not have any specific guidance on *how the inflationary increase will actually be calculated*. Some state programs requiring inflationary increases for FY 2022-23 (such as school finance) specify that it is the final annual change in the Denver-Aurora-Lakewood consumer price index for CY 2021. That is a known number (3.5 percent). However, with no specific guidance in the consent decree, it is not clear what rate would be used to calculate the inflationary increase in this case. The Department has provided estimates based on the January 2022 CPI for Denver (7.9 percent).

- Using that rate, the maximum fines would increase to \$11.1 million for FY 2022-23. Adding an estimated \$337,283 in fees paid to the Special Master would require an appropriation of approximately \$11.5 million.
- Obviously, a reduced inflationary assumption would decrease the maximum amount of fines, while additional increases in the inflation rate could add costs.

Off-cycle Timing: In addition, the cap on fines does not align with the state fiscal year. The cap applies to the period from June 1 to May 31, meaning a *new* cap would begin on June 1, 2023. Based on current waitlists, the Department would reach the next cap on fines in that single month, meaning that total fines for FY 2022-23 could reach \$22.0 million or more (again depending on inflationary assumptions).

The Department has argued that it expects to make significant progress in reducing the waitlist in FY 2022-23 (given the increasing capacity at Fort Logan as well as other investments) and hopes to avoid hitting the cap again in June 2023. Based on that assumption, the Department has suggested an appropriation of \$12.4 million (using the inflationary assumption above for the first cap and then assuming that fines accrued in June would equate to approximately one-twelfth cap for the next 12 month period.

Given the size of the waitlist at present and challenges in reducing those numbers in the past, staff is reluctant to assume that the State will make that amount of progress by June 2023. Staff recommends that the Committee consider an appropriation of \$20.0 million for FY 2022-23 (to account for inflationary uncertainty and add some additional buffer for fines accrued in June). Staff hopes that fines will come in below that amount, allowing for either a negative supplemental appropriation or significant reversions at the end of FY 2022-23. However, staff also acknowledges that this amount may not be sufficient to cover the necessary fines in FY 2022-23 if the waitlist does not reduce significantly before June 2023. Staff's hope is to reduce the size of a potential supplemental to add funding for fines in FY 2022-23 and to improve the Committee's ability to plan for the year.

LINE ITEM DETAIL — OFFICE OF BEHAVIORAL HEALTH

(A) COMMUNITY BEHAVIORAL HEALTH ADMINISTRATION

Funding in this section supports the administration of community-based mental health and substance use disorder programs and services. This section is primarily supported by General Fund, the federal Substance Abuse Prevention and Treatment Block Grant, the federal Community Mental Health Services Block Grant, a transfer from the Judicial Department for the Alcohol and Drug Driving Safety Program, transfers from HCPF (originating as General Fund and federal Medicaid funds), and the Marijuana Tax Cash Fund.

PERSONAL SERVICES

This line item provides funding for the personnel and professional services required to administer community-based mental health and substance use disorder programs and services.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-60-101 through 104, C.R.S. [Behavioral health crisis response system]; Section 27-60-105, C.R.S.; Section 27-66-101, et seq., C.R.S. [Community mental health services]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-80-201, et seq.,

C.R.S. [Colorado Licensing of Controlled Substances Act]; Section 27-81-101, et seq., C.R.S. [Alcohol use, education, prevention, and treatment]; Section 27-82-101, et seq., C.R.S. [Substance use prevention, education, and treatment]; Section 39-28.8-501 (2)(b)(IV)(C) and (D), C.R.S. [Authorization for use of Marijuana Tax Cash Fund for substance-use related services and for behavioral health services for persons involved in the criminal justice system]

REQUEST: The Department requests \$9,470,681 total funds (including \$2,267,116 General Fund) and 77.2 FTE. The request includes the following changes from the FY 2021-22 appropriation:

- An increase of \$572,213 General Fund and 3.8 FTE associated with BA2 (S.B. 19-22 Behavioral Health Safety Net), discussed above.
- An increase of \$322,938 total funds (\$52,557 General Fund) to annualize FY 2021-22 salary survey appropriations.
- An increase of \$123,883 General Fund and 1.0 FTE associated with request R9 (Improving Involuntary Mental Health Treatment), discussed above.
- An increase of \$32,244 total funds (\$20,054 General Fund) and 0.4 FTE to reflect the FY 2022-23 impact of legislation from the 2021 session.
- An increase of \$9,790 General Fund and 0.1 FTE to reflect the FY 2022-23 impact of FY 2021-22 request R2 (Family First Prevention and Services Act).
- A decrease of \$164,804 General Fund and 2.0 FTE associated with request R13 (MHI Forensic Long Bill Technical Corrections, discussed above).
- A decrease of \$123,736 cash funds (from the Marijuana Tax Cash Fund) and 11.2 FTE associated with BA1 (Behavioral Health Administration), discussed above. The request proposes to move those FTE to the Department of Public Health and Environment.

RECOMMENDATION: Staff recommends an appropriation of \$9,248,144 total funds (including \$2,920,843 General Fund) and 87.4 FTE. The recommendation includes all of the Department’s requested annualizations of prior year legislation and funding. With respect to the FY 2022-23 decision items and budget amendments, the recommendation:

- Includes an increase of \$349,823 General Fund and 3.8 FTE associated with BA2 (S.B. 19-22 Behavioral Health Safety Net, discussed above).
- Includes the proposed decrease of \$164,804 General Fund and 2.0 FTE associated with request R13 (MHI Forensic Long Bill Technical Corrections, discussed above).
- Does not include the requested increase of \$123,883 General Fund and 1.0 FTE associated with request R9 (Improving Involuntary Mental Health Treatment, discussed above).
- Does not include the decrease of \$123,736 cash funds (from the Marijuana Tax Cash Fund) and 11.2 FTE associated with BA1 (Behavioral Health Administration), discussed above.

OFFICE OF BEHAVIORAL HEALTH, COMMUNITY BEHAVIORAL HEALTH ADMINISTRATION, PERSONAL SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$8,602,142	\$2,633,369	\$1,667,589	\$802,250	\$3,498,934	84.0
Other legislation	\$97,302	\$20,054	\$77,248	\$0	\$0	1.1
TOTAL	\$8,699,444	\$2,653,423	\$1,744,837	\$802,250	\$3,498,934	85.1
FY 2022-23 RECOMMENDED APPROPRIATION						

OFFICE OF BEHAVIORAL HEALTH, COMMUNITY BEHAVIORAL HEALTH ADMINISTRATION, PERSONAL SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 Appropriation	\$8,699,444	\$2,653,423	\$1,744,837	\$802,250	\$3,498,934	85.1
BA2 SB 19-222 Behavioral Health Safety Net	349,823	349,823	0	0	0	3.8
Annualize prior year budget actions	332,188	62,347	45,542	26,790	197,509	0.1
Annualize prior year legislation	31,493	20,054	11,439	0	0	0.4
R9 Improving involuntary mental health treatment	0	0	0	0	0	0.0
BA1 Behavioral Health Administration	0	0	0	0	0	0.0
R13 MHI forensic technical Long Bill corrections	(164,804)	(164,804)	0	0	0	(2.0)
TOTAL	\$9,248,144	\$2,920,843	\$1,801,818	\$829,040	\$3,696,443	87.4
INCREASE/(DECREASE)	\$548,700	\$267,420	\$56,981	\$26,790	\$197,509	2.3
Percentage Change	6.3%	10.1%	3.3%	3.3%	5.6%	2.7%
FY 2022-23 EXECUTIVE REQUEST	\$9,470,681	\$3,267,116	\$1,678,082	\$829,040	\$3,696,443	77.2
Request Above/(Below) Recommendation	\$222,537	\$346,273	(\$123,736)	\$0	\$0	(10.2)

OPERATING EXPENSES

This appropriation supports operating expenditures for the administration of community-based mental health and substance use disorder programs and services.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-60-101 through 104, C.R.S. [Behavioral health crisis response system]; Section 27-60-105, C.R.S.; Section 27-66-101, et seq., C.R.S. [Community mental health services]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-80-201, et seq., C.R.S. [Colorado Licensing of Controlled Substances Act]; Section 27-81-101, et seq., C.R.S. [Alcohol use, education, prevention, and treatment]; Section 27-82-101, et seq., C.R.S. [Substance use prevention, education, and treatment]; Section 39-28.8-501 (2)(b)(IV)(C) and (D), C.R.S. [Authorization for use of Marijuana Tax Cash Fund for substance-use related services and for behavioral health services for persons involved in the criminal justice system]

REQUEST: The Department requests \$362,007 total funds, including \$45,582 General Fund. The request includes the following changes from the FY 2021-22 appropriation:

- An increase of \$7,550 General Fund associated with request R9 (Improving Involuntary Mental Health Treatment), discussed above.
- A decrease of \$5,525 General Fund) to eliminate one-time funding included in H.B. 21-1021.
- A decrease of \$4,703 General Fund to eliminate one-time funding associated with FY 2021-22 request R2 (Family First Prevention and Services Act).
- A decrease of \$2,130 cash funds associated with BA1 (Behavioral Health Administration), discussed above. This amount represents the operating expenses associated with a portion of the FTE proposed for relocation to the Department of Public Health and Environment.
- A decrease of \$1,900 General Fund associated with request R13 (Forensic Long Bill Technical Corrections), discussed above.

RECOMMENDATION: Staff recommends an appropriation of \$393,197 total funds (including \$74,642 General Fund). The recommendation includes all of the Department’s requested annualizations of

prior year legislation and funding. With respect to the FY 2022-23 decision items and budget amendments, the recommendation:

- Includes an increase of \$36,610 General Fund associated with BA2 (S.B. 19-22 Behavioral Health Safety Net, discussed above).
- Includes the proposed decrease of \$1,900 General Fund associated with request R13 (MHI Forensic Long Bill Technical Corrections, discussed above).
- Does not include the requested increase of \$7,550 General Fund associated with request R9 (Improving Involuntary Mental Health Treatment, discussed above).
- Does not include the decrease of \$2,130 cash funds (from the Marijuana Tax Cash Fund) associated with BA1 (Behavioral Health Administration), discussed above.

OFFICE OF BEHAVIORAL HEALTH, COMMUNITY BEHAVIORAL HEALTH ADMINISTRATION, OPERATING EXPENSES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$354,455	\$43,960	\$79,608	\$12,226	\$218,661	0.0
Other legislation	\$14,260	\$6,200	\$8,060	\$0	\$0	0.0
TOTAL	\$368,715	\$50,160	\$87,668	\$12,226	\$218,661	0.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$368,715	\$50,160	\$87,668	\$12,226	\$218,661	0.0
BA2 SB 19-222 Behavioral Health Safety Net	36,610	36,610	0	0	0	0.0
R9 Improving involuntary mental health treatment	0	0	0	0	0	0.0
BA1 Behavioral Health Administration	0	0	0	0	0	0.0
Annualize prior year legislation	(5,525)	(5,525)	0	0	0	0.0
Annualize prior year budget actions	(4,703)	(4,703)	0	0	0	0.0
R13 MHI forensic technical Long Bill corrections	(1,900)	(1,900)	0	0	0	0.0
TOTAL	\$393,197	\$74,642	\$87,668	\$12,226	\$218,661	0.0
INCREASE/(DECREASE)	\$24,482	\$24,482	\$0	\$0	\$0	0.0
Percentage Change	6.6%	48.8%	0.0%	0.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	(\$31,190)	(\$29,060)	(\$2,130)	\$0	\$0	0.0

(B) COMMUNITY-BASED MENTAL HEALTH SERVICES

This section provides funding to support mental health services that are delivered through community mental health centers and other local mental health providers. This section is primarily supported by General Fund, the federal Community Mental Health Services Block Grant, and the Marijuana Tax Cash Fund.

MENTAL HEALTH COMMUNITY PROGRAMS

This line item was first included in the FY 2017-18 Long Bill as part of a restructuring for this division.

This line item includes funding from four prior line item appropriations:

- A portion of the Services for Indigent Mentally Ill Clients line item, excluding four amounts that were designated for individual community mental health center capacity expansions that are described in the next line item;
- Medications for Indigent Mentally Ill Clients;
- School-based Mental Health Services; and
- That portion of the previous Alternatives to Inpatient Hospitalization at a Mental Health Institute line item that was used for medications.

This new line item supports contracts for the provision of mental health services for low-income individuals. The Office of Behavioral Health contracts with 18 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 including:

- assessment;
- rehabilitation;
- emergency services;
- clinical treatment services;
- residential services;
- inpatient services;
- vocational services;
- psychiatric/medication management;
- interagency consultation;
- public education;
- consumer advocacy and family support;
- case management; and
- day treatment, home-based family support, and/or residential support services.

Historically, each Center had access to a certain number of inpatient beds at one of the Mental Health Institutes, and was responsible for managing admissions to the allotted beds for adults within their service area. These allotted inpatient beds are funded through the Mental Health Institutes subsection. However, the number of beds available for these civil patients has been negatively impacted by the increasing number of court orders for inpatient competency evaluations and restorations. If a Center requires additional inpatient beds for adults within their service area, it must purchase the services directly from other public or private hospitals.

Unlike the Medicaid program, mental health services provided through the Center contracts are not an entitlement. Thus, the number of individuals receiving services and the level of services provided is directly affected by the level of available funding. This line item is primarily supported by General Fund and the federal Community Mental Health Services Block Grant block grant. Federal funds are allocated to each Center for the provision of mental health services to indigent mentally ill clients and for other specified services and/or targeted populations.

The community provider rate is applied to the full General Fund portion of this appropriation, for direct client services provided by Community Mental Health Centers.

STATUTORY AUTHORITY: Section 27-65-101, et seq., C.R.S. [Care and treatment of persons with mental illness]; Section 27-66-101, et seq., C.R.S. [Community mental health services]

REQUEST: The Department requests \$36,575,050 total funds (including \$28,335,473 General Fund and \$8,239,577 federal funds). The request includes the following changes from the FY 2021-22 appropriation:

- An increase of \$280,549 General Fund associated with request R5 (the 1.0 percent common policy provider rate increase).
- A decrease of \$5,250,000 cash funds from the Behavioral and Mental Health Cash Fund to eliminate one time funding appropriated in S.B. 21-137 (which originated as Federal ARPA funds).

RECOMMENDATION: Staff recommends appropriating \$36,855,599 (including \$28,616,022 General Fund). The recommendation is consistent with the Committee’s common policy provider rate adjustment (2.0 percent), which has been applied to a base of \$28,054,924 General Fund and accounts for the \$281,549 difference from the request.

OFFICE OF BEHAVIORAL HEALTH, COMMUNITY-BASED MENTAL HEALTH SERVICES, MENTAL HEALTH COMMUNITY PROGRAMS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$36,294,501	\$28,054,924	\$0	\$0	\$8,239,577	0.0
Other legislation	\$5,250,000	\$0	\$5,250,000	\$0	\$0	0.0
TOTAL	\$41,544,501	\$28,054,924	\$5,250,000	\$0	\$8,239,577	0.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$41,544,501	\$28,054,924	\$5,250,000	\$0	\$8,239,577	0.0
R5 Community provider rate increase	561,098	561,098	0	0	0	0.0
Annualize prior year legislation	(5,250,000)	0	(5,250,000)	0	0	0.0
TOTAL	\$36,855,599	\$28,616,022	\$0	\$0	\$8,239,577	0.0
INCREASE/(DECREASE)	(\$4,688,902)	\$561,098	(\$5,250,000)	\$0	\$0	0.0
Percentage Change	(11.3%)	2.0%	(100.0%)	0.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST						
Request Above/(Below)	\$36,575,050	\$28,335,473	\$0	\$0	\$8,239,577	0.0
Recommendation	(\$280,549)	(\$280,549)	\$0	\$0	\$0	0.0

ASSERTIVE COMMUNITY TREATMENT PROGRAMS AND OTHER ALTERNATIVES TO THE MENTAL HEALTH INSTITUTES

This line item was first included in the FY 2017-18 Long Bill as part of a restructuring for this division.

This line item includes funding from three prior line item appropriations:

- A portion of the Services for Indigent Mentally Ill Clients line item that was designated for individual community mental health center capacity expansions, including:
 - Funding allocated to the Mental Health Center of Denver for the "AIM" program, which provides assertive community treatment and intensive case management services for 766

individuals. This appropriation originated from the *Ruth Goebel* lawsuit that was settled by the State in FY 2006-07;

- Funding that supports the operations of two licensed inpatient facilities: (1) a 32 bed licensed psychiatric hospital in Grand Junction that is operated by the local community mental health center (Mind Springs Health); and (2) a 16 bed Acute Treatment Unit in Durango that is operated by the local community mental health center (Axis Health Systems); and
- Funding for a community mental health center in western Colorado to provide 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.
- Assertive Community Treatment Programs.
- Alternatives to Inpatient Hospitalization at a Mental Health Institute, excluding that portion that was used for medications.

This new line item supports “Assertive Community Treatment” (ACT), an evidence-based service delivery model for providing comprehensive community-based treatment to adults with serious and persistent mental illness. The ACT model includes a mobile mental health team with members that function interchangeably to provide the treatment, rehabilitation, and support services that adults with serious mental illnesses need to live successfully in the community.

This line item also supports alternative placements for individuals who would otherwise require hospitalization at one of the mental health institutes. Funding is allocated among Centers to provide the following types of services:

- Acute treatment unit and residential treatment capacity;
- intensive therapy and case management;
- mentoring services; and
- other services to improve the patient’s level of functioning to enhance his or her success in the community.

Funding covers services for clients who are not eligible for Medicaid and services that are not covered by Medicaid for Medicaid-eligible clients (e.g., residential room and board expenses).

The community provider rate is applied to the total appropriation for direct client services provided by Community Mental Health Centers.

STATUTORY AUTHORITY: Section 27-66-101, et seq., C.R.S. [Community mental health services]

REQUEST: The Department requests \$17,310,422 General Fund, including an increase of \$171,390 associated with request R5 (the requested 1.0 percent common policy provider rate increase).

RECOMMENDATION: Staff recommends an appropriation of \$17,481,813 General Fund. The recommendation is consistent with the Committee’s common policy provider rate adjustment (2.0 percent), which has been applied to a base of \$17,139,032.

OFFICE OF BEHAVIORAL HEALTH, COMMUNITY-BASED MENTAL HEALTH SERVICES, ACT PROGRAMS AND OTHER ALTERNATIVES TO THE MHIS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$17,139,032	\$17,139,032	\$0	\$0	\$0	0.0
TOTAL	\$17,139,032	\$17,139,032	\$0	\$0	\$0	0.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$17,139,032	\$17,139,032	\$0	\$0	\$0	0.0
R5 Community provider rate increase	342,781	342,781	0	0	0	0.0
TOTAL	\$17,481,813	\$17,481,813	\$0	\$0	\$0	0.0
INCREASE/(DECREASE)	\$342,781	\$342,781	\$0	\$0	\$0	0.0
Percentage Change	2.0%	2.0%	0.0%	0.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST	\$17,310,422	\$17,310,422	\$0	\$0	\$0	0.0
Request Above/(Below) Recommendation	(\$171,391)	(\$171,391)	\$0	\$0	\$0	0.0

MENTAL HEALTH SERVICES FOR JUVENILE AND ADULT OFFENDERS

The line item provides funding for Community Mental Health Centers to provide case management services, wrap-around services, medications, and treatment services for juvenile and adult offenders who have mental health problems and are involved in the criminal justice system. Each Center is allowed to determine how they wanted to use these funds. Many Centers have chosen to use this allocation to support a co-responder model (similar to programs authorized by S.B. 17-207 and funded through the Criminal Justice Diversion Programs line item) or to support problem-solving courts that focus on individuals with mental health disorders. Prior to FY 2016-17, this line item was supported by Tobacco Master Settlement Agreement revenues that were annually transferred to the Offender Mental Health Services Fund based on a statutory formula. House Bill 16-1408 eliminated this transfer, and this line item is now supported by the Marijuana Tax Cash Fund.

Prior to FY 2017-18, this line item provided funding for 11 of the 17 Centers. In FY 2017-18, the appropriation was increased to:

- restore to FY 2009-10 levels the amounts allocated to the 11 Centers;
- allocate funding to the six Centers (all rural) that had not received any funding for this purpose⁹; and
- restore a \$10,000 budget to make annual training available for Centers.

This line item also became subject to annual community provider rate increases in FY 2017-18. The community provider rate is applied to the total base appropriation for direct client services provided by Community Mental Health Centers.

⁹ These six Centers include: Centennial (10 counties in northeast region); Center for Mental Health (Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel counties); San Luis Valley Behavioral Health Group (Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache counties); Southeast Health Group (Baca, Bent, Crowley, Kiowa, Otero, and Prowers counties); Axis Health Systems (Archuleta, Dolores, La Plata, Montezuma, and San Juan counties); and Solvista Health (Chaffee, Custer, Fremont, and Lake counties).

STATUTORY AUTHORITY: Section 27-66-104 (4), C.R.S. [Offender mental health services fund]; H.B. 16-1408 authorized the use of Marijuana Tax Cash Fund for this program but did not include conforming amendments to Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund]

REQUEST: The Department requests \$5,853,029 cash funds from the Marijuana Tax Cash Fund. The request includes an increase of \$57,951 associated with the requested 1.0 percent common policy community provider rate increase.

RECOMMENDATION: Staff recommends appropriating \$5,910,980 cash funds from the Marijuana Tax Cash Fund. The recommendation is consistent with the Committee’s common policy provider rate adjustment (2.0 percent), which has been applied to a base of \$5,653,735.

OFFICE OF BEHAVIORAL HEALTH, COMMUNITY-BASED MENTAL HEALTH SERVICES, MENTAL HEALTH SERVICES FOR JUVENILE AND ADULT OFFENDERS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$5,795,078	\$0	\$5,795,078	\$0	\$0	0.0
TOTAL	\$5,795,078	\$0	\$5,795,078	\$0	\$0	0.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$5,795,078	\$0	\$5,795,078	\$0	\$0	0.0
R5 Community provider rate increase	115,902	0	115,902	0	0	0.0
TOTAL	\$5,910,980	\$0	\$5,910,980	\$0	\$0	0.0
INCREASE/(DECREASE)	\$115,902	\$0	\$115,902	\$0	\$0	0.0
Percentage Change	2.0%	0.0%	2.0%	0.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST	\$5,853,029	\$0	\$5,853,029	\$0	\$0	0.0
Request Above/(Below) Recommendation	(\$57,951)	\$0	(\$57,951)	\$0	\$0	0.0

CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT

The Children and Youth Mental Health Treatment Act (CYMHTA), as amended by H.B. 18-1094, provides funding for mental health treatment services for children and youth under age 21¹⁰. The program is designed to make services available for children and youth who are at risk of out-of-home placement, but a dependency and neglect action is neither appropriate nor warranted. Services may include mental health treatment services and care management, including any residential treatment, community-based care, or any post-residential follow-up services that may be appropriate. Local and state-level appeal processes are available if services are denied, and for local interagency disputes.

