

MEMORANDUM



JOINT BUDGET COMMITTEE

TO Members of the Joint Budget Committee
FROM Craig Harper, JBC Staff (303-866-3481)
DATE March 2, 2023
SUBJECT Roll-forward of ARPA Appropriations in S.B. 21-137

Senate Bill 21-137 (Behavioral Health Recovery Act) appropriated a total of \$90.6 million cash funds from the Behavioral and Mental Health Cash Fund (which originated as federal stimulus funds) to the Department of Human Services for a variety of behavioral health programs. The bill made those funds available to the Department for FY 2021-22 and FY 2022-23. This memorandum addresses:

- Multi-department S2 (ARPA Stimulus Roll-forward Requests): A request from the Governor to roll-forward a total of \$25.0 million in appropriations to the Behavioral Health Administration (BHA) to allow the BHA to spend those funds in FY 2023-24.
- A JBC Staff recommendation (responding to an outreach from the Office of the Colorado Behavioral Health Ombudsman) to roll-forward \$300,000 from the same source to allow the Office to spend those funds in FY 2023-24.

STATEWIDE S2 ARPA STIMULUS FUNDING ROLL-FORWARD (S.B. 21-137 DHS PORTION ONLY)

	REQUEST	RECOMMENDATION
TOTAL	\$0	\$0
Cash Funds	0	0

DEPARTMENT REQUEST: As part of a statewide request for roll-forward authority of some ARPA stimulus funds, the Office of State Planning and Budgeting requested the extension of spending authority for a total of \$25.0 million in appropriations supporting programs in the Behavioral Health Administration. Senate bill 21-137 appropriated a total of \$90.6 million cash funds from the Behavioral and Mental Health Cash Fund to the Department of Human Services for FY 2021-22 and made those funds available to the Department through FY 2022-23.

The Department's request pertains to items totaling \$46.0 million in the original appropriation, and the Department is currently estimating that \$25.0 million of that total will remain unspent at the end of FY 2022-23, including:

- \$15.0 million of \$26.0 million appropriated for statewide care coordination infrastructure.
- \$9.0 million of \$18.0 million appropriated for the workforce development program.
- \$1.0 million of \$2.0 million appropriated for distribution to community mental health centers for services provided to school-aged children and parents by community mental health center school-based clinicians and prevention specialists.

STAFF RECOMMENDATION: Staff recommends amending the relevant section of the appropriation clause to roll forward a total of \$46.0 million (the entire amounts associated with the three programs in this request). The recommendation would specify that the funds for those three programs (out of twelve in that particular subsection of the appropriation clause) would be available for the additional year.

Alternatively, the Committee could roll-forward all of the appropriations in that subsection (a total of \$86.75 million). That amendment would be simpler as it would only require striking 2022-23 and substituting 2023-24 for the subparagraph that specifies that the twelve programs are funded through FY 2022-23.

ANALYSIS: The Department is requesting the extended spending authority in order to allow for the full expenditure of the funds for these three programs following unanticipated delays in expenditures. According to the Department:

- The care coordination infrastructure and workforce development programs have “required significant information technology capital investments which have slowed the ability of the BHA to successfully begin the implementation of each program.”
- For the distributions to the community mental health centers, the department indicates that ongoing workforce challenges, including difficulty recruiting and retaining school-based clinicians and prevention specialists, have driven the slower spending.

Given that the General Assembly appropriated these amounts for the specific purposes identified in the bill, staff assumes an intent for the Department to spend the full amounts on the specified program. However, if challenges in spending the money persist (based on either information technology investments or continued workforce challenges for the school-based clinicians and prevention specialists) then the General Assembly will have the opportunity assess those challenges during the 2024 Session and reallocate the funds if necessary.