The CYMHTA applies to two groups of children, with different application and payment processes for each group.

- *Children who are categorically Medicaid-eligible and have a covered mental health diagnosis.* A parent or guardian of a Medicaid-eligible child may apply for residential treatment through the local regional

¹⁰ An individual must be under the age of 18 to become eligible for services through this program. However, once an individual becomes eligible, he or she may remain eligible until his or her 21st birthday.

accountable entity (RAE). If the child is determined to require a residential level of care, the RAE is responsible for covering the residential treatment costs.

- *Children Who Are NOT Categorically Eligible for Medicaid.* If a child is at risk of being placed out of the home because they have a mental illness and they require a residential treatment level of care or equivalent community-based services, the parent or guardian may apply for such services through the local community mental health center (Center) or another mental health agency. The Center or mental health agency is required to evaluate the child or youth and clinically assess their need for mental health services.

When a child or youth is approved for funding through this program and the child or youth requires residential treatment, the child or youth may become eligible for Medicaid funding through the federal supplemental security income (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 federal Social Security Administration. 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.

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.

Private insurance benefits must be exhausted prior to accessing any public benefits. In addition, the parents are responsible for paying a portion of the cost of services that is not covered by private insurance or by Medicaid funding; the parent share is based on a sliding fee scale that is based on child support guidelines.

When and if the child is in residential care and funded by the CYMHTA, expenses are covered by parental fees, SSI benefits (if benefits are approved), and CYMHTA funds. If the child or youth is placed in a psychiatric residential treatment facility, treatment expenses are covered by a Medicaid per diem rate and “room and board” expenses are covered by parental fees and CYMHTA funds. If the child is in non-residential care, expenses are covered by SSI benefits, parental fees, and CYMHTA funds.

Expenditures for services covered by this line item are subject to available appropriations. Please note, however, that House Bill 18-1094 struck existing statutory language stating that, “It is the intent of the General Assembly that the portion of such expenses paid from general fund moneys shall not exceed the general fund appropriations made for such purpose in any given fiscal year”. However, it appears that expenditures for services covered by this line item are still subject to available appropriations because the Department does not have statutory authority to incur expenditures that exceed the appropriations from the General Fund or the Marijuana Tax Cash Fund. The appropriation from Medicaid funds, however, may be over expended pursuant to Section 24-75-109 (1)(a), C.R.S. In addition, the two departments have the authority to transfer General Fund appropriations between the two agencies when required by changes in the amount of federal Medicaid funds earned based on the services provided through this program [see Section 24-75-106 (1), C.R.S.].

Finally, current law provides guidance for the Department in prioritizing which children and youth should receive services through the program based on available funding:

“It is the intent of the general assembly that subsidies provided by the state through general fund money must be used 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 and youth.”

This line item is currently supported by three fund sources:

- General Fund;
- Marijuana Tax Cash Fund; and
- Transfers from HCPF, which originate as General Fund and federal Medicaid funds.

The community provider rate is applied to the General Fund and cash fund appropriations for direct client services provided by:

- Residential mental health treatment providers,
- Administrative Service Organizations (for care coordination), and
- Private and nonprofit community-based outpatient providers (including some Community Mental Health Centers).

STATUTORY AUTHORITY: Section 25.5-5-307, C.R.S. [Child mental health treatment and family support program]; Section 27-67-101 et seq., C.R.S. [Children and Youth Mental Health Treatment Act]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders]

REQUEST: The Department requests \$3,162,097 total funds (including \$2,604,743 General Fund) for FY 2022-23. The request includes an increase of \$31,309 total funds (\$25,790 General Fund) associated with the requested 1.0 percent common policy community provider rate increase.

RECOMMENDATION: Staff recommends appropriating \$3,193,404 total funds (including \$2,630,532 General Fund, \$431,824 cash funds from the MTCF, and \$131,048 reappropriated funds transferred from HCPF). The recommendation is consistent with the Committee’s common policy provider rate adjustment (2.0 percent), which has been applied to a base of \$3,130,788 total funds (including \$2,578,953 General Fund, 423,357 cash funds, and \$128,478 reappropriated funds).

OFFICE OF BEHAVIORAL HEALTH, COMMUNITY-BASED MENTAL HEALTH SERVICES, CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$3,130,788	\$2,578,953	\$423,357	\$128,478	\$0	0.0
TOTAL	\$3,130,788	\$2,578,953	\$423,357	\$128,478	\$0	0.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$3,130,788	\$2,578,953	\$423,357	\$128,478	\$0	0.0
R5 Community provider rate increase	62,616	51,579	8,467	2,570	0	0.0

OFFICE OF BEHAVIORAL HEALTH, COMMUNITY-BASED MENTAL HEALTH SERVICES, CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
TOTAL	\$3,193,404	\$2,630,532	\$431,824	\$131,048	\$0	0.0
INCREASE/(DECREASE)	\$62,616	\$51,579	\$8,467	\$2,570	\$0	0.0
Percentage Change	2.0%	2.0%	2.0%	2.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST	\$3,162,097	\$2,604,743	\$427,591	\$129,763	\$0	0.0
Request Above/(Below) Recommendation	(\$31,307)	(\$25,789)	(\$4,233)	(\$1,285)	\$0	0.0

FAMILY FIRST PREVENTION SERVICES ACT

The General Assembly added this line item to the FY 2021-22 Long Bill to support certain Office of Behavioral Health activities associated with the Family First Prevention Services Act and initially funded in S.B. 20-162 (Changes Related to Federal Family First Policy). To meet federal requirements, the Department must develop and maintain a statewide network of qualified individuals to assess children placed in Qualified Residential Treatment Programs (QRTPs). The assessments, which include a face-to-face meeting with the child or youth and obtaining necessary information other parties such as the family, schools, child welfare agencies, Division of Youth Services, guardians ad litem, etc., must be completed within 14 days of referral. The qualified individual must then complete a report and send it to the Office of Behavioral Health for final quality assurance review before submission to the court official who makes the final determination for QRTP placement.

This line item supports payment for those assessments. The FY 2021-22 appropriation provides \$631,609 General Fund for this line item.

STATUTORY AUTHORITY: Section 19-1-115, C.R.S.; Section 26-5-102 and 104, C.R.S.

REQUEST: The Department requests a continuation appropriation of \$631,309 General Fund, with no change from the FY 2021-22 appropriation.

RECOMMENDATION: Staff recommends approving the request.

BEHAVIORAL HEALTH VOUCHERS (NEW LINE ITEM REQUESTED)

The Department is proposing the creation of a new line item to support the behavioral health voucher program created in S.B. 21-137. The bill requires the Department to contract with a nonprofit organization that is primarily focused on serving agricultural and rural communities to provide vouchers to individuals in those communities in need of behavioral health services. The bill requires the nonprofit to:

- Contract with licensed behavioral health-care providers that have completed training on cultural competencies specific to agricultural and rural communities to provide services under the program. The bill requires at least 60.0 percent of money received for the contract to be used for direct behavioral health-care services.
- Develop training materials and train behavioral health-care providers on cultural competencies specific to the agricultural and rural community lifestyle.

The bill requires the General Assembly to appropriate \$50,000 per year for the program beginning in FY 2021-22.

STATUTORY AUTHORITY: Section 27-60-110, C.R.S.

REQUEST: The Department requests an appropriation of \$50,500 General Fund for the program in FY 2022-23. The request includes an increase of \$500 General Fund as the Department has applied the 1.0 percent common policy provider rate increase to the entire FY 2021-22 appropriation of \$50,000.

RECOMMENDATION: Staff recommends approving an appropriation of \$50,000 General Fund, with no change from the FY 2021-22 appropriation. The statute (Sec. 27-60-110 (3), C.R.S.) specifically requires an appropriation of \$50,000 per year for the program. As the Long Bill is written to current law, staff believes that increasing the appropriation above that amount would require legislation to modify the statutory requirement.

INVOLUNTARY MENTAL HEALTH CARE AND TREATMENT (NEW LINE ITEM REQUESTED)

With request R9, the Department is proposing the creation of a new line item to support the development of training programs related to the involuntary mental health hold process. This line item would support contract funding to develop the training but would not support the requested 1.0 FTE.

STATUTORY AUTHORITY: Section 27-65-128, C.R.S.

REQUEST: The Department requests an appropriation of \$50,000 General Fund for the program in FY 2022-23.

RECOMMENDATION: As discussed above with request R9, staff recommends denying the request to include this funding in the Long Bill and instead making any necessary appropriations in legislation modifying the involuntary hold statutes and establishing a requirement for the Department to provide such training.

VETERAN SUICIDE PREVENTION PILOT PROGRAM (NEW LINE ITEM REQUESTED)

The Department is requesting the creation of this line item for FY 2022-23 to support the veteran suicide prevention pilot program created in S.B. 21-129 (Veteran Suicide Prevention Pilot Program). The program is intended to reduce the suicide rate among veterans in El Paso County by providing free behavioral health services. The bill requires the Department to contract with a nonprofit or education organization to administer the pilot program and requires the program to:

- Provide a single phone number or offer electronic means of contacting the program.
- Provide treatment for conditions experienced by veterans that may contribute to suicidal ideation.
- Develop an individualized treatment plan for each veteran accessing services under the program.

The initial program is for El Paso County and is authorized to serve up to 700 individuals. Subject to available appropriations, the Department may expand the program to other areas of the state or to

serve more than 700 veterans. The bill appropriated \$1,660,000 General Fund for the program in FY 2021-22, based on estimates costs for approximately a half-year of operations. The Final Legislative Council Staff Fiscal Note for the bill anticipated costs of \$2,920,000 in FY 2022-23 (based on a full year of operations).

STATUTORY AUTHORITY: Section 26-1-142, C.R.S.

REQUEST: The Department requests an appropriation of \$2,936,600 General Fund for the program in FY 2022-23. The program includes the following General Fund increases above the FY 2021-22 appropriation:

- \$1,260,000 to reflect the FY 2022-23 impact of S.B. 21-129. This annualization aligns with the Final Legislative Council Staff Fiscal Note for that bill.
- \$16,600 based on applying the requested 1.0 percent common policy provider rate increase to the FY 2021-22 appropriation of \$1,660,000.

RECOMMENDATION: Staff recommends approving an appropriation of \$2,953,200. The recommendation includes the annualization of S.B. 21-129 as requested. The recommendation includes the Committee-approved 2.0 percent common policy provider rate increase, applied to a base of \$1,660,000 General Fund.

OFFICE OF BEHAVIORAL HEALTH, COMMUNITY-BASED MENTAL HEALTH SERVICES, VETERAN SUICIDE PREVENTION PILOT PROGRAM						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
Other legislation	\$1,660,000	\$1,660,000	\$0	\$0	\$0	0.0
TOTAL	\$1,660,000	\$1,660,000	\$0	\$0	\$0	0.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$1,660,000	\$1,660,000	\$0	\$0	\$0	0.0
Annualize prior year legislation	1,260,000	1,260,000	0	0	0	0.0
R5 Community provider rate increase	33,200	33,200	0	0	0	0.0
TOTAL	\$2,953,200	\$2,953,200	\$0	\$0	\$0	0.0
INCREASE/(DECREASE)	\$1,293,200	\$1,293,200	\$0	\$0	\$0	0.0
Percentage Change	77.9%	77.9%	0.0%	0.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	(\$16,600)	(\$16,600)	\$0	\$0	\$0	0.0

(C) SUBSTANCE USE TREATMENT AND PREVENTION SERVICES

This section provides funding to support substance use disorder services that are delivered through local community providers, as well as gambling addiction services. This section is primarily supported by the federal Substance Abuse Prevention and Treatment Block Grant, General Fund, the Marijuana Tax Cash Fund, transfers from HCPF (which originate as General Fund and federal Medicaid funds), and transfers from the Judicial Department (which originate as General Fund and drug offender surcharge revenues), and court fines and fees.

TREATMENT AND DETOXIFICATION PROGRAMS

This line item was first included in the FY 2017-18 Long Bill as part of a restructuring for this division. This line item includes funding from two prior line item appropriations:

- The Treatment and Detoxification Contracts line item, excluding funding that was transferred from the Judicial Department through the Correctional Treatment Cash Fund; and
- Case Management for Chronic Detoxification Contracts.

The consolidated line item supports contracts for the provision of treatment and detoxification services that are not otherwise available. The Office of Behavioral Health currently contracts with four managed service organizations (MSOs) for the provision of substance use disorder treatment and detoxification services in seven catchment areas. The MSOs subcontract with local treatment providers with locations around the state to deliver these services. The contracts the Office enters into with MSOs require an emphasis on providing services to: persons involuntarily committed by the courts; pregnant women and women with dependent children; adult and adolescent intravenous drug users; drug-dependent adults and adolescents with human immunodeficiency virus (HIV) or tuberculosis; and uninsured individuals.

The Department arranges for detoxification and treatment services with one contract for each catchment area. However, treatment and detoxification are two different levels of care that have separate and distinct contract admissions requirements.

- *Non-hospital detoxification services.* Individuals who are intoxicated by alcohol or drugs are evaluated and provided services necessary to protect client and public health and safety until the blood level of the intoxicating substance(s) is zero. Detoxification and shelter services serve a dual purpose by protecting individual and public health and safety, and serving as an entry point for treatment. Detoxification services are critical for law enforcement and community protection, but do not constitute treatment for substance abuse.
- *Treatment.* Basic treatment services include: outpatient opioid replacement treatment; individual, group, and family outpatient therapy; intensive outpatient therapy; transitional residential treatment; therapeutic community, and intensive residential treatment.

Unlike the Medicaid program, substance use disorder services provided through the MSO contracts are not an entitlement. Thus, the number of individuals receiving services is directly affected by the level of available funding.

The community provider rate is applied to the General Fund and Marijuana Tax Cash Fund portions of the appropriation for direct client services provided by Managed Service Organizations and their

contracted providers (including licensed residential treatment providers, community mental health centers, and outpatient substance use treatment facilities).

STATUTORY AUTHORITY: Section 16-11.5-102, C.R.S. [Substance use in the criminal justice system - programs for education and treatment for offenders]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-81-101, et seq., C.R.S. [Alcohol use, education, prevention, and treatment]; Section 27-82-101, et seq., C.R.S. [Substance use prevention, education, and treatment]; Section 18-19-103 (5)(c) and (d), C.R.S. [Use of Correctional Treatment Cash Fund for offenders]

REQUEST: The Department requests \$39,427,989 total funds (including \$13,127,588 General Fund). The request includes the following changes from the FY 2021-22 appropriation:

- A net increase of \$452,376 total funds (including a reduction of \$200,000 General Fund that is more than offset by an increase of \$652,376 cash funds from the Marijuana Tax Cash Fund) to reflect the FY 2022-23 impact of S.B. 21-137 for this line item.
- An increase of \$68,527 total funds (including \$2,000 General Fund) associated with the requested 1.0 percent common policy community provider rate increase.
- A decrease of \$1,734,596 total funds (including \$1,470,000 General Fund) associated with request R12 (Community Behavioral Health Technical Corrections, discussed above). The request proposes to move \$1,470,000 General Fund to the Jail Based Behavioral Health Services line item and \$364,596 cash funds from the Persistent Drunk Driver Cash Fund to the Community Prevention and Treatment line item.

RECOMMENDATION: As detailed in the following table, staff recommends appropriating \$39,775,222 total funds (including \$13,417,500 General Fund). The recommendation includes the requested increase to annualize S.B. 21-137 and both of the reductions associated with request R12. The difference from the request (\$347,233 total funds and \$289,912 General Fund) is driven by corrections to the provider rate calculations and the application of the Committee-approved 2.0 percent common policy provider rate adjustment.

OFFICE OF BEHAVIORAL HEALTH, SUBSTANCE USE TREATMENT AND PREVENTION SERVICES, TREATMENT AND DETOXIFICATION PROGRAMS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$40,441,682	\$14,595,588	\$6,652,627	\$0	\$19,193,467	2.1
Other legislation	\$200,000	\$200,000	\$0	\$0	\$0	0.0
TOTAL	\$40,641,682	\$14,795,588	\$6,652,627	\$0	\$19,193,467	2.1
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$40,641,682	\$14,795,588	\$6,652,627	\$0	\$19,193,467	2.1
Annualize prior year legislation	452,376	(200,000)	652,376	0	0	0.0
R5 Community provider rate increase	415,760	291,912	123,848	0	0	0.0
R12 Community behavioral health technical corrections	(1,734,596)	(1,470,000)	(264,596)	0	0	0.0
TOTAL	\$39,775,222	\$13,417,500	\$7,164,255	\$0	\$19,193,467	2.1
INCREASE/(DECREASE)	(\$866,460)	(\$1,378,088)	\$511,628	\$0	\$0	0.0
Percentage Change	(2.1%)	(9.3%)	7.7%	0.0%	0.0%	0.0%

OFFICE OF BEHAVIORAL HEALTH, SUBSTANCE USE TREATMENT AND PREVENTION SERVICES, TREATMENT AND DETOXIFICATION PROGRAMS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 EXECUTIVE REQUEST	\$39,427,989	\$13,127,588	\$7,106,934	\$0	\$19,193,467	2.1
Request Above/(Below) Recommendation	(\$347,233)	(\$289,912)	(\$57,321)	\$0	\$0	0.0

INCREASING ACCESS TO EFFECTIVE SUBSTANCE USE DISORDER SERVICES (S.B. 16-202)

Senate Bill 16-202 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) website¹¹.

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.

The community provider rate is applied to the total appropriation for direct client services provided by Managed Service Organizations and their contracted providers (including licensed residential treatment providers, community mental health centers, and outpatient substance use treatment facilities).

STATUTORY AUTHORITY: Section 27-80-107.5, C.R.S. [Increasing access to effective substance use disorder services]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders]

¹¹ See: <http://www.cbhc.org/substance-use-disorder-community-assessment-sb-16-202-report/>.

REQUEST: The Department requests \$15,964,688 cash funds from the Marijuana Tax Cash Fund (MTCF) for FY 2022-23. The request includes the following changes from the FY 2021-22 appropriation:

- An increase of \$158,066 cash funds from the Marijuana Tax Cash Fund associated with the requested 1.0 percent common policy provider rate increase.
- A decrease of \$10,000,000 cash funds (which originated as federal stimulus funds) to eliminate one-time funding provided through S.B. 21-137 for FY 2021-22.

RECOMMENDATION: Staff recommends appropriating \$16,122,754 cash funds. The recommendation is \$158,066 above the request based on staff's application of the Committee's 2.0 percent common policy provider rate increase. The rate is applied to a base of \$15,806,622.

OFFICE OF BEHAVIORAL HEALTH, SUBSTANCE USE TREATMENT AND PREVENTION SERVICES, INCREASING ACCESS TO EFFECTIVE SUBSTANCE USE DISORDER SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$15,806,622	\$0	\$15,806,622	\$0	\$0	0.0
Other legislation	\$10,000,000	\$0	\$10,000,000	\$0	\$0	0.0
TOTAL	\$25,806,622	\$0	\$25,806,622	\$0	\$0	0.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$25,806,622	\$0	\$25,806,622	\$0	\$0	0.0
R5 Community provider rate increase	316,132	0	316,132	0	0	0.0
Annualize prior year legislation	(10,000,000)	0	(10,000,000)	0	0	0.0
TOTAL	\$16,122,754	\$0	\$16,122,754	\$0	\$0	0.0
INCREASE/(DECREASE)	(\$9,683,868)	\$0	(\$9,683,868)	\$0	\$0	0.0
Percentage Change	(37.5%)	0.0%	(37.5%)	0.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	(\$158,066)	\$0	(\$158,066)	\$0	\$0	0.0

PREVENTION PROGRAMS

This line item funds prevention programs to provide youth, families and communities with the resources and skills to increase protective factors and decrease risk factors linked to substance abuse. The Office of Behavioral Health contracts with statewide and local prevention programs by providing partial funding for services designed to prevent the illegal and inappropriate use of alcohol, tobacco, and other drugs. Services include: mentoring, tutoring, life skills training, parenting training, creative arts, education/resource centers, DUI prevention programs, and employee assistance programs. Prevention strategies used by the Department, and its contractors include:

- Information distribution regarding the nature and extent of use, abuse and its effects on individuals, families, and communities;
- Substance-free activity development for community events;
- Community development, which helps groups, neighborhoods or communities plan and implement a range of prevention services;

- Prevention education, which involves a structured, formal research-based curriculum and problem identification and assessment, which determines whether substance abusing and behavior can be reversed through education; and
- Community-based efforts to establish or change written and unwritten community standards and attitudes influencing the incidence and prevalence of the abuse of alcohol, tobacco and other drugs.

For FY 2022-23, budget amendment 1 (BA1 – Behavioral Health Administration, discussed above) proposes to transfer all of these functions to the Department of Public Health and Environment (CDPHE). The request proposes to eliminate the General Fund appropriation to this line item (and move those funds to CDPHE. As the cash and federal funds are specific to the Department of Human Services, the request proposes to maintain those appropriations in this line item but then reappropriate those amounts to CDPHE to actually use the funds.

STATUTORY AUTHORITY: Section 18-13-122 (18), C.R.S. [Adolescent Substance Abuse Prevention and Treatment Fund]; Section 44-7-107, C.R.S. [Cigarette, Tobacco Product, and Nicotine Product Use by Minors Prevention Fund; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-81-101, et seq., C.R.S. [Alcohol use, education, prevention, and treatment]; Section 27-82-101, et seq., C.R.S. [Substance use prevention, education, and treatment]

REQUEST: The Department requests \$6,382,533 total funds (including \$368 General Fund). As noted above, the request proposes to transfer these functions to CDPHE to focus all prevention activities in that department.

RECOMMENDATION: Staff recommends appropriating \$6,419,730 total funds (including \$51,149 General Fund). The recommendation is consistent with the Committee’s 2.0 percent common policy provider rate increase, applied to a base of \$36,828 General Fund.

As discussed above with BA1, the recommendation does not include approval of the component of BA1 to transfer these functions to CDPHE. As H.B. 22-1268 would actually transfer the prevention functions to CDPHE, staff recommends making the necessary appropriation adjustments in that legislation.

OFFICE OF BEHAVIORAL HEALTH, SUBSTANCE USE TREATMENT AND PREVENTION SERVICES, PREVENTION CONTRACTS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$6,418,993	\$36,828	\$51,149	\$0	\$6,331,016	0.0
TOTAL	\$6,418,993	\$36,828	\$51,149	\$0	\$6,331,016	0.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$6,418,993	\$36,828	\$51,149	\$0	\$6,331,016	0.0
R5 Community provider rate increase	737	737	0	0	0	0.0
BA1 Behavioral Health Administration	0	0	0	0	0	0.0
TOTAL	\$6,419,730	\$37,565	\$51,149	\$0	\$6,331,016	0.0
INCREASE/(DECREASE)	\$737	\$737	\$0	\$0	\$0	0.0
Percentage Change	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%

OFFICE OF BEHAVIORAL HEALTH, SUBSTANCE USE TREATMENT AND PREVENTION SERVICES, PREVENTION CONTRACTS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 EXECUTIVE REQUEST	\$6,382,533	\$368	\$51,149	\$0	\$6,331,016	0.0
Request Above/(Below) Recommendation	(\$37,197)	(\$37,197)	\$0	\$0	\$0	0.0

COMMUNITY PREVENTION AND TREATMENT PROGRAMS

This line item was first included in the FY 2017-18 Long Bill as part of a restructuring for this division. This line item consolidates funding for six prior line items, described below.

The *Federal Grants* line item reflected a variety of federal alcohol and substance use discretionary grants. The portion of federal grants anticipated to be used for administrative activities is shown in the Community Behavioral Health Administration subsection.

The *Persistent Drunk Driver Programs* line item, which is supported by surcharges of \$100 to \$500 for persons convicted of DUI, DUI per se, or DWAI that are credited to the Persistent Drunk Driver Cash Fund. Persistent drunk driver programs are designed to deter persistent drunk driving, and to educate the public, with an emphasis on young drivers. Money in the Persistent Drunk Driver Cash Fund is subject to annual appropriation to pay for the following:

- to 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;
- to pay a portion of the costs for intervention or treatment services statutorily required for a persistent drunk driver who is unable to pay for the required intervention or treatment services;
- to assist in providing court-ordered alcohol treatment programs for indigent and incarcerated offenders;
- to assist in providing approved ignition interlock devices for indigent offenders;
- to assist in providing continuous monitoring technology or devices for indigent offenders; and
- costs incurred by the Department of Revenue concerning persistent drunk drivers, including costs associated with the revocation of a driver's license and computer programming changes.

Money is directly appropriated to the Department of Revenue and to the Department of Human Services (DHS); a portion of the money appropriated to DHS is transferred to the Judicial Department's Probation unit.

The *Community Prevention and Treatment* line item provided funding for the purchase of community services for the prevention and treatment of alcohol and drug abuse. This line item was previously supported by Tobacco Master Settlement Agreement revenues that were annually transferred to the Alcohol and Drug Abuse Community Prevention and Treatment Fund. House Bill 16-1408 repealed this fund, eliminated the FY 2016-17 appropriation from this fund for this line item and substituted a direct appropriation from the Marijuana Tax Cash Fund.

The *Law Enforcement Assistance Fund Contracts* line item was supported by revenue from a \$75 surcharge on drunk and drugged driving convictions that is credited to the Law Enforcement Assistance Fund. Money in this fund supports enforcement, laboratory charges, and prevention programs. The Office

of Behavioral Health annually receives 20 percent of LEAF revenues that are available after appropriations are made to the Department of Public Health and Environment (for evidential breath alcohol testing and implied consent specialists) and to the Department of Public Safety's Colorado Bureau of Investigation (for toxicology laboratory services). These funds are to be used to establish a statewide program for the prevention of driving after drinking, which includes:

- educating the public in the problems of driving after drinking;
- training of teachers, health professionals, and law enforcement in the dangers of driving after drinking;
- preparing and disseminating educational materials dealing with the effects of alcohol and other drugs on driving behavior; and
- preparing and disseminating education curriculum materials thereon for use at all levels of school specifically to establish impaired driving prevention programs.

The Office allocates available funds through five separate contracts targeted as the following audiences:

- General population as a whole;
- Teachers of young people and young adults;
- Health professionals;
- Local law enforcement; and
- Providers and advocacy organizations.

Funding supports local efforts to prevent persons from driving when using alcohol or other drugs. Services provided include: mentoring; tutoring; life skills training; harm reduction education; community coalition building; social norms marketing; and education and information dissemination.

The *Rural Substance Abuse Prevention and Treatment* line item (\$151,200 cash funds from the Rural Alcohol and Substance Abuse Cash Fund). House Bill 09-1119 defines a "rural area" as a county with a population of less than 30,000. The program consists of two components:

- Half of the available funds support the Rural Youth Alcohol and Substance Abuse Prevention and Treatment Project, which provides prevention and treatment services to children ages eight to 17 in rural areas.
- The remaining half of the funds support treatment services for persons addicted to alcohol or drugs. These funds are allocated to MSOs in six of the seven MSO regions (all except Boulder) to support detoxification facilities in rural counties.

The Program is supported by penalty surcharges on convictions of driving under the influence (DUI), driving while ability impaired (DWAI), habitual user of controlled substances, and underage drinking and driving. Penalty surcharges are also established for other alcohol or drug-related offenses upon conviction or a deferred sentence. The minimum penalty surcharge is \$1 and the maximum is \$10. Surcharge revenue is credited to the Rural Alcohol and Substance Abuse Cash Fund.

The *Balance of Substance Abuse Block Grant Programs* line item included federal Substance Abuse Prevention and Treatment Block Grant allocations. The Office of Behavioral Health has the flexibility to allocate funds in this line item to the Treatment and Detoxification Contracts and Prevention Contracts line items. The Department is required to use 35 percent of block grant funds for alcohol abuse programs, 35 percent for drug abuse programs, and 20 percent for prevention; the remaining 10 percent may be used for any of these three areas. The Department combines appropriations to meet the needs of specific populations. This flexibility is essential for the Department to meet the five earmarked requirements of each block grant award (administration, drug/alcohol treatment, prevention, women's services, and HIV early intervention).

The community provider rate is applied to the General Fund and Marijuana Tax Cash Fund portions of the appropriation for direct client services provided by Managed Service Organizations and their contracted providers (including licensed residential treatment providers, community mental health centers, and outpatient substance use treatment facilities).

STATUTORY AUTHORITY: Section 27-80-106, C.R.S. [Alcohol and substance use – purchase of prevention and treatment services]; Section 27-80-109, C.R.S. [Alcohol and substance use – coordination of state and federal funds and programs]; Section 27-80-117, C.R.S. [Rural Substance Abuse Prevention and Treatment]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders]; Section 42-3-303, C.R.S. [Persistent Drunk Driver Programs]; Sections 43-4-402 (2)(a) and 43-4-404 (3), C.R.S. [Law Enforcement Assistance Fund]

REQUEST: The Department requests \$5,935,207 total funds (including no General Fund) for FY 2022-23. The request includes the following changes from the FY 2021-22 appropriation:

- An increase of \$264,596 cash funds from the Persistent Drunk Driver Cash Fund associated with request R12 (Community Behavioral Health Technical Corrections, discussed above). The request proposes to shift this amount from the Treatment and Detoxification programs line item to correct a technical error in the appropriation.
- An increase of \$10,942 associated with the requested 1.0 percent community provider rate increase.
- A decrease of \$508,889 total funds (including \$10,339 General Fund and \$498,550 cash funds from the Marijuana Tax Cash Fund) associated with BA1 (Behavioral Health Administration). The request proposes to shift those funds to the Department of Public Health and Environment as part of the consolidation of prevention activities in that Department.

RECOMMENDATION: Staff recommends appropriating \$6,449,245 total funds, including \$10,546 General Fund.

- The recommendation includes the increase of \$264,596 cash funds from the Persistent Drunk Driver Fund, as requested in R12.
- The recommendation is consistent with the Committee's common policy provider rate adjustment (2.0 percent), which has been applied to a base of \$804,540 total funds. The results in an increase of \$16,091 total funds (\$207 General Fund and \$15,884 cash funds from the Marijuana Tax Cash Fund) for this line item.
- The recommendation does not include the decreases associated with BA1. As discussed above with BA1, staff recommends denying those changes for the Long Bill and making all appropriation

changes associated with the BHA in H.B. 22-1278 (Behavioral Health Administration). As introduced, that bill transfers prevention activities from the Department of Human Services to the Department of Public Health and Environment and staff recommends making the associated appropriation changes in the legislation.

OFFICE OF BEHAVIORAL HEALTH, SUBSTANCE USE TREATMENT AND PREVENTION SERVICES, COMMUNITY PREVENTION AND TREATMENT PROGRAMS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$5,868,558	\$10,339	\$2,470,401	\$0	\$3,387,818	0.0
Other legislation	\$300,000	\$0	\$300,000	\$0	\$0	0.0
TOTAL	\$6,168,558	\$10,339	\$2,770,401	\$0	\$3,387,818	0.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$6,168,558	\$10,339	\$2,770,401	\$0	\$3,387,818	0.0
R12 Community behavioral health technical corrections	264,596	0	264,596	0	0	0.0
R5 Community provider rate increase	16,091	207	15,884	0	0	0.0
BA1 Behavioral Health Administration	0	0	0	0	0	0.0
TOTAL	\$6,449,245	\$10,546	\$3,050,881	\$0	\$3,387,818	0.0
INCREASE/(DECREASE)	\$280,687	\$207	\$280,480	\$0	\$0	0.0
Percentage Change	4.6%	2.0%	10.1%	0.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	(\$514,038)	(\$10,546)	(\$503,492)	\$0	\$0	0.0

HOUSING ASSISTANCE FOR INDIVIDUALS WITH A SUBSTANCE USE DISORDER (NEW LINE ITEM REQUESTED)

The Department is requesting the creation of this line item to support the Housing Assistance Program created in S.B. 21-137. The program provides temporary financial housing assistance to individuals with a substance use disorder (SUD) who have to supportive housing options when the individual is transitioning out of a residential treatment setting and into recovery or receiving treatment for an individual’s SUD.

Senate Bill 21-137 appropriates \$4.0 million General Fund for this program in FY 2021-22 and directs the General Assembly to appropriate that amount annually on an ongoing basis. The appropriation also assumes that the program will require 1.0 additional FTE in the Department of Human Services.

STATUTORY AUTHORITY: Section 27-80-125, C.R.S.

REQUEST: The Department requests \$4,040,000 General Fund and 1.0 FTE. The request includes an increase of \$40,000 General Fund because the Department applied the requested 1.0 percent common policy provider rate increase to this appropriation.

RECOMMENDATION: Staff recommends an appropriation of \$4,000,000 General Fund and 1.0 FTE, with no change from the FY 2021-22 appropriation as provided in S.B. 21-137. The statute (Sec. 27-

80-125 (5), C.R.S.), as enacted in S.B. 21-137, specifically requires an appropriation of \$4,000,000 per year for the program. As the Long Bill is written to current law, staff believes that increasing the appropriation above that amount would require legislation to modify the statutory requirement.

OFFENDER SERVICES

This line item was first included in the FY 2017-18 Long Bill as part of a restructuring for this division. The Department uses this funding to contract with local treatment providers who offer two types of treatment programs, described below.

- The *Short-term Intensive Residential Remediation Treatment (STIRRT)* program is intended to reduce recidivism among male and female offenders who are at high risk of incarceration (either in county jail or in the Department of Corrections) due to continued substance abuse. The program serves adults who:
 - have severe substance abuse or co-occurring mental health disorder;
 - have one or more misdemeanor or felony convictions;
 - are assessed as needing intensive levels of treatment; and
 - are at risk of having probation or parole revoked and of being incarcerated.

STIRRT includes two weeks of intensive residential treatment, followed by continuing care in an outpatient setting for eight months (or longer based on individual needs). Clients are primarily referred from probation or drug courts, the Department of Corrections/parole, and community corrections.

- The *Strategies for Self-improvement and Change* program is a cognitive behavioral treatment model for the substance abusing adult offenders.

The community provider rate is applied to the full General Fund portion of this appropriation, for direct client services provided by Community Mental Health Centers.

STATUTORY AUTHORITY: Section 16-11.5-102, C.R.S. [Substance use in the criminal justice system - programs for education and treatment for offenders]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-81-101, et seq., C.R.S. [Alcohol use, education, prevention, and treatment]; Section 27-82-101, et seq., C.R.S. [Drug use prevention, education, and treatment]; Section 18-19-103 (5)(c) and (d), C.R.S. [Use of Correctional Treatment Cash Fund for offenders]

REQUEST: The Department requests \$4,648,038 total funds (including \$3,127,813 General Fund and \$1,520,225 reappropriated funds). The request includes an increase of \$46,020 total funds (\$30,968 General Fund) associated with the requested 1.0 percent common policy provider rate increase.

RECOMMENDATION: Staff recommends an appropriation of \$4,663,955 total funds, including \$3,158,782 General Fund and \$1,505,173 reappropriated funds from the Correctional Treatment Cash Fund (transferred from the Judicial Department). The recommendation is consistent with the Committee's 2.0 common policy provider rate increase, which has been applied to a base of \$3,096,845 General Fund.

OFFICE OF BEHAVIORAL HEALTH, SUBSTANCE USE TREATMENT AND PREVENTION SERVICES, OFFENDER SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$4,602,018	\$3,096,845	\$0	\$1,505,173	\$0	0.0
TOTAL	\$4,602,018	\$3,096,845	\$0	\$1,505,173	\$0	0.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$4,602,018	\$3,096,845	\$0	\$1,505,173	\$0	0.0
R5 Community provider rate increase	61,937	61,937	0	0	0	0.0
TOTAL	\$4,663,955	\$3,158,782	\$0	\$1,505,173	\$0	0.0
INCREASE/(DECREASE)	\$61,937	\$61,937	\$0	\$0	\$0	0.0
Percentage Change	1.3%	2.0%	0.0%	0.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	(\$15,917)	(\$30,969)	\$0	\$15,052	\$0	0.0

RECOVERY RESIDENCE CERTIFICATION (NEW LINE ITEM REQUESTED)

The Department is requesting the creation of this line item to support the Recovery Residence Certification program established in S.B. 21-137. By January 1, 2022, the bill required the Department to use a competitive procurement process to select a “recovery residence certifying body” to:

- Certify recovery residences pursuant to Section 25-1.5-108.5, C.R.S.
- Educate and train recovery residence owners and recovery residence staff on best practices, including practices related to culturally responsive and trauma-informed care.

The bill appropriates \$200,000 General Fund for this purpose in FY 2021-22 and directs the General Assembly to appropriate that amount annually in subsequent years.

STATUTORY AUTHORITY: Section 27-80-1122, C.R.S.

REQUEST: The Department requests \$202,000 General Fund for FY 2022-23. The request includes an increase of \$2,000 General Fund because the Department has applied the requested 1.0 percent common policy provider rate increase to the entire appropriation.

RECOMMENDATION: Staff recommends creating the line item and approving an appropriation of \$200,000 General Fund, with no change from the FY 2021-22 appropriation. This funding does support direct services to clients and, upon further review, the Department agrees with JBC Staff that the provider rate increase does appear to be relevant to this particular line item. In addition, the current statute (Sec. 27-180-122 (2), C.R.S.), as adopted in S.B. 21-137 specifically requires an annual appropriation of \$200,000. Thus, changing that amount would appear to require legislation to change that requirement.

HIGH RISK PREGNANT WOMEN PROGRAM

The High Risk Pregnant Women Program (known as "Special Connections") is a program for pregnant women who are eligible for Medicaid and who have alcohol and/or drug abuse problems.

The program helps women have healthier pregnancies and healthier babies by providing case management, individual and group counseling, health education, and residential treatment during pregnancy and up to one year after delivery. The Department contracts with several providers to operate Special Connections Programs. This program was developed to: deliver a healthy baby; reduce or stop the substance using behavior of the pregnant woman during and after the pregnancy; promote and assure a safe child-rearing environment for the newborn and other children; and maintain the family unit. This line item is supported by reappropriated funds transferred from HCPF (which originate as General Fund and federal Medicaid funds).

The community provider rate is applied to the total appropriation for direct client services provided by community residential treatment providers including: ARTS Mothers Haven (Denver); Aspen Miracles Center (Adams); New Directions (Arapahoe); Women's Recovery Center (Mesa); WINGS (Weld); Crossroads Turning Point (Pueblo). The Department expects a seventh facility to begin operating by the end of FY 2021-22: Homeward Pikes Peak Bloom Recovery Home (El Paso).

STATUTORY AUTHORITY: Section 27-80-103, and 27-80-112 through 116, C.R.S.

REQUEST: The Department requests \$1,884,432 reappropriated funds for FY 2022-23. The request includes an increase of \$18,657 reappropriated funds associated with the requested 1.0 percent common policy provider rate increase.

RECOMMENDATION: Staff recommends an appropriation of \$1,903,091 reappropriated funds. The recommendation is consistent with the Committee's common policy provider rate adjustment (2.0 percent), which has been applied to a base of \$1,865,775, and as a result is \$18,659 above the request.

OFFICE OF BEHAVIORAL HEALTH, SUBSTANCE USE TREATMENT AND PREVENTION SERVICES, HIGH RISK PREGNANT WOMEN PROGRAM						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$1,865,775	\$0	\$0	\$1,865,775	\$0	0.0
TOTAL	\$1,865,775	\$0	\$0	\$1,865,775	\$0	0.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$1,865,775	\$0	\$0	\$1,865,775	\$0	0.0
R5 Community provider rate increase	37,316	0	0	37,316	0	0.0
TOTAL	\$1,903,091	\$0	\$0	\$1,903,091	\$0	0.0
INCREASE/(DECREASE)	\$37,316	\$0	\$0	\$37,316	\$0	0.0
Percentage Change	2.0%	0.0%	0.0%	2.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST	\$1,884,432	\$0	\$0	\$1,884,432	\$0	0.0
Request Above/(Below) Recommendation	(\$18,659)	\$0	\$0	(\$18,659)	\$0	0.0

(D) INTEGRATED BEHAVIORAL HEALTH SERVICES

This section provides funding for programs that integrate mental health and substance use disorder services, including:

- a behavioral health crisis response system;
- community-based mental health and substance use disorder services for individuals involved in or at risk of involvement in the criminal or juvenile justice systems;

- behavioral health services and supports for individuals transitioning from the mental health institutes to the community; and
- behavioral health services for adolescents and adults with co-occurring mental health and substance use disorders.

This section is supported by General Fund, the Marijuana Tax Cash Fund, and transfers from the Judicial Department (originating as General Fund, drug offender surcharge revenues, and cash funds from the Marijuana Tax Cash Fund).

BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM SERVICES

This is the first of three line items that support the behavioral health crisis response system that was authorized through S.B. 13-266. 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 line item provides funding for a collection of integrated services to respond to and assist individuals experiencing a behavioral health emergency, including 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.

For FY 2018-19, the General Assembly appropriated \$23,506,902 General Fund for the above services.

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 State's coordinated behavioral health crisis response system (crisis 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.

The community provider rate is applied to the full appropriation for direct client services provided by Administrative Service Organizations (ASO).

The Committee should note that the Department has accounted for \$5.0 million in one-time funding provided through S.B. 21-137 (and originating as federal funds) in this line item. The numbers pages in this document reflect those funds in the S.B. 21-127 Federal Stimulus Funds line item along with the similar funds flowing to other programs.

STATUTORY AUTHORITY: Section 27-60-101 through 104, C.R.S. [Behavioral health crisis response system]; Section 27-60-103 (1)(b)(II), (III) and (IV), C.R.S. [Crisis system service components]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders]

REQUEST: The Department requests \$29,220,222 total funds (including \$25,123,310 General Fund and \$4,096,912 from the Marijuana Tax Cash Fund). The request includes the following changes from the FY 2021-22 appropriation:

- An increase of \$174,034 total funds (\$133,471 General Fund and \$40,563 cash funds from the Marijuana Tax Cash Fund) associated with the requested 1.0 percent common policy community provider rate increase.
- A decrease of \$380,000 General Fund to eliminate one-time funding provided through FY 2021-22 request R1 (Expanded Services for Children and Youth in Behavioral Health Crisis).

RECOMMENDATION: Staff recommends appropriating \$29,634,712 total funds (including \$25,497,236 General Fund and \$4,137,476 from cash funds). The recommendation is consistent with the Committee's 2.0 percent common policy provider rate increase, applied it to the entire base appropriation (\$29,046,188 total funds) rather than to only a portion of the funds.

OFFICE OF BEHAVIORAL HEALTH, INTEGRATED BEHAVIORAL HEALTH SERVICES, CRISIS RESPONSE SYSTEM - WALK-IN, STABILIZATION, MOBILE, RESIDENTIAL, AND RESPITE SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$29,426,188	\$25,369,839	\$4,056,349	\$0	\$0	0.0
TOTAL	\$29,426,188	\$25,369,839	\$4,056,349	\$0	\$0	0.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$29,426,188	\$25,369,839	\$4,056,349	\$0	\$0	0.0
R5 Community provider rate increase	588,524	507,397	81,127	0	0	0.0
Annualize prior year budget actions	(380,000)	(380,000)	0	0	0	0.0
TOTAL	\$29,634,712	\$25,497,236	\$4,137,476	\$0	\$0	0.0
INCREASE/(DECREASE)	\$208,524	\$127,397	\$81,127	\$0	\$0	0.0
Percentage Change	0.7%	0.5%	2.0%	0.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST	\$29,220,222	\$25,123,310	\$4,096,912	\$0	\$0	0.0
Request Above/(Below)						
Recommendation	(\$414,490)	(\$373,926)	(\$40,564)	\$0	\$0	0.0

BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM SECURE TRANSPORTATION ~~PILOT~~ PROGRAM (NAME CHANGE REQUESTED)

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 State's coordinated Behavioral Health Crisis Response System including the following requirements:

- all crisis system walk-in centers, acute treatment units, and crisis stabilization units must 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;
- Crisis System mobile response units must be available to respond to a behavioral health crisis anywhere in the state within two hours; and
- 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.

The act also requires the Department to "explore solutions for addressing secure transportation of individuals placed on a seventy-two-hour treatment and evaluation hold pursuant to article 65 of this title 27" [Section 27-60-104 (7), C.R.S.]. There is no statutory specificity about the number of pilots, or how long the pilots should continue. The statute also does not refer to "pilots."