STAFF INITIATED – BEHAVIORAL HEALTH OMBUDSMAN S.B. 21-137 FUNDING

	REQUEST	RECOMMENDATION
TOTAL	\$0	\$0
Cash Funds	0	0

DEPARTMENT REQUEST: The Office of the Colorado Behavioral Health Ombudsman (Office) reached out to JBC Staff to inquire about rolling forward spending authority for funds appropriated to the Office for FY 2021-22 and FY 2022-23 in S.B. 21-137 (Behavioral Health Recovery Act) to allow the Office to spend the remaining funds in FY 2023-24. Senate Bill 21-137 appropriated \$300,000 cash funds from the Behavioral and Mental Health Cash Fund (which originated as federal Coronavirus State Fiscal Recovery Funds) to the Office for FY 2021-22 and made those funds available through FY 2022-23. The proposal would allow the Office to spend any remaining funds (an estimated \$190,000) in FY 2023-24.

STAFF RECOMMENDATION: Staff recommends approving the request to roll-forward the appropriation to the Office in S.B. 21-137 to allow them to spend the remaining funds in FY 2023-24. While the General Assembly appropriated the funds for FY 2021-22 and FY 2022-23, the Office did not actually have access to the money until August 2022, so the funds were not available at all in

FY 2021-22. The Office is using the funds in the current year to set up new systems for collection and intake of complaints and to support contract staff to enhance services. Staff recommends allowing the Office to use the funds through FY 2023-24 to continue to support the enhanced services and to develop a plan for sustainable operations and services beyond FY 2023-24. Staff is recommending providing the spending authority for FY 2023-24. While staff is recommending amending the appropriation clause in S.B. 21-137 to extend the appropriation, the Committee does have at least two options available to provide the spending authority in FY 2023-24:

- As proposed and recommended, the Committee can amend the appropriation clause in S.B. 21-137 to make the funds available through the 2023-24 state fiscal year rather than 2022-23.
- Alternatively, based on the Office's estimate that \$190,000 will remain unspent at the end of the current year, the Committee could simply appropriate that remaining amount for FY 2023-24 in the Long Bill with a new appropriation.

Staff recommends providing the spending authority for FY 2023-24 but does not feel strongly about the mechanism. Either route would provide the spending authority for the next fiscal year. Staff is recommending the roll-forward option because: (1) it will ensure that the full \$300,000 appropriation is available to the Office (no more and no less) rather than relying on an estimate of the remaining funds; and (2) staff is also recommending the roll-forward of other appropriations in S.B. 21-137 (Statewide S2 – ARPA Stimulus Funding Roll-forward, discussed in the Behavioral Health Administration section of this document). On the other hand, creating a new appropriation for the estimated remaining funds may be more transparent as an appropriation for FY 2023-24.

ANALYSIS: House Bill 18-1357 created the Office of the Ombudsman for Behavioral Health Access to Care (Office) and charged the Office with the following duties:

- 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.

The Office works directly with patients, families, and providers to address those concerns and works with other agencies (such as the Department of Human Services, the Behavioral Health Administration, the Department of Health Care Policy and Financing, and the Division of Insurance) to resolve issues.

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.”

Since its creation in H.B. 18-1357, the Office has received appropriations based on an estimate of 1.5 FTE (including \$133,417 in the FY 2022-23 Long Bill).

- Based on conversations with the Office, that has often actually resulted in a single FTE (the appointed Ombudsman), with some part-time support through contract staff.
- 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 did provide authority for the Office to spend the money in either FY 2021-22 or FY 2022-23.
- However, the Office did not have access to those funds until August 2022, meaning that none of the additional funding was available for FY 2021-22. The Office expects to spend a total of approximately \$110,000 to \$120,000 of that amount in FY 2022-23 and is using the money to support part-time contract staff as well as intake staff to receive inquiries and complaints.

Based on the discussions and correspondence with the Office of the Ombudsman, JBC Staff agrees that the workload of the Office appears to warrant additional resources on an ongoing basis. Staff suggests that a decision item to provide those resources may be warranted as part of the FY 2024-25 budget process – and staff hopes that making the resources available for FY 2023-24 will assist the Office in creating the analysis and justification for such a request (if it proves to be warranted on an ongoing basis). At the present time, though, staff recommends ensuring that the Office has access to the additional funds provided through S.B. 21-137 through FY 2023-24.