This line item was added in the FY 2019-20 Long Bill to provide sufficient funding to allow for a meaningful evaluation of the pilot program. The General Assembly eliminated funding for the program in FY 2020-21 as a budget balancing action but restored an appropriation of \$554,839 cash funds from the Marijuana Tax Cash Fund for FY 2021-22.

For FY 2022-23, with request R12 (Community Behavioral Health Technical Corrections, discussed above), the Department is proposing to strike “pilot” from the line item name in order to align with statute. The request also indicates that the Department intends to expand eligibility beyond the previous pilot area although the Department is not requesting any increase in funding.

STATUTORY AUTHORITY: Section 27-60-104 (7), C.R.S.

REQUEST: The Department requests \$554,839 cash funds from the Marijuana Tax Cash Fund, with no change from the FY 2021-22 appropriation. As noted above, the request also proposes to strike “pilot” from the line item name in order to align with statute.

RECOMMENDATION: Staff recommends appropriating \$565,936 cash funds from the Marijuana Tax Cash Fund. The recommendation is \$11,097 above the request because, consistent with prior years, staff has applied the Committee’s common policy 2.0 percent provider rate increase, which has been applied to a base of \$554,839 (the request did not apply the provider rate to this line item but the Department agrees with JBC Staff that the rate increase should apply). Staff also recommends approving the request to strike “pilot” from the line item name as the statute does not refer to this effort as a pilot program.

OFFICE OF BEHAVIORAL HEALTH, INTEGRATED BEHAVIORAL HEALTH SERVICES, BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM SECURE TRANSPORTATION PILOT PROGRAMS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$554,839	\$0	\$554,839	\$0	\$0	0.0
TOTAL	\$554,839	\$0	\$554,839	\$0	\$0	0.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$554,839	\$0	\$554,839	\$0	\$0	0.0
R5 Community provider rate increase	11,097	0	11,097	0	0	0.0
TOTAL	\$565,936	\$0	\$565,936	\$0	\$0	0.0
INCREASE/(DECREASE)	\$11,097	\$0	\$11,097	\$0	\$0	0.0
Percentage Change	2.0%	0.0%	2.0%	0.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	(\$11,097)	\$0	(\$11,097)	\$0	\$0	0.0

BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM TELEPHONE HOTLINE

This is the third of four line items that provide funding for the behavioral health crisis response system authorized through S.B. 13-266. This line item supports a twenty-four-hour telephone crisis service that is staffed by skilled peer and clinical professionals who are capable of assessing child, adolescent, and adult crisis situations and making the appropriate referrals. The hotline vendor responds to phone calls, texts, and instant messages (chats). The line item is supported primarily by General Fund but also currently receives an appropriation from the Marijuana Tax Cash Fund.

The community provider rate is applied to the full appropriation for direct client services provided by Rocky Mountain Crisis Partners.

STATUTORY AUTHORITY: Section 27-60-103 (1)(b)(I), C.R.S.

REQUEST: The Department requests \$3,969,485 total funds, including \$3,626,715 General Fund. The request includes an increase of \$35,908 General Fund based on the requested 1.0 percent common policy provider rate increase. The request only applied the provider rate increase to the General Fund appropriation (and not to the Marijuana Tax Cash Fund).

RECOMMENDATION: Staff recommends appropriating \$4,012,250 total funds, including \$3,662,625 General Fund and \$349,625 cash funds from the Marijuana Tax Cash Fund. The recommendation is consistent with the Committee’s common policy provider rate adjustment (2.0 percent), which has been applied to a base of \$3,933,667 (which includes the base amounts from the Marijuana Tax Cash Fund).

OFFICE OF BEHAVIORAL HEALTH, INTEGRATED BEHAVIORAL HEALTH SERVICES, CRISIS RESPONSE SYSTEM - TELEPHONE HOTLINE						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$3,933,577	\$3,590,807	\$342,770	\$0	\$0	0.0
TOTAL	\$3,933,577	\$3,590,807	\$342,770	\$0	\$0	0.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$3,933,577	\$3,590,807	\$342,770	\$0	\$0	0.0
R5 Community provider rate increase	78,673	71,818	6,855	0	0	0.0
TOTAL	\$4,012,250	\$3,662,625	\$349,625	\$0	\$0	0.0
INCREASE/(DECREASE)	\$78,673	\$71,818	\$6,855	\$0	\$0	0.0
Percentage Change	2.0%	2.0%	2.0%	0.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST	\$3,969,485	\$3,626,715	\$342,770	\$0	\$0	0.0
Request Above/(Below) Recommendation	(\$42,765)	(\$35,910)	(\$6,855)	\$0	\$0	0.0

BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM PUBLIC INFORMATION CAMPAIGN

This is the final line item that provides funding for the behavioral health crisis response system as authorized in S.B. 13-266. This line item supports a contract with Cactus Marketing Communications Inc., for a public information campaign.

Senate Bill 13-266 (Coordinated Behavioral Health Crisis Response) required the Department’s contracting process for the crisis response system to include a public information campaign and appropriated \$600,000 General Fund for this purpose beginning in FY 2013-14. The General Assembly continued that level of funding through FY 2019-20 but then eliminated for FY 2020-21 as a budget balancing action. However, the FY 2021-22 Long Bill restored the full appropriation of \$600,000 for FY 2021-22.

STATUTORY AUTHORITY: Section 27-60-103 (1)(b)(V), C.R.S.

REQUEST: The Department requests \$600,000 General Fund, with no change from the FY 2021-22 appropriation.

RECOMMENDATION: Staff recommends approving the request.

COMMUNITY TRANSITION SERVICES

This line item has historically provided funding for the provision of intensive behavioral health services and supports for individuals with serious mental illness who transition from a Mental Health Institute back to the community, or who require more intensive services in the community to help avoid institutional placement. Prior to FY 2015-16, this line item included funding for Assertive Community Treatment (ACT) programs. In FY 2015-16, this funding (\$4,117,539 General Fund) was transferred to the Assertive Community Treatment Programs line item, to consolidate funding for ACT programs.

This line item currently supports the "Money Follows the Individual" program. The Department initially contracted with Behavioral Healthcare Inc. (BHI, the behavioral health organization for Adams, Arapahoe, and Douglas counties) for the provision of intensive case management services to assist Institute patients with their transition to the community, as well as individuals with serious mental illness who require more intensive services within the community to avoid an institutional placement. This work required BHI staff to work with the Institutes and community organizations and agencies¹² to provide a client-centered continuum of services for clients who are difficult to discharge from the institutes and clients that have a history of behavioral health-related hospitalizations. BHI staff worked with transitioning individuals 30 days prior to discharge from the institutes and up to 60 days after the return to their communities. Funding was also provided for residential and wrap-around services that are not covered by Medicaid or other payer sources such as: sex offender risk assessments; care manager (such as additional staffing at a nursing home); guardianship services; payeeship services to assist a client with financial management; individualized peer mentoring; home modifications; temporary rental assistance; and other individualized supportive services to assist the client in transitioning to the community.

The Department rebid this contract and awarded funding to Rocky Mountain Human 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 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.

Senate Bill 18-270 establishes the statewide Community Transition Specialist Program to coordinate referrals of high-risk individuals from hospitals and withdrawal management facilities to appropriate transition specialists. The act requires the Office of Behavioral Health 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 \$1,588,250 General Fund to Office for FY 2018-19, based on the assumption that services would begin January 1, 2019. The Legislative Council staff fiscal note anticipated funding to increase by another \$1,588,250 for FY 2019-

¹² These local organizations and agencies may include: community mental health centers; behavioral health organizations; regional care collaborative organizations; nursing homes; residential facilities; and housing agencies.

20 to provide a full 12 months of services. Given that the act essentially expanded the services that have been historically funded by this line item, the new funds were appropriated to this same line item.

The community provider rate is applied to the full appropriation for direct client services provided by Rocky Mountain Human Services.

STATUTORY AUTHORITY: Section 27-66-101, et seq., C.R.S. [Community mental health services]; Community Transition Specialist Program [Section 27-66.5-101, et seq., C.R.S.]

REQUEST: The Department requests a continuation appropriation of \$7,443,069 General Fund for FY 2022-23. The request includes the following changes from the FY 2021-22 appropriation:

- An increase of \$28,195 General Fund associated with the requested 1.0 percent common policy provider rate increase.
- A decrease of \$500,000 federal funds that was appropriated as one-time funding for the program in S.B. 19-137.

RECOMMENDATION: Staff recommends appropriating \$7,563,171 General Fund. The recommendation is \$120,102 General Fund above the request based on the Committee’s common policy provider rate adjustment (2.0 percent), which has been applied to a base of \$7,414,874.

OFFICE OF BEHAVIORAL HEALTH, INTEGRATED BEHAVIORAL HEALTH SERVICES, COMMUNITY TRANSITION SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$7,414,874	\$7,414,874	\$0	\$0	\$0	0.0
Other legislation	\$500,000	\$0	\$500,000	\$0	\$0	0.0
TOTAL	\$7,914,874	\$7,414,874	\$500,000	\$0	\$0	0.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$7,914,874	\$7,414,874	\$500,000	\$0	\$0	0.0
R5 Community provider rate increase	148,297	148,297	0	0	0	0.0
Annualize prior year legislation	(500,000)	0	(500,000)	0	0	0.0
TOTAL	\$7,563,171	\$7,563,171	\$0	\$0	\$0	0.0
INCREASE/(DECREASE)	(\$351,703)	\$148,297	(\$500,000)	\$0	\$0	0.0
Percentage Change	(4.4%)	2.0%	(100.0%)	0.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	(\$120,102)	(\$120,102)	\$0	\$0	\$0	0.0

CRIMINAL JUSTICE DIVERSION PROGRAMS

This line item was first included in the FY 2017-18 Long Bill to support community-based initiatives to divert individuals with behavioral health problems from the criminal justice system, along with related Office administrative costs. For FY 2018-19, a total of \$5,561,828 cash funds from the Marijuana Tax Cash Fund is appropriated for the implementation for this line item, including the following:

- *Law Enforcement Assisted Diversion (LEAD) pilot programs* in four communities (Alamosa, Denver, Longmont, and Pueblo), involving collaborative partnerships between law enforcement, district

attorneys’ offices, sheriffs, treatment providers, and other community stakeholders to divert individuals with substance use disorders (\$2,300,000);

- An evaluation of the LEAD pilot programs (\$220,000 – second year of a three-year contract anticipated to require a total of \$610,000);
- Local partnerships between law enforcement and behavioral health agencies, often called “co-responder” programs (\$2,900,000) and associated technical assistance (\$60,000)¹³; and
- Office staff (1.3 FTE) to oversee the LEAD pilot programs and associated evaluation (\$81,828).

The community provider rate is applied to the full appropriation for direct client services but excluding the Department’s personnel and operating costs associated with the state FTE.

For FY 2022-23, request R11 (CBH Criminal Justice Long Bill Line Consolidation, discussed above) proposes to consolidate this line item with the Jail Based Behavioral Health Services line item.

STATUTORY AUTHORITY: Section 27-66-101, et seq., C.R.S. [Community mental health services]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-81-101, et seq., C.R.S. [Alcohol use, education, prevention, and treatment]; Section 27-82-101, et seq., C.R.S. [Substance use prevention, education, and treatment]

REQUEST: The Department requests an appropriation of \$62,859 cash funds from the Marijuana Tax Cash Fund for FY 2022-23. As noted above, the request R11 proposes to consolidate the appropriation from this line item with the Jail Based Behavioral Health Services line item to provide the Department with additional flexibility to utilize funding for services for people with potential criminal justice involvement. Staff assumes that that the \$62,589 remaining in this line item in the request is a technical error and that the Department actually intends to consolidate the entire appropriation.

RECOMMENDATION: Staff recommends appropriating \$7,510,745 total funds, including \$1,620,579 General Fund and \$5,890,166 cash funds from the Marijuana Tax Cash Fund, and 2.3 FTE for FY 2022-23.

- As discussed above with request R11, staff does not recommend approving the requested line item consolidation and instead recommends that that the Committee maintain separate line items for these purposes (with Criminal Justice Diversion Programs supporting services pre-arrest or pre-booking and Jail Based Behavioral Health Services supporting services after booking.
- The recommendation is consistent with the Committee’s common policy provider rate adjustment (2.0 percent), which has been applied to a base of \$7,087,746 total funds.

OFFICE OF BEHAVIORAL HEALTH, INTEGRATED BEHAVIORAL HEALTH SERVICES, CRIMINAL JUSTICE DIVERSION PROGRAMS

	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$7,363,860	\$1,590,927	\$5,772,933	\$0	\$0	2.3
TOTAL	\$7,363,860	\$1,590,927	\$5,772,933	\$0	\$0	2.3

¹³ This line item supports co-responder programs in the cities of Broomfield, Denver, Greeley/Evans, Grand Junction, and Longmont; and the counties of El Paso, Larimer, and Pitkin.

OFFICE OF BEHAVIORAL HEALTH, INTEGRATED BEHAVIORAL HEALTH SERVICES, CRIMINAL JUSTICE DIVERSION PROGRAMS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$7,363,860	\$1,590,927	\$5,772,933	\$0	\$0	2.3
R5 Community provider rate increase	141,755	29,652	112,103	0	0	0.0
Annualize prior year budget actions	5,130	0	5,130	0	0	0.0
R11 CBH criminal justice Long Bill line consolidation	0	0	0	0	0	0.0
TOTAL	\$7,510,745	\$1,620,579	\$5,890,166	\$0	\$0	2.3
INCREASE/(DECREASE)	\$146,885	\$29,652	\$117,233	\$0	\$0	0.0
Percentage Change	2.0%	1.9%	2.0%	0.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST	\$62,859	\$0	\$62,859	\$0	\$0	0.0
Request Above/(Below)						
Recommendation	(\$7,447,886)	(\$1,620,579)	(\$5,827,307)	\$0	\$0	(2.3)

JAIL-BASED BEHAVIORAL HEALTH SERVICES

This line item supports the provision of jail-based behavioral health services (JBBS) to offenders. 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. These substance use disorder services are supported by reappropriated funds transferred from the Judicial Department from moneys available in the Correctional Treatment Cash Fund (CTCF).

Senate Bill 18-250 formally established this program in statute, expanded the program to include mental health services, and provides additional funding for these services and for state and local program administration.

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 Department of Human Services' 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 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 staff work with inmates prior to release to develop a plan to meet their basic needs (e.g., housing, food, medication, transportation, employment) and maintain sobriety. The staff continue to work with inmates following their release to ensure successful re-entry and transition to community recovery resources. The overall goal is to target resources to meet offender's needs, engage them in the community, and prevent their return to jail.

For jail based services, the community provider rate is applied to the portion of the appropriation for direct client services provided through county jails. For FY 2022-23, the Department's request applied the provider rate to 76.5 percent of the General Fund appropriation and 96.6 percent of the

reappropriated funds appropriation. However, the staff recommendation only applies the increase to the General Fund appropriation.

As discussed above, FY 2022-23 request R11 (Community Behavioral Health Criminal Justice Long Bill Line Consolidation, discussed above) proposes to consolidate this line item and the Criminal Justice Diversion Programs line item (discussed above) into a single appropriation.

STATUTORY AUTHORITY: Section 27-60-106, C.R.S. [Jail-based behavioral health services program]; Section 18-19-103 (5)(c) and (d)(V), C.R.S. [Use of Correctional Treatment Cash Fund for offenders in a county jail]

REQUEST: The Department requests a total appropriation of \$23,703,416 total funds (including \$10,577,447 General Fund) for the proposed consolidated line item. That request includes \$16,342,556 total funds (and \$8,986,520 General Fund) associated with the existing Jail Based Behavioral Health Services line item and \$7,363,860 total funds (\$1,590,927 General Fund) proposed to be moved from the Criminal Justice Diversion Programs line item. In addition to the proposed line item consolidation, the request includes the following changes from the FY 2021-22 appropriation:

- An increase of \$1,470,000 General Fund associated with request R12 (Community Behavioral Health Technical Corrections, discussed above). The request proposes to move that amount from the Treatment and Detoxification Programs line item to this line item. The Department reports that those funds support the provision of medication assisted treatment in jails and is proposing to reflect all of the jail based services in this line item.
- An increase of \$126,721 total funds (\$56,390 General Fund) associated with the requested 1.0 percent common policy community provider rate increase.
- An increase of \$89,835 General Fund to reflect the FY 2022-23 impact of FY 2021-22 request R2 (Family First Prevention and Services Act).

RECOMMENDATION: Staff recommends appropriating \$16,082,614 total funds, including \$9,077,536 General Fund, for the Jail Based Behavioral Health Services line item. The recommendation:

- Does not include the proposed consolidation with the Criminal Justice Diversion Programs line item associated with request R11 (discussed above).
- Includes the requested increase of \$1,470,000 General Fund associated with request R12 (moved from the Treatment and Detoxification Programs line item).
- Includes an increase of \$147,406 General Fund, consistent with the Committee's 2.0 percent common policy provider rate adjustment, which has been applied to a base of \$7,370,295 General Fund.
- Includes the annualizations of S.B. 21-137 and FY 2021-22 request R2, as requested.
- Includes a reduction of \$277,627 reappropriated funds (originating as Correctional Treatment Cash Fund money from the Judicial Department). This reduction is consistent with the Committee's decisions regarding the allocation of Correctional Treatment Cash Fund revenues during figure setting for the Judicial Department. The Department has indicated that it believes it can absorb the reduction without impacting the program.

OFFICE OF BEHAVIORAL HEALTH, INTEGRATED BEHAVIORAL HEALTH SERVICES, JAIL-BASED BEHAVIORAL HEALTH SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$14,653,000	\$7,370,295	\$0	\$7,282,705	\$0	0.0
Other legislation	\$5,000,000	\$0	\$5,000,000	\$0	\$0	0.0
TOTAL	\$19,653,000	\$7,370,295	\$5,000,000	\$7,282,705	\$0	0.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$19,653,000	\$7,370,295	\$5,000,000	\$7,282,705	\$0	0.0
R12 Community behavioral health technical corrections	1,470,000	1,470,000	0	0	0	0.0
R5 Community provider rate increase	147,406	147,406	0	0	0	0.0
Annualize prior year budget actions	89,835	89,835	0	0	0	0.0
R11 CBH criminal justice Long Bill line consolidation	0	0	0	0	0	0.0
Annualize prior year legislation	(5,000,000)	0	(5,000,000)	0	0	0.0
Correctional Treatment Cash Fund Adjustments	(277,627)	0	0	(277,627)	0	0.0
TOTAL	\$16,082,614	\$9,077,536	\$0	\$7,005,078	\$0	0.0
INCREASE/(DECREASE)	(\$3,570,386)	\$1,707,241	(\$5,000,000)	(\$277,627)	\$0	0.0
Percentage Change	(18.2%)	23.2%	(100.0%)	(3.8%)	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST	\$23,703,416	\$10,577,447	\$5,772,933	\$7,353,036	\$0	2.3
Request Above/(Below) Recommendation	\$7,620,802	\$1,499,911	\$5,772,933	\$347,958	\$0	2.3

CIRCLE PROGRAM AND OTHER RURAL TREATMENT PROGRAMS FOR PEOPLE WITH CO-OCCURRING DISORDERS

This line item was first included in the FY 2019-20 Long Bill and consolidates funding for two prior line items, described below.

Community Based Circle Program

This program supports intensive treatment programs for individuals with co-occurring mental health and substance use disorders. This program was previously operated on the campus of the Colorado Mental Health Institute at Pueblo (CMHIP). The Program offered a 90-day inpatient (but unlocked) therapeutic community setting that addressed mental illness, chemical dependence, personality disorders, and criminal behavior. The program admitted adults who had been unsuccessful in other inpatient or intensive outpatient substance abuse programs; many received treatment through Circle as a condition of probation. The Program had four focus components:

- Abstinence from addictive medications¹⁴
- Behavior change and development of coping strategies
- Tobacco cessation
- Psychiatric treatment

¹⁴ A patient on methadone or buprenorphine maintenance prior to admission may continue this form of treatment if approved by the Medical Director.

In June 2017, due to significant staffing shortages at CMHIP, the Department temporarily closed the Circle Program to reassign direct care staff to other CMHIP units. The Department worked with managed service organizations (MSOs) to find other treatment options for existing patients at that time and to identify alternative treatment programs for individuals waiting to be admitted to the Circle Program. In FY 2017-18, the General Assembly approved a Department proposal to convert this to a community-based program. The Department contracted with the MSO for the southeast region, Signal Behavioral Health Network, to establish a community-based Circle Program in Pueblo. Signal subcontracted with Crossroads' Turning Point Inc., to establish and operate a 16-bed program that focuses on serving those who are "justice-involved". The new community-based program was licensed in December 2018, and began serving clients the first full week of January 2019. There are now three state-funded circle programs operating in Colorado, each of which has 16 beds:

- Crossroads' Turning Points in Pueblo (opened in FY 2018-19)
- SummitStone Garcia House in Fort Collins (opened in FY 2020-21)
- Mind Springs Health in Grand Junction (opened in FY 2020-21)

Rural Co-occurring Disorder Services

Since FY 2013-14, this line item has supported a full continuum of co-occurring behavioral health services for adolescents and adults in southern Colorado and the Arkansas Valley. It is staff's understanding that this appropriation was initially added 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.

Starting in FY 2018-19, the Department is contracting with two MSOs to ensure coverage in southern Colorado and the Arkansas Valley:

- Signal Behavioral Health Network administers \$770,109 (in FY 2021-22) 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 \$323,807 (again, in the FY 2021-22 contract) 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.

These programs serve both civil clients and those who are involved in the criminal justice system. 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. Staff understands that Medicaid currently only covers the cost of outpatient treatment, so this line item covers the additional costs of room and board, treatment costs that are not covered by Medicaid, and wraparound services that ensure a client's successful transition to outpatient treatment.

STATUTORY AUTHORITY: Section 27-66-101, et seq., C.R.S. [Community mental health services]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-82-101, et seq., C.R.S. [Substance use prevention, education, and treatment]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related

services to people with any type of substance use or mental health disorder, including those with co-occurring disorders]; Section 27-66-101, et seq., C.R.S. [Community mental health services]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-81-101, et seq., C.R.S. [Alcohol and substance use, education, prevention, and treatment]; Section 27-82-101, et seq., C.R.S. [Substance use prevention, education, and treatment]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders]

The provider rate is applied to the General Fund and MTCF appropriation for services provided by Managed Service Organizations.

REQUEST: The Department requests \$8,383,527 total funds, including \$595,608 General Fund. The request includes an increase of \$57,306 cash funds from the Marijuana Tax Cash Fund associated with the requested 1.0 percent common policy provider rate increase. The FY 2022-23 request did not apply the provider rate increase to the General Fund appropriation.

RECOMMENDATION: Staff recommends appropriating \$7,452,745 total funds, including \$607,520 General Fund, \$5,845,225 cash funds from the Marijuana Tax Cash Fund, and \$1,000,000 reappropriated funds. The recommendation includes the following changes from the FY 2021-22 appropriation:

- An increase of \$126,524 total funds (\$11,912 General Fund) for the 2.0 percent common policy provider rate increase. Consistent with prior years, staff has also applied the provider rate increase to the General Fund – and the Department agrees with that adjustment.
- A decrease of \$1,000,000 reappropriated funds (originating as Correctional Treatment Cash Fund money from the Judicial Department), as approved by the Committee during figure setting for the Judicial Department. The Department believes that the availability of additional money from the expansion of the Medicaid Substance Use Residential Benefit will offset some of the costs previously supported with the Correctional Treatment Cash Fund money and that the program can manage the recommended reduction without significant impact.

OFFICE OF BEHAVIORAL HEALTH, INTEGRATED BEHAVIORAL HEALTH SERVICES, CIRCLE PROGRAM AND OTHER RURAL TREATMENT PROGRAMS FOR PEOPLE WITH CO-OCCURRING DISORDERS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$8,326,221	\$595,608	\$5,730,613	\$2,000,000	\$0	0.0
TOTAL	\$8,326,221	\$595,608	\$5,730,613	\$2,000,000	\$0	0.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$8,326,221	\$595,608	\$5,730,613	\$2,000,000	\$0	0.0
R5 Community provider rate increase	126,524	11,912	114,612	0	0	0.0
Correctional Treatment Cash Fund Adjustments	(1,000,000)	0	0	(1,000,000)	0	0.0
TOTAL	\$7,452,745	\$607,520	\$5,845,225	\$1,000,000	\$0	0.0
INCREASE/(DECREASE)	(\$873,476)	\$11,912	\$114,612	(\$1,000,000)	\$0	0.0
Percentage Change	(10.5%)	2.0%	2.0%	(50.0%)	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST	\$8,383,527	\$595,608	\$5,787,919	\$2,000,000	\$0	0.0

OFFICE OF BEHAVIORAL HEALTH, INTEGRATED BEHAVIORAL HEALTH SERVICES, CIRCLE PROGRAM AND OTHER RURAL TREATMENT PROGRAMS FOR PEOPLE WITH CO-OCCURRING DISORDERS

	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Request Above/(Below) Recommendation	\$930,782	(\$11,912)	(\$57,306)	\$1,000,000	\$0	0.0

RECOVERY SUPPORT SERVICES GRANT PROGRAM (NEW LINE ITEM REQUESTED)

The Department is requesting the creation of this line item to support the Recovery Support Services Grant Program created in S.B. 21-137. Initiated in FY 2021-22, the program provides grants to “recovery community organizations” to provide recovery-oriented services to individuals with a substance use disorder (SUD) or co-occurring substance use and mental health disorder (co-occurring disorder). The bill directs the Department promulgate rules as necessary to implement the program and to distribute the grant funds to the managed service organizations (MSOs). Recovery community organizations then apply to the MSOs to actually receive the funds (awarded in accordance with the rules promulgated by the Department). The bill authorizes recovery community organizations to use the funds to:

- Offer opportunities for individuals with an SUD or a co-occurring disorder to engage in activities focused on mental or physical wellness or community service.
- Provide guidance to individuals with SUD or co-occurring disorders and their family members on navigating treatment, social service, and recovery support systems.
- Help those individuals to connect with resources needed to initiate and retain recovery.
- Assist in establishing and sustaining a social and physical environment supportive of recovery.
- Provide local and state recovery resources.
- Provide recovery support services for caregivers and families of individuals recovering from an SUD or co-occurring disorder.

The bill specifies that the General Assembly shall appropriate \$1.6 million General Fund per year to support the program, beginning in FY 2021-22.

STATUTORY AUTHORITY: Section 27-80-126, C.R.S. [Recovery support services grant program]

REQUEST: The Department requests \$1,616,000 General Fund and 1.0 FTE for FY 2022-23. The request includes an increase of \$16,000 because the Department has applied the 1.0 percent common policy provider rate increase to the entire appropriation.

RECOMMENDATION: Staff recommends approving an appropriation of \$1,600,000 General Fund and 1.0 FTE, with no change from the FY 2021-22 appropriation. The statute (Sec. 27-80-126 (8), C.R.S.) specifically requires an appropriation of \$1,600,000 per year for the program. As the Long Bill is written to current law, staff believes that increasing the appropriation above that amount would require legislation to modify the statutory requirement.

988 CRISIS HOTLINE (NEW LINE ITEM REQUESTED)

The Department is requesting the creation of this line item to support the 988 Crisis Hotline authorized in S.B. 21-154 (988 Suicide Prevention Lifeline Network). The bill creates the 988 Crisis Hotline Enterprise within the Department of Human Services and requires the enterprise to:

- Impose a 988 surcharge and a prepaid wireless 988 charge.
- Fund the 988 crisis hotline.
- Work with third parties to provide crisis outreach, stabilization, and acute care.
- Authorize and issue revenue bonds payable from the newly created 988 Crisis Hotline Cash Fund.

By July 1, 2022, the bill requires the enterprise to contract with a nonprofit to provide intervention and crisis care coordination for individuals calling the 988 hotline. The bill requires that nonprofit to have an agreement with the national 988 hotline, meet national suicide lifeline guidelines, deploy mobile response units and co-responder programs, coordinate access to walk-in centers, and provide follow-up services.

The bill creates the 988 Crisis Hotline Cash Fund to receive money collected from the phone surcharges and required the enterprise to set the surcharge in collaboration with the Public Utilities Commission (PUC) by October 1, 2021 (taking effect January 1, 2022). The bill limits the surcharge to no more than \$0.30 per month for 9-8-8 access and \$0.30 per prepaid wireless transaction. In September 2021, the enterprise set the rate for 2022 at \$0.18 per month and \$0.18 per prepaid wireless transaction.

STATUTORY AUTHORITY: Section 27-64-101, et seq., C.R.S. [988 Crisis Hotline Enterprise]; Section 40-17.5-101, et seq., C.R.S. [988 Surcharge and Prepaid Wireless 988 Charge for the 988 Crisis Hotline]

REQUEST: The Department requests \$11,848,150 cash funds from the 988 Crisis Hotline Cash Fund for FY 2022-23. The request represents an increase of \$6,160,458 cash funds, including the following increases:

- \$6,103,581 and 0.1 FTE to reflect the FY 2022-23 impact of S.B. 21-154 and support a full year of operation of the hotline (vs. the partial year in FY 2021-22). This annualization aligns with the Final Legislative Council Staff Fiscal Note for S.B. 21-154.
- \$56,877 associated with the requested 1.0 percent common policy provider rate increase.

RECOMMENDATION: Staff recommends approving an appropriation of \$11,905,027 cash funds from the 988 Crisis Hotline Cash Fund and 2.0 FTE. The recommendation is \$56,877 above the request because staff has applied the Committee-approved 2.0 percent common policy provider rate increase to this appropriation.

OFFICE OF BEHAVIORAL HEALTH, INTEGRATED BEHAVIORAL HEALTH SERVICES, 988 CRISIS HOTLINE						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
Other legislation	\$5,687,692	\$0	\$5,687,692	\$0	\$0	1.9
TOTAL	\$5,687,692	\$0	\$5,687,692	\$0	\$0	1.9
FY 2022-23 RECOMMENDED APPROPRIATION						

OFFICE OF BEHAVIORAL HEALTH, INTEGRATED BEHAVIORAL HEALTH SERVICES, 988 CRISIS HOTLINE						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 Appropriation	\$5,687,692	\$0	\$5,687,692	\$0	\$0	1.9
Annualize prior year legislation	6,103,581	0	6,103,581	0	0	0.1
R5 Community provider rate increase	113,754	0	113,754	0	0	0.0
TOTAL	\$11,905,027	\$0	\$11,905,027	\$0	\$0	2.0
INCREASE/(DECREASE)	\$6,217,335	\$0	\$6,217,335	\$0	\$0	0.1
Percentage Change	109.3%	0.0%	109.3%	0.0%	0.0%	5.3%
FY 2022-23 EXECUTIVE REQUEST	\$11,848,150	\$0	\$11,848,150	\$0	\$0	2.0
Request Above/(Below) Recommendation	(\$56,877)	\$0	(\$56,877)	\$0	\$0	0.0

MEDICATION CONSISTENCY AND HEALTH INFORMATION EXCHANGE

Senate Bill 17-019 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. The formulary is intended to promote continuity of care across criminal justice agencies and health care providers. To ensure medication consistency for persons with mental health disorders in the criminal and juvenile justice systems, the act requires DHS’ Division of Youth Services, DOC, counties, community mental health centers, and other providers to share patient-specific mental health care and treatment information. The act included an appropriation of \$26,000 General Fund to DHS for FY 2017-18 for development of a medication formulary.

The Department initially consulted with the E-Health Commission, the Colorado Regional Health Information Organization (COHRIO), the Quality Health Network (QHN), and the Governor’s Office of Information Technology. Based on these discussions, the Department determined that more planning should occur in order to address the varying needs of the 57 county jails, the community mental health centers, four state agencies, and other criminal justice and behavioral health systems. Due to the various types of systems and technological capacity that current exists, the Department proposed a phased pilot program that involves jails with different existing technology and capacity.

Funding provided in FY 2018-19 to implement S.B. 17-019 was anticipated to allow the Department to assess existing health information technology within jails, and to implement eight pilot project sites to identify cost effective solutions for data sharing. As of FY 2021-22, the Department has added 22 jails, for a total of 30 jail sites. The Department has indicated its intent to add up to 10 more jails in FY 2022-23.

In FY 2018-19, the Department conducted an evaluation to document program implementation and measure preliminary outcomes. According to the Department, the evaluation covered the challenges of implementation, the program’s benefits, including early impacts on jail operations, and jail-based patient outcomes. In part based on that evaluation, the program has received additional funding to support expansion (including an increase from \$380,700 cash funds from the Marijuana Tax Cash Fund in FY 2020-21 to \$760,700 in FY 2021-22).

The Department reports that improved data integration is allowing it to monitor a variety of measures for this population, including emergency room utilization and physical health inpatient admission and that the integration has improved medication consistency during incarceration and transition periods

(as intended). The Department's ongoing monitoring includes the following measures: emergency room utilization, psychiatric and physical inpatient admissions, criminal recidivism efforts, improved treatment outcomes, information access, and cost reductions. According to the Department, participating jails have reported improved treatment planning based on better information, improved work flow, and improved discharge planning and community transitions.

STATUTORY AUTHORITY: Section 27-70-101, et seq., C.R.S. [Medication consistency for individuals with behavioral or mental health disorders in the criminal and juvenile justice systems]; Section 39-28.8-501 (2)(b)(IV)(C) and (D), C.R.S. [Authorization for use of Marijuana Tax Cash Fund]

REQUEST: The Department requests \$760,700 cash funds from the Marijuana Tax Cash Fund for FY 2022-23, with no change from the FY 2021-22 appropriation.

RECOMMENDATION: Staff recommends approving the request. Staff assumes that the Committee and the General Assembly intended for the increase provided in FY 2021-22 to be ongoing.

(E) 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 institutes are: licensed by the Department of Public Health and Environment; certified by the federal Center for Medicare and Medicaid Services to participate in those federal two programs; and accredited by the Joint Commission, an independent, not-for-profit organization that accredits and certifies more than 20,500 health care organizations and programs in the United States.

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).

(1) MENTAL HEALTH INSTITUTE AT FT. LOGAN

PERSONAL SERVICES

This line item provides funding for Mental Health Institute at Ft. Logan (CMHIFL) employees' salaries and wages, as well as the associated State contribution to the Public Employees Retirement Association (PERA) and the State share of federal Medicare taxes. This line item also includes funding for contract medical services and the medical staff (employed through an interagency agreement with the University of Colorado at Denver) and contract trauma-informed care peer support specialists

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-94-102 and 103, C.R.S. [CMHIFL]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders]

The community provider rate is applied to contracted vendors such as interpreters and contract nursing staff. For FY 2022-23, this base (using FY 2021-22 contracts) includes:

- \$4,268,777 for contracted medical staff (University of Colorado)
- \$194,428 for peer recovery services (Behavioral Healthcare Inc.)

- \$117,732 for psychology interns (Colorado Seminary)
- \$45,588 for fellows
- \$34,320 for neurology

REQUEST: The Department requests \$33,857,049 total funds (including \$32,103,453 General Fund) and 317.0 FTE for FY 2022-23. The request includes the following increases above the FY 2022-23 appropriation:

- \$9,732,994 General Fund and 100.8 FTE associated with R2/BA3 (CHMIFL 44 Bed Operating, discussed above).
- \$508,054 total funds (\$495,951 General Fund) to reflect the FY 2022-23 allocation of FY 2021-22 salary survey appropriations.
- \$71,231 total funds (65,966 General Fund) associated with request R1 (Food Service and Housekeeping Coordinated Compensation, addressed during figure setting for the Executive Director’s Office).
- \$56,785 General Fund associated with the requested 1.0 percent common policy provider rate increase.

RECOMMENDATION: Staff recommends appropriating \$31,912,394 total funds (including \$30,157,824 General Fund) and 307.5 FTE. The recommendation includes the following increases above the FY 2021-22 appropriation:

- \$7,718,379 General Fund and 91.3 FTE associated with R2/BA3 (CHMIFL 44 Bed Operating, discussed above).
- \$508,054 total funds to reflect the FY 2022-23 allocation of FY 2021-22 salary survey appropriations (as requested).
- \$113,570 General Fund for the 2.0 percent common policy provider rate increase, which is applied to a base of \$5,678,516
- \$84,406 total funds (\$78,167 General Fund) associated with request R1 (Food Service and Housekeeping Coordinated Compensation, as approved by the Committee during figure setting for the Executive Director’s Office).

The recommendation is consistent with the Committee’s common policy provider rate adjustment (2.0 percent), which has been applied to a base of \$5,678,516.

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTES, PERSONAL SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$23,487,985	\$21,751,757	\$1,642,140	\$94,088	\$0	216.2
TOTAL	\$23,487,985	\$21,751,757	\$1,642,140	\$94,088	\$0	216.2
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$23,487,985	\$21,751,757	\$1,642,140	\$94,088	\$0	216.2
R2/BA3 CMHIFL 44 bed operating	7,718,379	7,718,379	0	0	0	91.3
Annualize prior year budget actions	508,054	495,951	12,103	0	0	0.0
R5 Community provider rate increase	113,570	113,570	0	0	0	0.0
R1 Food service and housekeeping coordinated compensation adjustments	84,406	78,167	5,901	338	0	0.0
TOTAL	\$31,912,394	\$30,157,824	\$1,660,144	\$94,426	\$0	307.5

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTES, PERSONAL SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
INCREASE/(DECREASE)	\$8,424,409	\$8,406,067	\$18,004	\$338	\$0	91.3
Percentage Change	35.9%	38.6%	1.1%	0.4%	0.0%	42.2%
FY 2022-23 EXECUTIVE REQUEST	\$33,857,049	\$32,103,453	\$1,659,223	\$94,373	\$0	317.0
Request Above/(Below) Recommendation	\$1,944,655	\$1,945,629	(\$921)	(\$53)	\$0	9.5

CONTRACT MEDICAL SERVICES

This line item covers the costs of outside medical expenses for CMHIFL patients.

The provider rate is not applied to this line item because contract medical services are based on bids and negotiated via a competitive solicitation for a five year term. Prices are associated with Medicare pricing are typically fixed.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-94-102, C.R.S. [CMHIFL]

REQUEST: The Department requests \$815,897 General Fund. The official request includes an increase of \$600 associated with the requested 1.0 percent common policy provider rate increase.

RECOMMENDATION: Staff recommends an appropriation of \$815,297 General Fund, with no change from the FY 2021-22 appropriation. As noted above, the provider rate increase is not generally applied to this line item.

OPERATING EXPENSES

This line item covers the general operating expenses of the CMHIFL, including: food; medical/laboratory supplies; custodial and laundry supplies; telephone and IT expenses; office equipment; and maintenance.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-94-102, C.R.S. [CMHIFL]

REQUEST: The Department requests \$2,378,321 total funds (including \$2,236,806 General Fund) for FY 2022-23. The request includes an increase of \$1,311,528 General Fund associated with request R2/BA3 (CHMIFL 44 Bed Operating, discussed above).

RECOMMENDATION: Staff recommends approval of an appropriation of \$2,565,884 total funds, including \$2,424,369 General Fund. The recommendation includes an increase of \$1,499,091 associated with request R2/BA3 (CHMIFL 44 Bed Operating, discussed above). The recommendation is higher than the request based on technical errors in the request for BA3 that included operating expenses amounts in the Institute’s personal services line item.

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTES, OPERATING EXPENSES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$1,066,793	\$925,278	\$117,612	\$23,903	\$0	0.0
TOTAL	\$1,066,793	\$925,278	\$117,612	\$23,903	\$0	0.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$1,066,793	\$925,278	\$117,612	\$23,903	\$0	0.0
R2/BA3 CMHIFL 44 bed operating	1,499,091	1,499,091	0	0	0	0.0
TOTAL	\$2,565,884	\$2,424,369	\$117,612	\$23,903	\$0	0.0
INCREASE/(DECREASE)	\$1,499,091	\$1,499,091	\$0	\$0	\$0	0.0
Percentage Change	140.5%	162.0%	0.0%	0.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST	\$2,378,321	\$2,236,806	\$117,612	\$23,903	\$0	0.0
Request Above/(Below) Recommendation	(\$187,563)	(\$187,563)	\$0	\$0	\$0	0.0

CAPITAL OUTLAY

This line item provides funding for the replacement of equipment and furnishings and minor facility renovations.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-94-102, C.R.S. [CMHIFL]

REQUEST: The Department requests \$112,916 General Fund, which is the same amount appropriated in FY 2020-21 and FY 2021-22.

RECOMMENDATION: Staff recommends approving the request.

PHARMACEUTICALS

This line item covers the cost of purchasing medication for CMHIFL patients. The CMHIFL pharmacy is responsible for dispensing general over-the-counter medications, general health-related medications for the treatment of conditions such as diabetes and hypertension, and psychiatric medications such as mood stabilizers, anti-depressants, and anti-psychotics.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-94-102, C.R.S. [CMHIFL]

REQUEST: The Department requests \$1,611,596 total funds (including \$1,494,988 General Fund) for FY 2022-23. The request includes an increase of \$283,123 General Fund associated with request R2/BA3 (CHMIFL 44 Bed Operating) to support anticipated pharmaceutical expenses for the 44 additional beds funded in that request.

RECOMMENDATION: Staff recommends approval of an appropriation of \$1,707,007, including \$1,590,399 General Fund. The recommendation includes an additional increase (above the official request) to capture the anticipated increase in pharmaceutical costs as a result of R2/BA3. The request

mistakenly included the additional amount for BA3 in the personal services line item rather than in this one.

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTES, PHARMACEUTICALS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$1,328,473	\$1,211,865	\$94,036	\$22,572	\$0	0.0
TOTAL	\$1,328,473	\$1,211,865	\$94,036	\$22,572	\$0	0.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$1,328,473	\$1,211,865	\$94,036	\$22,572	\$0	0.0
R2/BA3 CMHIFL 44 bed operating	378,534	378,534	0	0	0	0.0
Staff-initiated Long Bill reorganization	0	0	0	0	0	0.0
TOTAL	\$1,707,007	\$1,590,399	\$94,036	\$22,572	\$0	0.0
INCREASE/(DECREASE)	\$378,534	\$378,534	\$0	\$0	\$0	0.0
Percentage Change	28.5%	31.2%	0.0%	0.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	(\$95,411)	(\$95,411)	\$0	\$0	\$0	0.0

(2) MENTAL HEALTH INSTITUTE AT PUEBLO

PERSONAL SERVICES

This line item provides funding for Mental Health Institute at Pueblo (CMHIP) employees' salaries and wages, as well as the associated State contribution to the Public Employees Retirement Association (PERA) and the State share of federal Medicare taxes. This line item also includes funding for contract medical services and the medical staff (employed through an interagency agreement with the University of Colorado at Denver) and contract trauma-informed care peer support specialists.

The community provider rate is applied to contracted vendors such as interpreters and contract nursing staff. For FY 2022-23, this base (using FY 2021-22 contracts) includes:

- \$12,285,407 for contracted medical staff (University of Colorado)
- \$378,653 for a Chief Medical Officer
- \$202,364 for peer recovery services (Behavioral Healthcare Inc.)
- \$194,347 for fellows
- \$47,472 for neurology
- \$30,000 for not guilty by reason of insanity (NGRI) case review

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101 and 103, C.R.S. [CMHIP]

REQUEST: The Department requests \$99,538,433 total funds (including \$88,045,726 General Fund) and 1,060.2 FTE. The request includes the following changes from the FY 2021-22 appropriation:

- An increase of \$491,531 total funds (\$434,354 General Fund) associated with request R1 (Food Services and Housekeeping Coordinated Compensation, addressed during figure setting for the Executive Director’s Office).
- An increase of \$413,927 General Fund associated with BA1 (Behavioral Health Administration, discussed above).
- An increase of \$220,987 General Fund for the requested 1.0 percent common policy community provider rate increase.
- An increase of \$63,873 total funds for NPBA2 COWINS Partnership Agreement.
- A decrease of \$1,031,300 General Fund for request R13 (Forensic Technical Long Bill Corrections, discussed above).

RECOMMENDATION: Staff recommends appropriating \$99,363,316 total funds (including \$87,820,117 General Fund) and 1,056.2 FTE. The recommendation includes the following changes from the FY 2021-22 appropriation:

- An increase of \$509,354 total funds (\$401,685 General Fund) associated with request R1, as approved by the Committee during figure setting for the Executive Director’s Office.
- An increase of \$441,974 General Fund associated with the Committee’s 2.0 percent common policy provider rate increase, applied to a base of \$22,098,692.
- An increase of \$63,873 total funds (\$56,373 General Fund) for the COWINS Partnership Agreement (as approved by the Committee).
- The requested net decrease of \$1,031,300 General Fund for request R13 (Forensic Long Bill Technical Corrections, discussed above).