JOINT BUDGET COMMITTEE



STAFF FIGURE SETTING FY 2023-24

DEPARTMENT OF HUMAN SERVICES

(Behavioral Health Administration and Office of Behavioral
Health)

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

PREPARED BY:
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MARCH 2, 2023

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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 division, 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 division summary tables.

Decision items, both department-requested items and staff-initiated items, are discussed either in the Decision Items Affecting Multiple Divisions or at the beginning of the most relevant division. Within a section, decision items are listed in the requested priority order, if applicable.

In some of the analysis of decision items in this document, you may see language denoting certain 'levels of evidence', e.g. theory-informed, evidence-informed, or proven. For a detailed explanation of what is meant by 'levels of evidence', and how those levels of evidence are categorized, please refer to Section 2-3-210 (2), C.R.S.

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 Behavioral Health Administration and the Office of Behavioral Health.

BEHAVIORAL HEALTH ADMINISTRATION

The Behavioral Health Administration (BHA), which launched July 1, 2022, 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 the administration of the BHA in its leadership capacity as well as 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. Prior to FY 2022-23, these functions were housed within the community-based programs in the Office of Behavioral Health (OBH). However, the establishment of the BHA in FY 2022-23 pursuant to H.B. 21-1097 (Establish Behavioral Health Administration) and H.B. 22-1278 (Behavioral Health Administration) moved those functions to the newly created BHA. Those bills also added new and expanded duties to the BHA beyond what had previously been housed within the community-based programs in OBH.

The agency continues to contract with 17 community mental health centers (Centers) across the state to provide mental health services that are not otherwise available.² 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.

By July 1, 2024, H.B. 22-1278 requires significant changes to the BHA's contracting process with the addition of Behavioral Health Administrative Service Organizations (BHASOs). That change will add a contractual layer between the BHA and providers such that the BHA will contract with the BHASOs

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 The State added an 18th Center with the designation of Eagle Valley Behavioral Health as a Community Mental Health Center in October 2021 but a merger of two others as of July 1, 2022, reduced the number to 17.

who will then contract with providers to ensure service quality and availability in their respective regions. The BHASOs will also consolidate the existing roles of the managed service organizations (MSOs) for substance use services and the existing administrative service organizations (ASOs) for crisis services and the implementation of the Children and Youth Mental Health Treatment Act. The bill also authorizes the designation of additional providers as part of the state safety net.

OFFICE OF BEHAVIORAL HEALTH

With the movement of community-based programs to the BHA in FY 2022-23, the Office of Behavioral Health (which the Department of Human Services has internally renamed as the Office of Civil and Forensic Mental Health or OCFMH) now focuses on two major areas of responsibility:

First, The OCFMH administers and operates two Mental Health Institutes (state hospitals) that provide inpatient hospitalization for individuals with serious mental health disorders. One is located in Pueblo and the other is located on the Fort Logan campus in Denver. These hospitals serve three populations:

- Forensic clients with pending criminal charges who require inpatient evaluations of competency to stand trial and inpatient services to restore competency.
- Individuals who have been found not guilty by reason of insanity and require hospitalization.
- Adults and adolescents who are referred for admission by community mental health centers, the Department's Division of Youth Services, and other health providers.

The OCFMH is also responsible for a variety of behavioral health services to forensic clients (those involved in the criminal justice system), including all issues related to competency evaluations and restoration, either in or outside of the state hospitals. This includes support and administration of services in the Mental Health Institutes, jail-based services, purchased in-patient psychiatric beds, community-based services, and outpatient competency restoration programs, in addition to work with the courts to place clients in the most appropriate services as clients move through the process.