As discussed above with BA1 (Behavioral Health Administration), the recommendation does not include adjustments associated with the BHA as staff recommends making those appropriation changes in H.B. 22-1278 rather than in the Long Bill.

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTES, PERSONAL SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$97,177,601	\$85,768,247	\$3,755,180	\$7,654,174	\$0	1,056.2
TOTAL	\$97,177,601	\$85,768,247	\$3,755,180	\$7,654,174	\$0	1,056.2
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$97,177,601	\$85,768,247	\$3,755,180	\$7,654,174	\$0	1,056.2
Annualize prior year budget actions	2,201,814	2,183,138	18,676	0	0	0.0
R1 Food service and housekeeping coordinated compensation adjustments	509,354	401,685	19,501	88,168	0	0.0
R5 Community provider rate increase	441,974	441,974	0	0	0	0.0
Non-prioritized requests	63,873	56,373	2,469	5,031	0	0.0
BA1 Behavioral Health Administration	0	0	0	0	0	0.0
Technical adjustments	0	0	0	0	0	0.0
R13 MHI forensic technical Long Bill corrections	(1,031,300)	(1,031,300)	0	0	0	0.0
TOTAL	\$99,363,316	\$87,820,117	\$3,795,826	\$7,747,373	\$0	1,056.2
INCREASE/(DECREASE)	\$2,185,715	\$2,051,870	\$40,646	\$93,199	\$0	0.0
Percentage Change	2.2%	2.4%	1.1%	1.2%	0.0%	0.0%

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTES, PERSONAL SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 EXECUTIVE REQUEST	\$99,538,433	\$87,997,307	\$3,795,144	\$7,745,982	\$0	1,060.2
Request Above/(Below) Recommendation	\$175,117	\$177,190	(\$682)	(\$1,391)	\$0	4.0

CONTRACT MEDICAL SERVICES

This line item covers the costs of outside medical expenses for CMHIP patients.

The provider rate is not applied to this line item because contract medical services are based on bids and negotiated via a competitive solicitation for a five year term. Prices are associated with Medicare pricing are typically fixed.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101, C.R.S. [CMHIP]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders]

REQUEST: The Department requests \$2,786,464 General Fund for FY 2022-23. The request includes the following changes from the FY 2021-22 appropriation:

- An increase of \$1,800 General Fund associated with the requested 1.0 percent common policy community provider rate increase.
- A decrease of \$600,000 General Fund from this line item associated with request R13 (MHI Forensic Technical Long Bill Corrections, discussed above). The request proposes to move that amount to the Institute’s (Pueblo) Pharmaceuticals line item. As discussed above, the Contract Medical Services line item has experienced significant reversions in recent years and the Department has made transfers to cover shortfalls in the Pharmaceuticals line item. The request is seeking to reduce or eliminate the need for those transfers.

RECOMMENDATION: Staff recommends an appropriation of \$2,784,664 General Fund. The recommendation does not include the any increase associated with a provider rate because, as discussed above, this line item does not generally receive provider rate increases. In addition, based on recent reversions from this line item, a provider rate increase certainly does not appear to be needed. The recommendation does include the reduction proposed through request R13 (and the movement of funds to the Pharmaceuticals line item).

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTES, CONTRACT MEDICAL SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$3,384,664	\$3,384,664	\$0	\$0	\$0	0.0
TOTAL	\$3,384,664	\$3,384,664	\$0	\$0	\$0	0.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$3,384,664	\$3,384,664	\$0	\$0	\$0	0.0
R5 Community provider rate increase	0	0	0	0	0	0.0
R13 MHI forensic technical Long Bill corrections	(600,000)	(600,000)	0	0	0	0.0
TOTAL	\$2,784,664	\$2,784,664	\$0	\$0	\$0	0.0

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTES, CONTRACT MEDICAL SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
INCREASE/(DECREASE)	(\$600,000)	(\$600,000)	\$0	\$0	\$0	0.0
Percentage Change	(17.7%)	(17.7%)	0.0%	0.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST	\$2,786,464	\$2,786,464	\$0	\$0	\$0	0.0
Request Above/(Below) Recommendation	\$1,800	\$1,800	\$0	\$0	\$0	0.0

OPERATING EXPENSES

This line item covers the general operating expenses of the CMHIP, including: food; medical/laboratory supplies; custodial and laundry supplies; telephone and IT expenses; office equipment; and maintenance.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101, C.R.S. [CMHIP]

REQUEST: The Department requests \$8,032,606 total funds (including \$4,398,352 General Fund). The request includes the following increases above the FY 2021-22 appropriation:

- \$53,381 reappropriated funds (transferred from the Department of Corrections) associated with Department of Corrections Request R5 (Food Service Cost Adjustment). This request was presented to the Committee during figure setting for the Department of Corrections.
- \$12,801 General Fund associated with BA1 (Behavioral Health Administration).

RECOMMENDATION: Staff recommends an appropriation of \$8,019,805 total funds (including \$4,385,551 General Fund). The recommendation includes the increase of \$53,381 reappropriated funds associated with the Department of Corrections food service request but does not include the \$12,801 General Fund requested in BA1 (Behavioral Health Administration), as staff recommends making the necessary appropriation adjustments for the BHA in H.B. 22-1268.

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTES, OPERATING EXPENSES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$7,966,424	\$4,385,551	\$399,905	\$3,180,968	\$0	0.0
TOTAL	\$7,966,424	\$4,385,551	\$399,905	\$3,180,968	\$0	0.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$7,966,424	\$4,385,551	\$399,905	\$3,180,968	\$0	0.0
Non-prioritized requests	53,381	0	0	53,381	0	0.0
BA1 Behavioral Health Administration	0	0	0	0	0	0.0
Annualize prior year budget actions	0	0	0	0	0	0.0
TOTAL	\$8,019,805	\$4,385,551	\$399,905	\$3,234,349	\$0	0.0
INCREASE/(DECREASE)	\$53,381	\$0	\$0	\$53,381	\$0	0.0
Percentage Change	0.7%	0.0%	0.0%	1.7%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST	\$8,032,606	\$4,398,352	\$399,905	\$3,234,349	\$0	0.0
Request Above/(Below) Recommendation	\$12,801	\$12,801	\$0	\$0	\$0	0.0

CAPITAL OUTLAY

This line item provides funding for the replacement of equipment and furnishings and minor facility renovations.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101, C.R.S. [CMHIP]

REQUEST: The Department requests \$324,068 General Fund, with no change from the FY 2021-22 appropriation (which has been constant for several years).

RECOMMENDATION: Staff recommends approving the request.

PHARMACEUTICALS

This line item covers the cost of purchasing medication for CMHIP patients. The CMHIP pharmacy is responsible for dispensing general over-the-counter medications, general health-related medications for the treatment of conditions such as diabetes and hypertension, and psychiatric medications such as mood stabilizers, anti-depressants, and anti-psychotics.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101, C.R.S. [CMHIP]

REQUEST: The Department requests \$4,714,182 total funds (including \$4,480,700 General Fund). The request includes an increase of \$600,000 General Fund associated with request R13 (MHI Forensic Long Bill Technical Corrections). The request proposes to move this amount from the Mental Health Institutes Contract Medical Expenses line item to this line item.

RECOMMENDATION: Staff recommends approval of the Department request, including the proposed movement of funds from the Contract Medical Expenses line item (discussed above with request R13). Based on recent years, there appears to be an ongoing need for additional funding in this line item and staff recommends making the requested shift from Contract Medical Expenses.

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTES, PHARMACEUTICALS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$4,114,182	\$3,880,700	\$195,861	\$37,621	\$0	0.0
TOTAL	\$4,114,182	\$3,880,700	\$195,861	\$37,621	\$0	0.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$4,114,182	\$3,880,700	\$195,861	\$37,621	\$0	0.0
R13 MHI forensic technical Long Bill corrections	600,000	600,000	0	0	0	0.0
TOTAL	\$4,714,182	\$4,480,700	\$195,861	\$37,621	\$0	0.0
INCREASE/(DECREASE)	\$600,000	\$600,000	\$0	\$0	\$0	0.0
Percentage Change	14.6%	15.5%	0.0%	0.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST	\$4,714,182	\$4,480,700	\$195,861	\$37,621	\$0	0.0

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTES, PHARMACEUTICALS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	0.0

EDUCATIONAL PROGRAMS

This line item supports CMHIP staff and operating expenses associated with educational programs. Patients at CMHIP who are under age 21 receive educational services. These services include educational testing and assessment, treatment planning, special education, GED training and testing, and career education. This line item is supported by reappropriated funds transferred from the Department of Education (from the Facility Schools Funding line item) and General Fund.

STATUTORY AUTHORITY: Section 22-54-129, C.R.S. [Facility school funding]; Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101, C.R.S. [CMHIP]

REQUEST: The Department requests \$236,402 total funds (including \$31,094 General Fund) and 2.7 FTE, with no change from the FY 2021-22 appropriation.

RECOMMENDATION: Staff recommends approving the requested amount.

(3) FORENSIC SERVICES

This is a new subsection that was proposed by the Department and first included in the FY 2018-19 Long Bill. Funding was transferred to this new subsection from various line item appropriations in the existing Mental Health Institute subsection and from some administrative line items in the Community Behavioral Health Administration subsection. This section includes operational and programmatic funding related to court-ordered services for forensic clients. Forensic clients are individuals who are diagnosed with mental health disorders, involved with the criminal justice system, and either currently incarcerated or living in the community.

FORENSIC SERVICES ADMINISTRATION

This line item supports management and support staff. Some of these positions are specific to forensic services, and others are staff who support all Institute functions and are thus allocated across all three subsections.

STATUTORY AUTHORITY: Section 16-8-101, et seq., C.R.S. [Criminal proceedings – insanity]; Section 16-8.5-101, et seq., C.R.S. [Criminal proceedings – competency to proceed]; Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101 and 103, C.R.S. [CMHIP]

REQUEST: The Department requests a continuation appropriation of \$1,081,982 General Fund and 13.9 FTE. The request includes an increase of \$21,234 General Fund above the FY 2021-22 appropriation to reflect the Department’s allocation of FY 2021-22 salary survey appropriations to this line item.

RECOMMENDATION: Staff recommends approving the request.

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTES, FORENSIC SERVICES ADMINISTRATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$1,060,688	\$1,060,688	\$0	\$0	\$0	13.9
TOTAL	\$1,060,688	\$1,060,688	\$0	\$0	\$0	13.9
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$1,060,688	\$1,060,688	\$0	\$0	\$0	13.9
Annualize prior year budget actions	21,234	21,234	0	0	0	0.0
Staff-initiated Long Bill reorganization	0	0	0	0	0	0.0
TOTAL	\$1,081,922	\$1,081,922	\$0	\$0	\$0	13.9
INCREASE/(DECREASE)	\$21,234	\$21,234	\$0	\$0	\$0	0.0
Percentage Change	2.0%	2.0%	0.0%	0.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	0.0

FORENSIC SUPPORT TEAM (NEW LINE ITEM REQUESTED)

With request R13 (MHI Forensic Long Bill Technical Corrections), the Department is proposing to create this line item to support the Forensic Support Team, which the Department reports was created and funded in response to the consent decree in S.B. 19-223 (Consent Decree). The Forensic Support Team includes forensic navigators, the care coordinators responsible for monitoring pretrial defendants who have been found to be incompetent to proceed and are awaiting admission to inpatient restoration services (as compared to the actual evaluators (psychologists) that are proposed to remain in the Court Services line item). According to the Department, the navigators continuously monitor the acuity levels of defendants and, when appropriate, make recommendations to the court to consider outpatient restoration services or the potential to resolve the charges. As such, the navigators are the primary point of contact for judicial stakeholders tracking defendants’ progress toward competency.

As proposed, the FY 2022-23 appropriation for the line item would consist of \$1,495,996 General Fund and 19.0 FTE to be moved from the existing Court Services line item.

STATUTORY AUTHORITY: Section 16-8-101, et seq., C.R.S. [Criminal proceedings – insanity]; Section 16-8.5-101, et seq., C.R.S. [Criminal proceedings – competency to proceed]; Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101 and 103, C.R.S. [CMHIP]

REQUEST: The Department requests \$1,495,996 General Fund and 19.0 FTE. As the request proposes to transfer these amounts from the existing Court Services line item, there is no net impact in total funding or FTE. The request simply proposes to move this particular set of functions into a separate line item.

RECOMMENDATION: Staff recommends approving the request, as discussed above with request R13. Staff agrees that this appears to be a sufficiently different function from the actual forensic evaluations to warrant the separate line item.

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTES, FORENSIC SUPPORT TEAM						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$0	\$0	\$0	\$0	\$0	0.0
R13 MHI forensic technical Long Bill corrections	\$1,495,996	\$1,495,996	\$0	\$0	\$0	19.0
TOTAL	\$1,495,996	\$1,495,996	\$0	\$0	\$0	19.0
INCREASE/(DECREASE)						
	\$1,495,996	\$1,495,996	\$0	\$0	\$0	19.0
Percentage Change	n/a	n/a	n/a	n/a	n/a	n/a
FY 2022-23 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	0.0

COURT SERVICES

This line item supports staff who administer and deliver services related to court-ordered exams and evaluations of competency, sanity, and other mental conditions. For FY 2019-20 through FY 2021-22, the line item has supported expenses for the evaluators (psychologists and those actually conducting the competency evaluations) and the forensic navigators that coordinate care. Beginning in FY 2022-23, the Department is proposing to separate the forensic navigators out into the Forensic Support Team line item discussed above, leaving the funding in this line item dedicated to the actual evaluations.

The community provider rate is applied to contracted vendors for this line item. For FY 2021-22, these include evaluators from the University of Colorado, Board of Medical Consultants, and the Colorado Seminary.

STATUTORY AUTHORITY: Section 16-8-101, et seq., C.R.S. [Criminal proceedings – insanity]; Section 16-8.5-101, et seq., C.R.S. [Criminal proceedings – competency to proceed]; Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101 and 103, C.R.S. [CMHIP]

REQUEST: The Department requests \$6,974,778 General Fund and 58.1 FTE for FY 2022-23. The request includes the following changes from the FY 2021-22 appropriation (all of which are General Fund):

- An increase of \$190,703 to reflect the Department’s allocation of FY 2021-22 salary survey appropriations to this line item.
- An increase of \$15,426 associated with the requested 1.0 percent common policy provider rate increase (request R5), applied to a base of \$1,524,612 from FY 2021-22.
- A decrease of \$900,696 and 19.0 FTE associated with request R13 (MHI Forensic Long Bill Technical Corrections). The request proposes separate these amounts out into a new Forensic Support Team Program line item, discussed above.

RECOMMENDATION: Staff recommends an appropriation of \$6,990,024 General Fund and 58.1 FTE. The recommendation includes the approval of the annualization of salary survey and the proposed reduction associated with request R13 (to create the new Forensic Support Team line item). The recommendation is \$15,246 above the request based on the Committee-approved 2.0 percent common policy provider rate increase associated with contract evaluators.

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTES, COURT SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$7,669,525	\$7,669,525	\$0	\$0	\$0	77.1
TOTAL	\$7,669,525	\$7,669,525	\$0	\$0	\$0	77.1
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$7,669,525	\$7,669,525	\$0	\$0	\$0	77.1
Annualize prior year budget actions	190,703	190,703	0	0	0	0.0
R5 Community provider rate increase	30,492	30,492	0	0	0	0.0
R13 MHI forensic technical Long Bill corrections	(900,696)	(900,696)	0	0	0	(19.0)
TOTAL	\$6,990,024	\$6,990,024	\$0	\$0	\$0	58.1
INCREASE/(DECREASE)	(\$679,501)	(\$679,501)	\$0	\$0	\$0	(19.0)
Percentage Change	(8.9%)	(8.9%)	0.0%	0.0%	0.0%	(24.6%)
FY 2022-23 EXECUTIVE REQUEST	\$6,974,778	\$6,974,778	\$0	\$0	\$0	58.1
Request Above/(Below) Recommendation	(\$15,246)	(\$15,246)	\$0	\$0	\$0	0.0

FORENSIC COMMUNITY-BASED SERVICES

This line item supports staff who provide case management and support for individuals found not guilty by reason of insanity (NGRI) who are transitioning from the mental health institutes to a community-based outpatient setting.

The community provider rate is applied to the value of vendor contracts. For FY 2021-22, these vendors include Rocky Mountain Human Services, SBH Colorado, Board of Medical Consultants, and University of Colorado physicians, and the Department has applied the provider rate increase to a base of \$1,472,044 General Fund.

STATUTORY AUTHORITY: Section 16-8-101, et seq., C.R.S. [Criminal proceedings – insanity]; Section 16-8.5-101, et seq., C.R.S. [Criminal proceedings – competency to proceed]; Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101 and 103, C.R.S. [CMHIP]

REQUEST: The Department requests \$4,087,690 General Fund and 20.4 FTE. The request includes the following General Fund increases above the FY 2021-22 appropriation:

- \$561,000 associated with request R13 (MHI Forensic Long Bill Technical Corrections). The Department proposes to move those funds from the Mental Health Institute at Pueblo Personal Services line item to align with the actual use of the funds.
- \$45,151 to reflect the Department’s allocation of FY 2021-22 salary survey appropriations to this line item.
- \$14,720 associated with the requested 1.0 percent common policy provider rate increase (request R5), applied to a base of \$1,472,044 from FY 2021-22.

RECOMMENDATION: Staff recommends an appropriation of \$4,102,411 General Fund and 20.4 FTE. The recommendation is consistent with the Committee’s common policy provider rate adjustment (2.0 percent), which has been applied to a base of \$1,472,044 as requested. The recommendation is \$14,721 above the request based on the Committee-approved increase to the common policy provider rate.

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTES, FORENSIC COMMUNITY-BASED SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$3,466,819	\$3,466,819	\$0	\$0	\$0	20.4
TOTAL	\$3,466,819	\$3,466,819	\$0	\$0	\$0	20.4
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$3,466,819	\$3,466,819	\$0	\$0	\$0	20.4
R13 MHI forensic technical Long Bill corrections	561,000	561,000	0	0	0	0.0
Annualize prior year budget actions	45,151	45,151	0	0	0	0.0
R5 Community provider rate increase	29,441	29,441	0	0	0	0.0
TOTAL	\$4,102,411	\$4,102,411	\$0	\$0	\$0	20.4
INCREASE/(DECREASE)	\$635,592	\$635,592	\$0	\$0	\$0	0.0
Percentage Change	18.3%	18.3%	0.0%	0.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST	\$4,087,690	\$4,087,690	\$0	\$0	\$0	20.4
Request Above/(Below) Recommendation	(\$14,721)	(\$14,721)	\$0	\$0	\$0	0.0

JAIL-BASED COMPETENCY RESTORATION PROGRAM

Since FY 2013-14, this line item has provided funding for a jail-based competency 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 Wellpath (formerly known as Correct Care, LLC., and GEO Care), to provide these 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 individuals 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 community provider rate is applied to the value of vendor contracts. For FY 2022-23, this includes \$13,270,753 for Wellpath Recovery Solutions.

STATUTORY AUTHORITY: Section 16-8.5-101, et seq., C.R.S. [Criminal proceedings – competency to proceed]; Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101, C.R.S. [CMHIP]

REQUEST: The Department requests \$13,904,438 General Fund and 4.3 FTE for FY 2022-23. The request includes the following General Fund increases above the FY 2021-22 appropriation:

- \$140,138 for a community provider rate increase through request R5. The Department applied the 1.0 percent to a base of \$14,013,760.
- \$11,014 to reflect the Department's allocation of FY 2021-22 salary survey appropriations to this line item.

RECOMMENDATION: Staff recommends appropriating \$14,029,715 General Fund and 4.3 FTE. The recommendation is consistent with the Committee's common policy provider rate adjustment (2.0 percent), which has been applied to a base of \$13,270,753 General Fund.

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTES, JAIL-BASED COMPETENCY RESTORATION PROGRAM						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$13,753,286	\$13,753,286	\$0	\$0	\$0	4.3
TOTAL	\$13,753,286	\$13,753,286	\$0	\$0	\$0	4.3
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$13,753,286	\$13,753,286	\$0	\$0	\$0	4.3
R5 Community provider rate increase	265,415	265,415	0	0	0	0.0
Annualize prior year budget actions	11,014	11,014	0	0	0	0.0
Staff-initiated Long Bill reorganization	0	0	0	0	0	0.0
TOTAL	\$14,029,715	\$14,029,715	\$0	\$0	\$0	4.3
INCREASE/(DECREASE)	\$276,429	\$276,429	\$0	\$0	\$0	0.0
Percentage Change	2.0%	2.0%	0.0%	0.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST	\$13,904,438	\$13,904,438	\$0	\$0	\$0	4.3
Request Above/(Below) Recommendation	(\$125,277)	(\$125,277)	\$0	\$0	\$0	0.0

PURCHASED PSYCHIATRIC BED CAPACITY

This line item provides funding to allow the Office to expand inpatient psychiatric bed capacity by 10 beds by contracting with private for-profit or not-for-profit hospitals in the Denver metropolitan area. The community provider rate is applied to the value of vendor contracts. For FY 2022-23, this includes \$3,214,794 for SBH Colorado and Denver Health.

STATUTORY AUTHORITY: Section 16-8.5-101, et seq., C.R.S. [Criminal proceedings – competency to proceed]; Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101 and 103, C.R.S. [CMHIP]

REQUEST: The Department requests \$3,412,250 General Fund and 1.0 FTE. The request includes the following General Fund increases above the FY 2021-22 appropriation:

- \$75,948 for a community provider rate increase through request R5. The Department has applied the 1.0 percent to a base of \$7,594,794.
- \$951 to reflect the Department’s allocation of FY 2021-22 salary survey appropriations to this line item.

RECOMMENDATION: Staff recommends an appropriation of \$3,400,598 General Fund and 1.0 FTE.

The recommendation is consistent with the Committee’s common policy provider rate adjustment (2.0 percent), which has been applied to a base of \$3,214,794 General Fund.

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTES, PURCHASED PSYCHIATRIC BED CAPACITY						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$3,335,351	\$3,335,351	\$0	\$0	\$0	1.0
TOTAL	\$3,335,351	\$3,335,351	\$0	\$0	\$0	1.0

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTES, PURCHASED PSYCHIATRIC BED CAPACITY						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$3,335,351	\$3,335,351	\$0	\$0	\$0	1.0
R5 Community provider rate increase	64,296	64,296	0	0	0	0.0
Annualize prior year budget actions	951	951	0	0	0	0.0
TOTAL	\$3,400,598	\$3,400,598	\$0	\$0	\$0	1.0
INCREASE/(DECREASE)						
	\$65,247	\$65,247	\$0	\$0	\$0	0.0
Percentage Change	2.0%	2.0%	0.0%	0.0%	0.0%	0.0%
FY 2022-23 EXECUTIVE REQUEST						
	\$3,412,250	\$3,412,250	\$0	\$0	\$0	1.0
Request Above/(Below) Recommendation	\$11,652	\$11,652	\$0	\$0	\$0	0.0

OUTPATIENT COMPETENCY RESTORATION PROGRAM

This line item supports contracts for community-based competency restoration education services, related case management services, and associated administrative and training expenses. Senate Bill 17-012 required the Office of Behavioral Health 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.

The community provider rate is applied to the value of vendor contracts. For FY 2022-23, this includes \$2,996,542 for the City & County of Denver, Rocky Mountain Human Services, several Community Mental Health Centers, and outpatient restoration private providers.

STATUTORY AUTHORITY: Section 27-60-105, et seq., C.R.S. [Outpatient restoration to competency services]

REQUEST: The Department requests \$3,904,783 General Fund and 3.0 FTE. The request includes the following General Fund increases above the FY 2021-22 appropriation:

- \$166,704 and 2.0 FTE associated with request R13 (MHI Forensic Long Bill Technical Corrections), discussed above. The request proposes to move the following amounts into this line item to align with the actual use of funds: (1) \$164,804 and 2.0 FTE from the Community Behavioral Health Administration Personal Services line item; and (2) \$1,900 from the Community Behavioral health Administration Operating Expenses line item.
- \$29,965 associated with the requested 1.0 percent common policy provider rate increase (request R5).
- \$6,232 to reflect the Department’s allocation of FY 2021-22 salary survey increases to this line item.

RECOMMENDATION: Staff recommends an appropriation of \$3,934,749 General Fund and 3.0 FTE. The recommendation is \$29,966 above the request because staff has applied the 2.0 percent common policy provider rate increase as approved the Committee. As discussed above with request R13 (MHI Forensic Long Bill Technical Corrections), staff recommends approving the proposed movement of funds and FTE from the Community Behavioral Health Administration section to this line item.

The recommendation is consistent with the Committee’s common policy provider rate adjustment (2.0 percent), which has been applied to a base of \$2,996,542 General Fund.

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTES, OUTPATIENT COMPETENCY RESTORATION PROGRAM						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$3,701,882	\$3,701,882	\$0	\$0	\$0	1.0
TOTAL	\$3,701,882	\$3,701,882	\$0	\$0	\$0	1.0
FY 2022-23 RECOMMENDED APPROPRIATION						
FY 2021-22 Appropriation	\$3,701,882	\$3,701,882	\$0	\$0	\$0	1.0
R13 MHI forensic technical Long Bill corrections	166,704	166,704	0	0	0	2.0
R5 Community provider rate increase	59,931	59,931	0	0	0	0.0
Annualize prior year budget actions	6,232	6,232	0	0	0	0.0
Staff-initiated Long Bill reorganization	0	0	0	0	0	0.0
TOTAL	\$3,934,749	\$3,934,749	\$0	\$0	\$0	3.0
INCREASE/(DECREASE)	\$232,867	\$232,867	\$0	\$0	\$0	2.0
Percentage Change	6.3%	6.3%	0.0%	0.0%	0.0%	200.0%
FY 2022-23 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	(\$29,966)	(\$29,966)	\$0	\$0	\$0	0.0

(4) CONSENT DECREE FINES AND FEES

CONSENT DECREE FINES AND FEES

Added for FY 2020-21, this line item provides funding for expected fines and fees accrued as part of the Consent Decree resulting from the *Center for Legal Advocacy (d/ b/ a Disability Law Colorado) v. Barnes and Marshall (Colorado Department of Human Services)* lawsuit.

In March 2019, DHS reached an agreement with the plaintiffs in a federal lawsuit concerning the length of time that pre-trial detainees wait for court-ordered competency services. The parties filed the agreement in federal court in the form of a consent decree. The consent decree resolves the lawsuit and replaces the existing Settlement Agreement. The consent decree will be legally binding and judicially enforceable through December 1, 2025 (unless the Department sustains a two-year period of compliance, in which case the Consent Decree is terminated). Until the consent decree is terminated, DHS’ compliance will be overseen by the Court and a Special Master (Groundswell Services, Inc., and its team of forensic mental health experts).

Among other provisions, the consent decree also establishes a new set of timeframes for competency evaluation and restoration services, and it establishes fines for each day a pretrial detainee waits more

than the prescribed timeframes. The fines range from \$100 to \$500 per detainee per day, and the consent decree caps the total amount at \$10.0 million for the period June 1, 2019, to May 31, 2020. This \$10.0 million limit increases for each subsequent 12-month period based on the CPI-U. Any fines will be submitted to the Special Master and deposited into a trust account for the purpose of funding “non-Department mental health services”. A court-appointed administrator manages the account, and a committee consisting of representatives from DLC, DHS, and the Special Master, makes decisions concerning payments from the account.

To date, the committee has allocated more than \$11.0 million from the trust account for a number of purposes. More significant expenses (those over \$500,000 per expense) include:

- \$5.0 million has been allocated to Colorado Coalition for the Homeless. The funds will be used to purchase 53 beds and associated services for supportive housing for individuals receiving restoration services
- \$3.6 million to contract with Denver Health to reserve five short-term transition beds between June 2020 and September 2021.
- \$3.5 \$1.5 million for 25 additional housing units
- \$1.0 million for Denver County Diversion (approved but not yet implemented).
- \$0.7 million for 12 short-term beds at the Denver Restoration and Treatment Unit for jail-based restoration services for Denver-based pre-trial defendants from May 2021 through March 2022.
- \$0.5 million for the Larimer County Competency Court (approved but not yet implemented).

The Department paid the maximum of \$10.0 million in fines in FY 2019-20. Payments were reduced to \$2.0 million for FY 2020-21 and then increased to \$6.0 million for FY 2021-22 (but were still capped below the maximum under the consent decree) based on the impact of COVID-19. Barring further change, the payments are likely to rebound to the maximum level for FY 2022-23.

DEPARTMENT REQUEST: The Department requests continuation funding of \$6,000,000 General Fund, with no change from the FY 2021-22 appropriation.

STAFF RECOMMENDATION: As discussed above with the staff initiated adjustment to consent decree fines and fees, staff recommends approving an appropriation of \$20,000,000 General Fund in an effort to reduce plan for likely costs in FY 2022-23 and mitigate against the risk of a very large supplemental to cover higher than anticipated costs..

(F) INDIRECT COST ASSESSMENT

INDIRECT COST ASSESSMENT

This line item reflects the money anticipated to be recovered from cash and federal fund sources that allow for statewide and departmental indirect administrative costs. Prior to FY 2017-18, this line item was included in subsection (A).

STATUTORY AUTHORITY: Colorado Fiscal Rules #8-3; Section 24-75-1401, C.R.S. [Indirect Costs Excess Recovery Fund]

REQUEST: The Department requests \$7,047,135 total funds.

RECOMMENDATION: This item is pending Committee action on prioritized decision items for the Department of Human Services.

HCPF - (7) DEPARTMENT OF HUMAN SERVICES MEDICAID-FUNDED PROGRAMS, (F) OFFICE OF BEHAVIORAL HEALTH – MEDICAID FUNDING

Division (7) within the Colorado Department of Health Care Policy and Financing (HCPF) includes Medicaid funds appropriated for programs administered by the Department of Human Services (DHS). The four line items in this section of this document, which appear in the Long Bill in HCPF Section (7), support the DHS programs covered in this document.

LINE ITEM DETAIL — DEPARTMENT OF HUMAN SERVICES MEDICAID-FUNDED PROGRAMS, OFFICE OF BEHAVIORAL HEALTH – MEDICAID-FUNDING

COMMUNITY BEHAVIORAL HEALTH ADMINISTRATION

This line item reflects the amount of Medicaid funds appropriated for the personal services and operating expenses for the Department of Human Services' (DHS') Office of Behavioral Health.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-60-101, et seq., C.R.S. [Behavioral health crisis response system]; Section 27-66-101, et seq., C.R.S. [Community mental health services]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-81-101, et seq., C.R.S. [Alcohol use, education, prevention, and treatment]; Section 27-82-101, et seq., C.R.S. [Substance use prevention, education, and treatment]

REQUEST: The Department requests \$530,178 total funds for this line item, which includes an increase of \$15,702 to reflect the allocation of FY 2021-22 salary survey appropriations.

RECOMMENDATION: Staff recommends approving an appropriation of \$841,266 total funds to align with the recommendations in the Department of Human Services. Staff requests permission to adjust this appropriation to align with the Committee's decisions in the Department of Human Services.

CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT

This line item reflects the amount of Medicaid funds appropriated for the Children and Youth Mental Health Treatment Act. This program is administered by DHS, and it provides funding for mental health treatment services for children and youth under age 21¹⁵. The program is designed to make services available for children and youth who are at risk of out-of-home placement, but a dependency and neglect action is neither appropriate nor warranted. Services may include mental health treatment services and care management, including any residential treatment, community-based care, or any post-residential follow-up services that may be appropriate.

¹⁵ An individual must be under the age of 18 to become eligible for services through this program. However, once an individual becomes eligible, he or she may remain eligible until his or her 21st birthday.

The CYMHTA applies to two groups of children, with different application and payment processes for each group.

- *Children who are categorically Medicaid-eligible and have a covered mental health diagnosis.* A parent or guardian of a Medicaid-eligible child may apply for residential treatment through the local regional accountable entity (RAE). If the child is determined to require a residential level of care, the RAE is responsible for covering the residential treatment costs.
- *Children Who Are NOT Categorically Eligible for Medicaid.* If a child is at risk of being placed out of the home because they have a mental illness and they require a residential treatment level of care or equivalent community-based services, the parent or guardian may apply for such services through the local community mental health center (Center) or another mental health agency. The Center or mental health agency is required to evaluate the child or youth and clinically assess their need for mental health services.

When a child or youth is approved for funding through this program and the child or youth requires residential treatment, the child or youth may become eligible for Medicaid funding through the federal supplemental security income (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 federal Social Security Administration. 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.

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.

Private insurance benefits must be exhausted prior to accessing any public benefits. In addition, the parents are responsible for paying a portion of the cost of services that is not covered by private insurance or by Medicaid funding; the parent share is based on a sliding fee scale that is based on child support guidelines.

When and if the child is in residential care and funded by the CYMHTA, expenses are covered by parental fees, SSI benefits (if benefits are approved), and CYMHTA funds. If the child or youth is placed in a psychiatric residential treatment facility, treatment expenses are covered by a Medicaid per diem rate and “room and board” expenses are covered by parental fees and CYMHTA funds. If the child is in non-residential care, expenses are covered by SSI benefits, parental fees, and CYMHTA funds.

STATUTORY AUTHORITY: Section 25.5-5-307, C.R.S. [Child mental health treatment and family support program]; Section 27-67-101 et seq., C.R.S. [Children and Youth Mental Health Treatment Act]

REQUEST: This Department requests \$129,763 total funds, which includes an increase of \$1,285 total funds based on the requested 1.0 percent common policy provider rate increase, as applied in the Department’s request.

RECOMMENDATION: Staff recommends an appropriation of \$131,048 total funds, which includes an increase of \$2,570 based on the approved 2.0 percent common policy provider rate increase. Staff requests permission to adjust this appropriation to align with the Committee’s decisions in the Department of Human Services.

HIGH RISK PREGNANT WOMEN PROGRAM

This line item reflects the amount of Medicaid funds appropriated for the "Special Connections" program for pregnant women who are eligible for Medicaid and who have a substance use disorder. This program, which is administered by DHS, helps women have healthier pregnancies and healthier babies by providing case management, individual and group counseling, health education, and residential treatment during pregnancy and up to one year after delivery. This program was developed to: deliver a healthy baby; reduce or stop the substance using behavior of the pregnant woman during and after the pregnancy; promote and assure a safe child-rearing environment for the newborn and other children; and maintain the family unit. DHS contracts with several providers to operate Special Connections Programs.

STATUTORY AUTHORITY: Section 25.5-5-309 through 312, C.R.S.

REQUEST: The Department requests \$1,884,432 total funds, reflects an increase of \$18,657 based on the requested 1.0 percent common policy provider rate increase, as applied in the Department’s request.

RECOMMENDATION: Staff recommends an appropriation of \$1,903,091 total funds, including an increase of \$37,316 associated with the 2.0 percent common policy provider rate increase. Staff requests permission to adjust this appropriation to align with the Committee’s decisions in the Department of Human Services.

MENTAL HEALTH INSTITUTES

This line item reflects the amount of Medicaid funds appropriated for fee-for-service payments to the Colorado Mental Health Institutes. These Medicaid funds support personal services, operating expenses, and pharmaceutical expenses associated with inpatient psychiatric services for Medicaid-eligible “forensic” patients (i.e., individuals who are admitted to the Institutes through the criminal or juvenile justice system) who are under the age of 21 or over the age of 64.

Services Not Covered By This Line Item

Please note that the Institutes bill regional accountable entities (RAEs) for services provided to Medicaid-eligible patients who are under the age of 21 or over the age of 64, and who are referred to the Institutes from a community mental health center or another health care provider (and are thus classified as “civil” patients).

For Medicaid-eligible patients age 21 through 64, Colorado Medicaid rules do not allow the Institutes to receive any Medicaid funding, whether the patient is classified as civil or forensic.

STATUTORY AUTHORITY: Section 25.5-5-202 (1)(a), (i), and (j), C.R.S.; 10 CCR 2505-10 8.212.4.A1. [Medical Services Board rules concerning the inpatient psychiatric hospital services benefit, which

excludes services to adults ages 21 through 64 who receive services through a State Institute of Mental Disease]

REQUEST: This Department requests \$8,223,834 total funds, which includes an increase of \$4,762 associated with the nonprioritized COWINS Partnership Agreement request.

RECOMMENDATION: Staff recommends approving an appropriation of \$8,196,635 total funds. Staff requests permission to adjust this appropriation to align with the Committee's decisions in the Department of Human Services.

LONG BILL FOOTNOTES AND REQUESTS FOR INFORMATION

LONG BILL FOOTNOTES

Staff recommends **CONTINUING** the following footnotes as amended:

- 47 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 **\$545,631** 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. 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.
 - *FY 2019-20:* The General Assembly increased this appropriation by \$5,121 General Fund consistent with the statewide policy concerning community provider rates.
 - *FY 2020-21:* The r General Assembly increased this appropriation by \$9,827 General Fund consistent with the statewide policy concerning community provider rates.
 - *FY 2021-22:* The General Assembly increased this appropriation by \$7,905 General Fund consistent with the statewide policy concerning community provider rates (1.5 percent).
 - *FY 2022-23:* The recommended amount above includes an increase of \$10,699 General Fund consistent with the common policy concerning community provider rates (2.0 percent).
- 48 Department of Human Services, Office of Behavioral Health, Substance Use Treatment and Prevention Services, Treatment and Detoxification Programs -- It is the General Assembly's intent that this appropriation be used to provide services and to expand access to residential treatment services for individuals with substance use disorders, including initial expenses necessary to establish, license, and begin operating one or more programs that provide these services, such as building renovations, furnishings, and equipment.

COMMENT: This footnote was added to the FY 2022-23 Long Bill expressing the General Assembly's intent with regard to the use of funds in the Treatment and Detoxification Programs line item.

- 49 Department of Human Services, Office of Behavioral Health, Integrated Behavioral Health Services, Circle Program and Other Rural Treatment Programs for People with Co-occurring Disorders -- It is the General Assembly's intent that this appropriation be used to: support the community-based Circle Program; support the provision of a full continuum of co-occurring behavioral health treatment services in southern Colorado and the Arkansas Valley; and expand access to 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 the appropriation may be used to provide services and 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 states the General Assembly's intent regarding the use of funds in the Circle Program and Other Rural Treatment Programs for People with Co-occurring Disorders line item. The General Assembly consolidated two previously existing footnotes in FY 2018-19 when the previous line items were combined to create this one.

- 50 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 5.0 percent of the total appropriations in this subsection among line items in this subsection.

COMMENT: This footnote provides the Department with the authority to transfer up to 5.0 percent of total appropriations in the Mental Health Institutes subsection of the Long Bill among line items in that subsection. 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.

In FY 2018-19, the Long Bill format was modified further to include appropriations related to forensic services in a separate subsection.

In FY 2019-20, this footnote was modified to reduce the transfer authority from 10.0 percent to 5.0 percent to reflect historic transfers ranging from 1.6 percent (\$12.3 million in FY 2017-18) to 3.7 percent (\$11.3 million in FY 2015-16).

- 55 Department of Human Services, Office of Behavioral Health, Mental Health Institutes, Mental Health Institute at Ft. Logan, Personal Services; and Mental Health Institute at Pueblo, Personal Services -- It is the General Assembly's intent that \$1,148,010 of these appropriations be used to increase salaries for contract medical personnel in a manner that appropriately considers relevant factors such as certifications and experience.

COMMENT: This footnote was added to the FY 2019-20 Long Bill as part of the recommendation for R12 (Contract Medical staff salary adjustments to encourage the Department to continue the practice of establishing individual salaries based on certification and experience. The funding was approved for two years, but was not included in the FY 2020-21 Long Bill. The FY 2022-23 request includes the third year of funding from the original request.

This footnote was included in the FY 2020-21 Long Bill in error, as the associated funding was not included. However, the General Assembly restored the funding in FY 2021-22 and retained the footnote.

REQUESTS FOR INFORMATION

- 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: Staff recommends continuing this request.

JBC Staff Figure Setting - FY 2022-23
Staff Working Document - Does Not Represent Committee Decision

Appendix A: Numbers Pages

	FY 2019-20 Actual	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2022-23 Request	FY 2022-23 Recommendation
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DEPARTMENT OF HUMAN SERVICES
Michelle Barnes, 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	<u>9,393,587</u>	<u>9,598,490</u>	<u>8,699,444</u>	<u>9,470,681</u>	<u>9,248,144</u> *
FTE	85.9	85.1	85.1	77.2	87.4
General Fund	2,307,978	2,227,029	2,653,423	3,267,116	2,920,843
Cash Funds	455,824	623,089	1,744,837	1,678,082	1,801,818
Reappropriated Funds	783,378	1,118,740	802,250	829,040	829,040
Federal Funds	5,846,407	5,629,632	3,498,934	3,696,443	3,696,443
Operating Expenses	<u>408,113</u>	<u>376,055</u>	<u>368,715</u>	<u>362,007</u>	<u>393,197</u> *
General Fund	47,143	51,847	50,160	45,582	74,642
Cash Funds	66,453	42,501	87,668	85,538	87,668
Reappropriated Funds	11,418	9,353	12,226	12,226	12,226
Federal Funds	283,099	272,354	218,661	218,661	218,661

JBC Staff Figure Setting - FY 2022-23
Staff Working Document - Does Not Represent Committee Decision

	FY 2019-20 Actual	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2022-23 Request	FY 2022-23 Recommendation
H.B. 21-1097 Behavioral Health Administration	0	0	0	<u>2,477,045</u>	0 *
FTE	0.0	0.0	0.0	21.7	0.0
General Fund	0	0	0	2,477,045	0
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
SUBTOTAL - (A) Community Behavioral Health Administration	9,801,700	9,974,545	9,068,159	12,309,733	9,641,341
FTE	<u>85.9</u>	<u>85.1</u>	<u>85.1</u>	<u>98.9</u>	<u>87.4</u>
General Fund	2,355,121	2,278,876	2,703,583	5,789,743	2,995,485
Cash Funds	522,277	665,590	1,832,505	1,763,620	1,889,486
Reappropriated Funds	794,796	1,128,093	814,476	841,266	841,266
Federal Funds	6,129,506	5,901,986	3,717,595	3,915,104	3,915,104

(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	<u>42,917,418</u>	<u>40,912,987</u>	<u>41,544,501</u>	<u>36,575,050</u>	<u>36,855,599</u> *
General Fund	27,584,997	27,370,658	28,054,924	28,335,473	28,616,022
Cash Funds	0	0	5,250,000	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	15,332,421	13,542,329	8,239,577	8,239,577	8,239,577

JBC Staff Figure Setting - FY 2022-23
Staff Working Document - Does Not Represent Committee Decision

	FY 2019-20 Actual	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2022-23 Request	FY 2022-23 Recommendation
ACT Programs and Other Alternatives to the MHIs	<u>16,889,426</u>	<u>15,721,007</u>	<u>17,139,032</u>	<u>17,310,422</u>	<u>17,481,813</u> *
General Fund	16,889,426	15,721,007	17,139,032	17,310,422	17,481,813
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Mental Health Services for Juvenile and Adult Offenders	<u>5,604,786</u>	<u>4,653,735</u>	<u>5,795,078</u>	<u>5,853,029</u>	<u>5,910,980</u> *
General Fund	0	0	0	0	0
Cash Funds	5,604,786	4,653,735	5,795,078	5,853,029	5,910,980
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Children and Youth Mental Health Treatment Act	<u>2,962,390</u>	<u>2,929,083</u>	<u>3,130,788</u>	<u>3,162,097</u>	<u>3,193,404</u> *
General Fund	2,544,663	2,516,052	2,578,953	2,604,743	2,630,532
Cash Funds	417,727	413,031	423,357	427,591	431,824
Reappropriated Funds	0	0	128,478	129,763	131,048
Federal Funds	0	0	0	0	0
Family First Prevention Services Act	<u>0</u>	<u>0</u>	<u>631,309</u>	<u>631,309</u>	<u>631,309</u>
General Fund	0	0	631,309	631,309	631,309
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2022-23
Staff Working Document - Does Not Represent Committee Decision

	FY 2019-20 Actual	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2022-23 Request	FY 2022-23 Recommendation
Behavioral Health Vouchers	<u>0</u>	<u>0</u>	<u>50,000</u>	<u>50,500</u>	<u>50,000</u> *
General Fund	0	0	50,000	50,500	50,000
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Involuntary Mental Health Care and Treatment	<u>0</u>	<u>0</u>	<u>0</u>	<u>50,000</u>	<u>0</u> *
General Fund	0	0	0	50,000	0
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Veteran Suicide Prevention Pilot Program	<u>0</u>	<u>0</u>	<u>1,660,000</u>	<u>2,936,600</u>	<u>2,953,200</u> *
General Fund	0	0	1,660,000	2,936,600	2,953,200
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
SUBTOTAL - (B) Community-based Mental Health Services	68,374,020	64,216,812	69,950,708	66,569,007	67,076,305
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	47,019,086	45,607,717	50,114,218	51,919,047	52,362,876
Cash Funds	6,022,513	5,066,766	11,468,435	6,280,620	6,342,804
Reappropriated Funds	0	0	128,478	129,763	131,048
Federal Funds	15,332,421	13,542,329	8,239,577	8,239,577	8,239,577

JBC Staff Figure Setting - FY 2022-23
Staff Working Document - Does Not Represent Committee Decision

	FY 2019-20 Actual	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2022-23 Request	FY 2022-23 Recommendation
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(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).