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

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

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						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$453,316,755	\$311,307,296	\$74,066,825	\$25,281,976	\$42,660,658	1,581.9
Other legislation	302,357,318	14,958,112	287,354,649	44,557	0	47.5
S.B. 23-119 (Supplemental bill)	1,514,533	3,000,000	78,211	(1,597,007)	33,329	0.0
TOTAL	\$757,188,606	\$329,265,408	\$361,499,685	\$23,729,526	\$42,693,987	1,629.4
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$757,188,606	\$329,265,408	\$361,499,685	\$23,729,526	\$42,693,987	1,629.4
Behavioral Health Administration						
BHA-R1 Behavioral Health Administration personnel	1,981,282	1,981,282	0	0	0	19.7
BHA-R2 Behavioral health services for children and youth	2,000,000	2,000,000	0	0	0	0.0
BHA-R3 Behavioral health learning management system	739,423	739,423	0	0	0	0.9
BHA-R4 BHA community provider	5,246,701	3,491,582	1,751,187	3,932	0	0.0
BHA-R5 BHA technical adjustments	0	0	0	0	0	0.0
Office of Behavioral Health						
R1 State hospital quality assurance	637,385	637,385	0	0	0	6.0
R8 Forensic Services Division capacity expansion	2,405,432	2,405,432	0	0	0	22.7
R9/BA1 Salary increase for hospital medical staff	4,328,194	4,328,194	0	0	0	0.0
R10 Community provider rate	1,535,588	1,535,588	0	0	0	0.0
Statewide ARPA BA1	0	(130,129,154)	130,129,154	0	0	0.0
R12 Momentum program funding	328,747	328,747	0	0	0	0.0
R14 OCFMH data management and reporting	206,811	206,811	0	0	0	2.7
Indirect cost assessments	890,355	0	501,300	192,150	196,905	0.0
Non-prioritized requests	273,706	0	0	273,706	0	0.0
Technical adjustments	70,375	50,015	20,360	0	0	0.0
Annualize prior year legislation	(291,637,117)	(3,507,753)	(287,745,394)	(350,641)	(33,329)	(8.5)
Annualize prior year budget actions	3,634,469	2,937,171	185,107	159,132	353,059	9.1
TOTAL	\$489,829,957	\$216,270,131	\$206,341,399	\$24,007,805	\$43,210,622	1,682.0
INCREASE/(DECREASE)	(\$267,358,649)	(\$112,995,277)	(\$155,158,286)	\$278,279	\$516,635	52.6
Percentage Change	(35.3%)	(34.3%)	(42.9%)	1.2%	1.2%	3.2%
FY 2023-24 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	\$3,597,205	\$73,597,614	(\$70,059,188)	\$28,964	\$29,815	26.6

DESCRIPTION OF INCREMENTAL CHANGES

BEHAVIORAL HEALTH ADMINISTRATION DECISION ITEMS

BHA R1 BEHAVIORAL HEALTH ADMINISTRATION PERSONNEL: The recommendation includes an increase of \$2.3 million General Fund and 19.7 FTE in FY 2023-24 (increasing to \$2.7 million and 26.0 FTE in FY 2024-25) for the next phase of the implementation of the BHA as established in H.B. 22-1278. The recommendation includes an estimated \$363,097 General Fund for centrally appropriated amounts that are not reflected in the table above because they would be appropriated in the Executive Director’s Office. House Bill 22-1278 requires the BHA to be fully operational by July 1, 2024, and added 21.4 new FTE to the Behavioral Health Administration for FY 2022-23. The “base” for the FY 2023-24 appropriation adds 7.6 additional FTE to reflect the second-year impact

of the bill as anticipated in the Final Legislative Council Staff Fiscal Note, for a total of 29.0 new FTE. The recommendation would be in addition to those resources.

BHA R2 BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND YOUTH: The recommendation includes an increase of \$2.0 million General Fund (ongoing in subsequent years) above the adjusted FY 2022-23 appropriation for behavioral health services provided through the Children and Youth Mental Health Treatment Act (CYMHTA). The Committee approved an interim supplemental request in September 2022 to add \$3.0 million for this program in FY 2022-23 based on increasing caseload, and that increase was included in the Department’s FY 2022-23 supplemental appropriation bill (S.B. 23-119). The recommendation would add \$2.0 million more for FY 2023-24 to align with updated projections of caseload for that year.