FY 2017-18 Long Bill Structure

Treatment and Detoxification Programs	<u>59,878,485</u>	<u>47,832,440</u>	<u>40,641,682</u>	<u>39,427,989</u>	<u>39,775,222</u> *
FTE	0.0	2.1	2.1	2.1	2.1
General Fund	12,928,000	12,204,598	14,795,588	13,127,588	13,417,500
Cash Funds	2,089,448	4,152,146	6,652,627	7,106,934	7,164,255
Reappropriated Funds	0	0	0	0	0
Federal Funds	44,861,037	31,475,696	19,193,467	19,193,467	19,193,467
Increasing Access to Effective Substance Use					
Disorder Services	<u>16,175,557</u>	<u>13,822,640</u>	<u>25,806,622</u>	<u>15,964,688</u>	<u>16,122,754</u> *
General Fund	0	13,822,640	0	0	0
Cash Funds	16,175,557	0	25,806,622	15,964,688	16,122,754
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Prevention Contracts	<u>6,259,140</u>	<u>5,078,788</u>	<u>6,418,993</u>	<u>6,382,533</u>	<u>6,419,730</u> *
General Fund	27,695	35,930	36,828	368	37,565
Cash Funds	484,234	23,508	51,149	51,149	51,149
Reappropriated Funds	0	0	0	0	0
Federal Funds	5,747,211	5,019,350	6,331,016	6,331,016	6,331,016

JBC Staff Figure Setting - FY 2022-23
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	FY 2019-20 Actual	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2022-23 Request	FY 2022-23 Recommendation
Community Prevention and Treatment Programs	<u>2,379,633</u>	<u>1,859,611</u>	<u>6,168,558</u>	<u>5,935,207</u>	<u>6,449,245</u> *
FTE	0.0	0.0	0.0	0.0	0.0
General Fund	9,800	10,087	10,339	0	10,546
Cash Funds	2,369,833	1,849,524	2,770,401	2,547,389	3,050,881
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	3,387,818	3,387,818	3,387,818
Housing Assistance for Individuals with a Substance use Disorder	<u>0</u>	<u>0</u>	<u>4,000,000</u>	<u>4,040,000</u>	<u>4,000,000</u> *
FTE	0.0	0.0	1.0	1.0	1.0
General Fund	0	0	4,000,000	4,040,000	4,000,000
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Offender Services	<u>4,514,851</u>	<u>3,656,118</u>	<u>4,602,018</u>	<u>4,648,038</u>	<u>4,663,955</u> *
FTE	0.0	0.0	0.0	0.0	0.0
General Fund	3,061,082	2,176,513	3,096,845	3,127,813	3,158,782
Cash Funds	0	0	0	0	0
Reappropriated Funds	1,453,769	1,479,605	1,505,173	1,520,225	1,505,173
Federal Funds	0	0	0	0	0
Recovery Residence Certification Program	<u>0</u>	<u>0</u>	<u>200,000</u>	<u>202,000</u>	<u>200,000</u> *
General Fund	0	0	200,000	202,000	200,000
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2022-23
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	FY 2019-20 Actual	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2022-23 Request	FY 2022-23 Recommendation
High Risk Pregnant Women Program	<u>0</u>	<u>1,183,268</u>	<u>1,865,775</u>	<u>1,884,432</u>	<u>1,903,091</u> *
General Fund	0	0	0	0	0
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	1,183,268	1,865,775	1,884,432	1,903,091
Federal Funds	0	0	0	0	0
Gambling Addiction Counseling Services	<u>49,997</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0	0
Cash Funds	49,997	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
SUBTOTAL - FY 2017-18 Long Bill Structure	89,257,663	73,432,865	89,703,648	78,484,887	79,533,997
<i>FTE</i>	<u>0.0</u>	<u>2.1</u>	<u>3.1</u>	<u>3.1</u>	<u>3.1</u>
General Fund	16,026,577	28,249,768	22,139,600	20,497,769	20,824,393
Cash Funds	21,169,069	6,025,178	35,280,799	25,670,160	26,389,039
Reappropriated Funds	1,453,769	2,662,873	3,370,948	3,404,657	3,408,264
Federal Funds	50,608,248	36,495,046	28,912,301	28,912,301	28,912,301
SUBTOTAL - (C) Substance Use Treatment and Prevention Services	89,257,663	73,432,865	89,703,648	78,484,887	79,533,997
<i>FTE</i>	<u>0.0</u>	<u>2.1</u>	<u>3.1</u>	<u>3.1</u>	<u>3.1</u>
General Fund	16,026,577	28,249,768	22,139,600	20,497,769	20,824,393
Cash Funds	21,169,069	6,025,178	35,280,799	25,670,160	26,389,039
Reappropriated Funds	1,453,769	2,662,873	3,370,948	3,404,657	3,408,264
Federal Funds	50,608,248	36,495,046	28,912,301	28,912,301	28,912,301

JBC Staff Figure Setting - FY 2022-23
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	FY 2019-20 Actual	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2022-23 Request	FY 2022-23 Recommendation
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(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	<u>28,079,269</u>	<u>27,673,982</u>	<u>29,426,188</u>	<u>29,220,222</u>	<u>29,634,712</u> *
General Fund	24,081,881	23,841,061	25,369,839	25,123,310	25,497,236
Cash Funds	3,997,388	3,832,921	4,056,349	4,096,912	4,137,476
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

Behavioral Health Crisis Response System Secure

Transportation Pilot Programs	<u>546,639</u>	<u>0</u>	<u>554,839</u>	<u>554,839</u>	<u>565,936</u>
General Fund	0	0	0	0	0
Cash Funds	546,639	0	554,839	554,839	565,936
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

Crisis Response System - Telephone Hotline

	<u>3,698,556</u>	<u>3,503,226</u>	<u>3,933,577</u>	<u>3,969,485</u>	<u>4,012,250</u> *
General Fund	3,538,410	3,503,226	3,590,807	3,626,715	3,662,625
Cash Funds	160,146	0	342,770	342,770	349,625
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2022-23
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	FY 2019-20 Actual	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2022-23 Request	FY 2022-23 Recommendation
Crisis Response System - Marketing	<u>588,377</u>	<u>0</u>	<u>600,000</u>	<u>600,000</u>	<u>600,000</u>
General Fund	588,377	0	600,000	600,000	600,000
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Community Transition Services	<u>6,211,134</u>	<u>6,460,012</u>	<u>7,914,874</u>	<u>7,443,069</u>	<u>7,563,171</u> *
General Fund	6,211,134	6,460,012	7,414,874	7,443,069	7,563,171
Cash Funds	0	0	500,000	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Criminal Justice Diversion Programs	<u>5,253,026</u>	<u>6,596,133</u>	<u>7,363,860</u>	<u>62,859</u>	<u>7,510,745</u> *
FTE	2.1	2.3	2.3	0.0	2.3
General Fund	659,074	1,019,331	1,590,927	0	1,620,579
Cash Funds	4,593,952	5,576,802	5,772,933	62,859	5,890,166
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Jail-based Behavioral Health Services	<u>9,112,250</u>	<u>13,046,565</u>	<u>19,653,000</u>	<u>23,703,416</u>	<u>16,082,614</u> *
FTE	0.0	0.0	0.0	2.3	0.0
General Fund	3,491,651	6,006,513	7,370,295	10,577,447	9,077,536
Cash Funds	0	0	5,000,000	5,772,933	0
Reappropriated Funds	5,620,599	7,040,052	7,282,705	7,353,036	7,005,078
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2022-23
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	FY 2019-20 Actual	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2022-23 Request	FY 2022-23 Recommendation
Circle Program and Other Rural Treatment Programs for People with Co-occurring Disorders	<u>8,220,050</u>	<u>6,235,984</u>	<u>8,326,221</u>	<u>8,383,527</u>	<u>7,452,745</u> *
General Fund	3,090,019	0	595,608	595,608	607,520
Cash Funds	3,130,031	4,235,984	5,730,613	5,787,919	5,845,225
Reappropriated Funds	2,000,000	2,000,000	2,000,000	2,000,000	1,000,000
Federal Funds	0	0	0	0	0
Recovery Support Services Grant program	<u>0</u>	<u>0</u>	<u>1,600,000</u>	<u>1,616,000</u>	<u>1,600,000</u> *
FTE	0.0	0.0	1.0	1.0	1.0
General Fund	0	0	1,600,000	1,616,000	1,600,000
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Pilot Program for Residential Placement of Children and Youth with High Acuity Physical, Mental Health, or Behavioral Health Needs	<u>0</u>	<u>0</u>	<u>5,000,000</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0	0
Cash Funds	0	0	5,000,000	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
988 Crisis Hotline	<u>0</u>	<u>0</u>	<u>5,687,692</u>	<u>11,848,150</u>	<u>11,905,027</u> *
FTE	0.0	0.0	1.9	2.0	2.0
General Fund	0	0	0	0	0
Cash Funds	0	0	5,687,692	11,848,150	11,905,027
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2022-23
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	FY 2019-20 Actual	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2022-23 Request	FY 2022-23 Recommendation
SB 137 Federal Stimulus Funds	0	0	<u>64,000,000</u>	0	0
General Fund	0	0	0	0	0
Cash Funds	0	0	64,000,000	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Medication Consistency and Health Information					
Exchange	<u>1,069,077</u>	<u>380,700</u>	<u>760,700</u>	<u>760,700</u>	<u>760,700</u>
General Fund	0	0	0	0	0
Cash Funds	1,069,077	380,700	760,700	760,700	760,700
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
SUBTOTAL - (D) Integrated Behavioral Health					
Services	62,778,378	63,896,602	154,820,951	88,162,267	87,687,900
<i>FTE</i>	<u>2.1</u>	<u>2.3</u>	<u>5.2</u>	<u>5.3</u>	<u>5.3</u>
General Fund	41,660,546	40,830,143	48,132,350	49,582,149	50,228,667
Cash Funds	13,497,233	14,026,407	97,405,896	29,227,082	29,454,155
Reappropriated Funds	7,620,599	9,040,052	9,282,705	9,353,036	8,005,078
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2022-23
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	FY 2019-20 Actual	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2022-23 Request	FY 2022-23 Recommendation
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(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	<u>16,099,022</u>	<u>21,816,796</u>	<u>23,487,985</u>	<u>33,857,049</u>	<u>31,912,394</u> *
FTE	216.2	216.2	216.2	317.0	307.5
General Fund	14,372,363	20,148,750	21,751,757	32,103,453	30,157,824
Cash Funds	1,699,980	1,642,370	1,642,140	1,659,223	1,660,144
Reappropriated Funds	26,679	25,676	94,088	94,373	94,426
Federal Funds	0	0	0	0	0
Contract Medical Services	<u>815,297</u>	<u>596,058</u>	<u>815,297</u>	<u>815,897</u>	<u>815,297</u> *
General Fund	815,297	596,058	815,297	815,897	815,297
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Operating Expenses	<u>1,327,663</u>	<u>1,169,178</u>	<u>1,066,793</u>	<u>2,378,321</u>	<u>2,565,884</u> *
General Fund	1,190,278	1,054,416	925,278	2,236,806	2,424,369
Cash Funds	114,762	114,762	117,612	117,612	117,612
Reappropriated Funds	22,623	0	23,903	23,903	23,903
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2022-23
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	FY 2019-20 Actual	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2022-23 Request	FY 2022-23 Recommendation
Capital Outlay	<u>112,916</u>	<u>107,948</u>	<u>112,916</u>	<u>112,916</u>	<u>112,916</u>
General Fund	112,916	107,948	112,916	112,916	112,916
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Pharmaceuticals	<u>1,368,888</u>	<u>1,223,761</u>	<u>1,328,473</u>	<u>1,611,596</u>	<u>1,707,007</u> *
General Fund	1,274,852	1,129,725	1,211,865	1,494,988	1,590,399
Cash Funds	94,036	94,036	94,036	94,036	94,036
Reappropriated Funds	0	0	22,572	22,572	22,572
Federal Funds	0	0	0	0	0
SUBTOTAL - (1) Mental Health Institute - Ft.					
Logan	19,723,786	24,913,741	26,811,464	38,775,779	37,113,498
FTE	<u>216.2</u>	<u>216.2</u>	<u>216.2</u>	<u>317.0</u>	<u>307.5</u>
General Fund	17,765,706	23,036,897	24,817,113	36,764,060	35,100,805
Cash Funds	1,908,778	1,851,168	1,853,788	1,870,871	1,871,792
Reappropriated Funds	49,302	25,676	140,563	140,848	140,901
Federal Funds	0	0	0	0	0
(2) Mental Health Institute - Pueblo					
Personal Services	<u>195,036,712</u>	<u>87,231,761</u>	<u>97,177,601</u>	<u>99,538,433</u>	<u>99,363,316</u> *
FTE	1,026.3	1,056.2	1,056.2	1,060.2	1,056.2
General Fund	88,436,626	76,400,255	85,768,247	87,997,307	87,820,117
Cash Funds	95,569,159	3,755,180	3,755,180	3,795,144	3,795,826
Reappropriated Funds	3,376,753	7,076,326	7,654,174	7,745,982	7,747,373
Federal Funds	7,654,174	0	0	0	0

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	FY 2019-20 Actual	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2022-23 Request	FY 2022-23 Recommendation
Contract Medical Services	<u>2,684,664</u>	<u>2,033,942</u>	<u>3,384,664</u>	<u>2,786,464</u>	<u>2,784,664</u> *
General Fund	2,684,664	2,033,942	3,384,664	2,786,464	2,784,664
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Operating Expenses	<u>7,137,397</u>	<u>7,196,400</u>	<u>7,966,424</u>	<u>8,032,606</u>	<u>8,019,805</u> *
General Fund	3,708,889	3,763,142	4,385,551	4,398,352	4,385,551
Cash Funds	395,155	399,905	399,905	399,905	399,905
Reappropriated Funds	3,033,353	3,033,353	3,180,968	3,234,349	3,234,349
Federal Funds	0	0	0	0	0
Capital Outlay	<u>324,068</u>	<u>324,815</u>	<u>324,068</u>	<u>324,068</u>	<u>324,068</u>
General Fund	324,068	324,815	324,068	324,068	324,068
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Pharmaceuticals	<u>4,336,782</u>	<u>4,711,043</u>	<u>4,114,182</u>	<u>4,714,182</u>	<u>4,714,182</u> *
General Fund	4,103,660	4,477,561	3,880,700	4,480,700	4,480,700
Cash Funds	195,861	195,861	195,861	195,861	195,861
Reappropriated Funds	37,261	37,621	37,621	37,621	37,621
Federal Funds	0	0	0	0	0

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	FY 2019-20 Actual	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2022-23 Request	FY 2022-23 Recommendation
Educational Programs	<u>216,554</u>	<u>122,846</u>	<u>236,402</u>	<u>236,402</u>	<u>236,402</u>
FTE	2.7	2.7	2.7	2.7	2.7
General Fund	31,094	31,094	31,094	31,094	31,094
Cash Funds	0	0	0	0	0
Reappropriated Funds	136,190	64,510	205,308	205,308	205,308
Federal Funds	49,270	27,242	0	0	0
SUBTOTAL - (2) Mental Health Institute - Pueblo	209,736,177	101,620,807	113,203,341	115,632,155	115,442,437
FTE	<u>1029.0</u>	<u>1058.9</u>	<u>1058.9</u>	<u>1062.9</u>	<u>1058.9</u>
General Fund	99,289,001	87,030,809	97,774,324	100,017,985	99,826,194
Cash Funds	96,160,175	4,350,946	4,350,946	4,390,910	4,391,592
Reappropriated Funds	6,583,557	10,211,810	11,078,071	11,223,260	11,224,651
Federal Funds	7,703,444	27,242	0	0	0
(3) Forensic Services					
Forensic Services Administration	<u>233,099</u>	<u>253,209</u>	<u>1,060,688</u>	<u>1,081,922</u>	<u>1,081,922</u>
FTE	13.9	13.9	13.9	13.9	13.9
General Fund	233,099	253,209	1,060,688	1,081,922	1,081,922
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

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	FY 2019-20 Actual	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2022-23 Request	FY 2022-23 Recommendation
Forensic Support Team	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,495,996</u>	<u>1,495,996</u> *
FTE	0.0	0.0	0.0	19.0	19.0
General Fund	0	0	0	1,495,996	1,495,996
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Court Services	<u>5,507,420</u>	<u>8,392,309</u>	<u>7,669,525</u>	<u>6,974,778</u>	<u>6,990,024</u> *
FTE	52.6	77.1	77.1	58.1	58.1
General Fund	5,507,420	8,392,309	7,669,525	6,974,778	6,990,024
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Forensic Community-based Services	<u>2,169,557</u>	<u>2,087,731</u>	<u>3,466,819</u>	<u>4,087,690</u>	<u>4,102,411</u> *
FTE	20.4	20.4	20.4	20.4	20.4
General Fund	2,169,557	2,087,731	3,466,819	4,087,690	4,102,411
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Jail-based Competency Restoration Program	<u>13,537,982</u>	<u>1,244,900</u>	<u>13,753,286</u>	<u>13,904,438</u>	<u>14,029,715</u> *
FTE	4.3	4.3	4.3	4.3	4.3
General Fund	13,537,982	1,244,900	13,753,286	13,904,438	14,029,715
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2022-23
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	FY 2019-20 Actual	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2022-23 Request	FY 2022-23 Recommendation
Purchased Psychiatric Bed Capacity	<u>2,368,304</u>	<u>3,238,130</u>	<u>3,335,351</u>	<u>3,412,250</u>	<u>3,400,598</u> *
FTE	1.0	1.0	1.0	1.0	1.0
General Fund	2,368,304	3,238,130	3,335,351	3,412,250	3,400,598
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Outpatient Competency Restoration Program	<u>1,322,304</u>	<u>3,195,138</u>	<u>3,701,882</u>	<u>3,904,783</u>	<u>3,934,749</u> *
FTE	1.0	1.0	1.0	3.0	3.0
General Fund	1,322,304	3,195,138	3,701,882	3,904,783	3,934,749
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
SUBTOTAL - (3) Forensic Services	25,138,666	18,411,417	32,987,551	34,861,857	35,035,415
FTE	<u>93.2</u>	<u>117.7</u>	<u>117.7</u>	<u>119.7</u>	<u>119.7</u>
General Fund	25,138,666	18,411,417	32,987,551	34,861,857	35,035,415
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
(4) Consent Decree Fines and Costs					
Consent Decree Fines and Costs	<u>9,534,841</u>	<u>2,028,823</u>	<u>6,000,000</u>	<u>6,000,000</u>	<u>20,000,000</u>
General Fund	9,534,841	2,028,823	6,000,000	6,000,000	20,000,000
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

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SUBTOTAL - (4) Consent Decree Fines and					
Costs	9,534,841	2,028,823	6,000,000	6,000,000	20,000,000
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	9,534,841	2,028,823	6,000,000	6,000,000	20,000,000
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
SUBTOTAL - (E) Mental Health Institutes					
<i>FTE</i>	<u>1,338.4</u>	<u>1,392.8</u>	<u>1,392.8</u>	<u>1,499.6</u>	<u>1,486.1</u>
General Fund	151,728,214	130,507,946	161,578,988	177,643,902	189,962,414
Cash Funds	98,068,953	6,202,114	6,204,734	6,261,781	6,263,384
Reappropriated Funds	6,632,859	10,237,486	11,218,634	11,364,108	11,365,552
Federal Funds	7,703,444	27,242	0	0	0
(F) Indirect Cost Assessment					
Indirect Cost Assessment	<u>8,179,526</u>	<u>7,066,222</u>	<u>6,753,934</u>	<u>7,047,135</u>	<u>7,047,135</u> *
General Fund	0	0	0	0	0
Cash Funds	5,822,972	6,055,221	3,670,381	3,828,352	3,828,352
Reappropriated Funds	1,370,519	92,907	1,519,464	1,589,037	1,589,037
Federal Funds	986,035	918,094	1,564,089	1,629,746	1,629,746
SUBTOTAL - (F) Indirect Cost Assessment					
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	0	0	0	0	0
Cash Funds	5,822,972	6,055,221	3,670,381	3,828,352	3,828,352
Reappropriated Funds	1,370,519	92,907	1,519,464	1,589,037	1,589,037
Federal Funds	986,035	918,094	1,564,089	1,629,746	1,629,746

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	FY 2019-20 Actual	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2022-23 Request	FY 2022-23 Recommendation
TOTAL - (8) Office of Behavioral Health	502,524,757	365,561,834	509,299,756	447,842,820	458,578,028
<i>FTE</i>	<u>1,426.4</u>	<u>1,482.3</u>	<u>1,486.2</u>	<u>1,606.9</u>	<u>1,581.9</u>
General Fund	258,789,544	247,474,450	284,668,739	305,432,610	316,373,835
Cash Funds	145,103,017	38,041,276	155,862,750	73,031,615	74,167,220
Reappropriated Funds	17,872,542	23,161,411	26,334,705	26,681,867	25,340,245
Federal Funds	80,759,654	56,884,697	42,433,562	42,696,728	42,696,728
TOTAL - Department of Human Services	502,524,757	365,561,834	509,299,756	447,842,820	458,578,028
<i>FTE</i>	<u>1,426.4</u>	<u>1,482.3</u>	<u>1,486.2</u>	<u>1,606.9</u>	<u>1,581.9</u>
General Fund	258,789,544	247,474,450	284,668,739	305,432,610	316,373,835
Cash Funds	145,103,017	38,041,276	155,862,750	73,031,615	74,167,220
Reappropriated Funds	17,872,542	23,161,411	26,334,705	26,681,867	25,340,245
Federal Funds	80,759,654	56,884,697	42,433,562	42,696,728	42,696,728