BHA R3 BEHAVIORAL HEALTH LEARNING MANAGEMENT SYSTEM: The recommendation includes an increase of \$739,423 General Fund and 0.9 FTE in FY 2023-24 (increasing to \$761,158 and 1.0 FTE in FY 2024-25 and beyond) to support the “learning management system” that the BHA is constructing pursuant to previous legislation (S.B. 21-137 and S.B. 22-181). The Department is currently expecting to spend a total of \$11.4 million in one-time federal stimulus funding to develop the system, including:

- \$5.0 million appropriated in S.B. 21-137 as part of the \$18.0 million allocated for the Behavioral Health Workforce Development Program. That legislation requires the Department to develop an online training system that allows for accessible statewide training opportunities and an online training curriculum to support a geographically and culturally diverse behavioral health care workforce.
- \$4.9 million appropriated in S.B. 22-181. That bill expanded the scope of the system and also required the Department to develop a criminal justice training curriculum that the Department is integrating into the main learning management system.
- \$1.5 million in stimulus block grant funding (not appropriated by the General Assembly).

The Department has contracted with the University of Colorado (who has contracted with a vendor) to build the system. The Department’s goal is to build on the core learning hub to provide a “one-stop shop” to support the needs of the behavioral health workforce. In addition to the training platform and curriculum, the Department intends to use the site as a way to connect workers to career pathways, track certifications not regulated by the Department of Regulatory Agencies (such as peer support specialists), provide tracking for continuing education and professional development credits, among other uses. Although the previous legislation provided funding for system development, the Department has not received funding for ongoing maintenance and support. Given the General Assembly’s large investment in the system to date, staff recommends approving funding to support the system going forward.

BHA R4 COMMUNITY PROVIDER RATE: The recommendation includes the Committee-approved common policy 3.0 percent increase in community provider rates. For this division, the recommendation equates to \$5.2 million total funds, including \$3.5 million General Fund.

BHA R5 TECHNICAL ADJUSTMENTS (REQUIRES LEGISLATION): The recommendation includes the creation of a new Care Coordination line item and an appropriation of \$344,442 General Fund to that line item. Without this change, those funds would be reflected in the existing line item supporting the statewide crisis hotline. The request proposes two statutory changes related to appropriations to the

BHA that the Department has framed as technical adjustments. Please note that both adjustments require legislation and the Department is not requesting these as Joint Budget Committee bills. The changes include:

- A request to remove the statutory requirement that the Care Navigation Program contractor be the same contractor as the operator of the 24-hour statewide crisis hotline. House Bill 19-1287 (Treatment for Opioids and Substance Use Disorders) established the Care Navigation Program and required that the contractor for the program be the same as the contractor for the crisis hotline. It is staff understanding that this was because the crisis system was the most analogous system at that time. However, the Department argues that conditions have changed and is requesting flexibility to compete the contract for the navigation system.
- A request to continuously appropriate the 988 Enterprise Cash Fund (established in S.B. 21-154 (988 Suicide Prevention Lifeline Network)) to allow the Department to respond to what it reports are unpredictable fluctuations in need for the funds.

Staff is not recommending any action in response to the statutory requests, which were not requested as JBC bills but is recommending the creation of the new line item and the associated appropriation for Care Coordination.

OFFICE OF BEHAVIORAL HEALTH DECISION ITEMS

R1 STATE HOSPITAL QUALITY ASSURANCE: The recommendation includes an increase of a total of \$673,898 General Fund and 6.5 FTE to create a Quality Assurance Team for the state hospitals at Pueblo and Fort Logan, with the primary focus of this funding on Pueblo. The increase shown in the table (\$637,385 and 6.0 FTE) is specific to these two divisions. The recommendation also includes \$36,513 and 0.5 FTE appropriated to Administration and Finance for camera maintenance (and not reflected in the table above). The request responds to ongoing concerns about quality assurance at the two hospitals and challenges with remaining compliant with frequent and ongoing changes to regulatory requirements from the Centers for Medicare and Medicaid Services and the Department of Public Health and Environment (as illustrated by a July 2021 citation by the Department of Public Health and Environment for “immediate jeopardy” violations impacting client safety³). The recommendation includes:

- \$425,898 to support the 6.5 FTE requested for the Quality Assurance Team which would include the following FTE: 1.0 health professional IV, 3.0 health professional III positions as “occurrence reporters”, 1.0 project coordinator, and 1.0 policy advisor III to coordinate policies, records, and database activities. The recommendation also includes 0.5 FTE electronic specialist to maintain additional cameras and equipment required by the recent citations. In the findings following the July 2021 incident, CDPHE stated that the hospital at Pueblo is not appropriately staffed to perform quality assurance activities and maintain patient safety.
- \$248,000 per year for the next two years to continue to contract with a national consultant (that has assisted CMHIP in FY 2021-22 and FY 2022-23 in response to the July 2021 incident) to assist with the identification and correction of problem areas. The Department reports that in addition to assisting with the response to the July 2021 citation, the consultant has been instrumental in helping to identify areas of need and inform prompt action to address those areas before problems arise.

³ The citation included a total of six violations, four of which were “immediate jeopardy” violations that require immediate correction in order to continue participating in Medicare and Medicaid.

R8 FORENSIC SERVICES DIVISION CAPACITY EXPANSION: The recommendation includes an increase of \$2.8 million General Fund and 22.7 FTE in FY 2023-24 (annualizing to \$2.5 million and 25.0 FTE in FY 2024-25 and beyond) to expand staff and capacity in the Forensic Services Division. Because the recommendation is for more than 20.0 FTE, it includes \$412,758 for centrally appropriated line items that are not reflected in the table above because those amounts are in the Executive Director's Office. The request and recommendation respond to the ongoing increase in forensic and competency workload, as measure by both caseload for the various programs in the division and by the waitlist for the competency consent decree. The recommendation includes approval of the following positions:

- 19.0 FTE clinical and administration staff for competency evaluation and restoration services. That number includes: 1.0 to create a new deputy director position for the Forensic Services Division, 5.0 psychologist I forensic evaluators, 1.0 psychologist II evaluator supervisor, 2.0 support staff, 1.0 social worker IV program coordinator, 6.0 health professional III forensic navigators, 2.0 health professional III social workers for case management (requested as contract staff but recommended as state FTE), and 1.0 health professional III for jail-based restoration services.
- 6.0 FTE to create a Quality Assurance, Policy, and Records Management Work Unit to focus on monitoring and improving the quality of services provided by both internal staff and through contracted vendors.

R9/BA1 SALARY INCREASE FOR HOSPITAL MEDICAL STAFF: The recommendation includes an increase of \$4.3 million General Fund in FY 2023-24 (and ongoing) to increase contracted medical staff salaries to improve recruitment and retention of qualified psychiatrists, internal medicine physicians, nurse practitioners, and physician assistants to serve the state hospitals in Pueblo and Fort Logan. The hospitals contract with the University of Colorado for these positions and the Department reports that the University has struggled to recruit qualified candidates for the positions at the current salaries. At the time the decision item was written, Fort Logan had a 29.4 percent vacancy rate for physicians and Pueblo's rate was 11.6 percent. The Department worked with the University and others to conduct a salary comparison and determined that the current salaries are below market rates and reports that the University's contract administrator has endorsed the increases (see Appendix B for a letter of support from the contract administrator at the University of Colorado). The Department last received a similar increase in FY 2018-19, although the salary increases were actually funded in two stages (FY 2018-19 and FY 2020-21).

R10 COMMUNITY PROVIDER RATE: The recommendation includes the Committee-approved common policy 3.0 percent increase in community provider rates. For the Office of Behavioral Health, the recommendation equates to \$1.5 million General Fund.

R12 MOMENTUM PROGRAM FUNDING: The recommendation includes an increase of \$328,747 General Fund to expand the availability of services provided through the Momentum Program. The program (operated through a contract with Rocky Mountain Human Services) provides intensive support services to allow forensic clients to receive competency services in the community rather than remaining in jail or a hospital. The contract requires the program to generally prioritize potential placements in the following order: (1) clients from the state hospitals with barriers to discharge that are preventing discharge without Momentum placement; (2) children and youth with significant placement barriers; and (3) all other clients having difficulties discharging from other hospitals or who are part of Forensic Community Based Services, Forensic Support Team, or Outpatient Community

Restoration. Discharging these clients to the community with wrap-around services then makes beds available for additional clients in need of inpatient services.

Placements with existing funding have increased from 32 in FY 2020-21 to 58 in FY 2021-22. The Department estimates that the increase in funding would allow for 76 placements in FY 2023-24.

R14 OCFMH DATA MANAGEMENT AND REPORTING: Contingent upon Committee-approval of a related IT capital request, the recommendation includes an increase of \$206,811 General Fund and 2.7 FTE for FY 2023-24 (annualizing to \$255,142 and 3.0 FTE for FY 2024-25 and beyond) to provide staff to support information technology and data reporting systems improvements proposed through a companion information technology capital construction request (OSPB IT Capital Construction project 4 – OBH Information Management Systems and Data Reporting, scheduled for a figure setting presentation on Friday, March 10, 2023). The proposed system is intended to improve the efficiency of management and reporting for forensics data, protect sensitive information, and reduce the need for time-intensive and redundant data entry and management related to the forensics system. The proposed staff include 3.0 data management III positions (requested and recommended at the range minimum salary) to support the development and ongoing maintenance of the proposed system which is intended to serve both the state hospitals and the forensics programs.

Staff recommends approving the increase summarized above if the Committee approves the IT capital request. Should the Committee choose to deny the IT capital request, staff recommends denying request R14 as well.

STATEWIDE ARPA BA1: The recommendation includes a net-zero substitution of \$130,129,154 cash funds from the Revenue Loss Restoration Cash Fund (which originated as ARPA funds) for that amount of General Fund in the Office of Behavioral Health for FY 2023-2, including: \$90.3 million in the Personal Services line item at the Mental Health Institute at Pueblo; \$31.3 million in the personal services line item at the Mental Health Institute at Fort Logan; and a total of \$8.6 million distributed among four line items in the Forensic Services section. The Committee already approved this staff recommendation as part of the discussion of ARPA Funding for FY 2023-24.⁴

ANNUALIZATIONS AND OTHER ADJUSTMENTS

ANNUALIZE PRIOR YEAR BUDGET ACTIONS: The recommendation includes a net increase of \$3.6 million total funds, including \$2.9 million General Fund, and 9.1 FTE to reflect the FY 2023-24 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	\$3,619,294	\$2,945,525	\$172,321	\$153,838	\$347,610	0.0
FY 2022-23 BA2 Behavioral Health Safety Net	80,611	80,611	0	0	0	1.2
FY 2022-23 R6 Facilities management (indirects)	23,474	0	12,756	5,282	5,436	0.0
FY 2019-20 R21 Salesforce shield (indirects)	546	0	297	122	127	0.0

⁴ See the JBC Staff memorandum from February 8, 2023 at: <https://leg.colorado.gov/sites/default/files/fedfundfigset-02-08-23.pdf>

ANNUALIZE PRIOR YEAR BUDGET ACTIONS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 R2 CMHIFL 44 bed operating	(88,965)	(88,965)	0	0	0	7.9
FY 2022-23 NP5 OIT package (indirects)	(491)	0	(267)	(110)	(114)	0.0
TOTAL	\$3,634,469	\$2,937,171	\$185,107	\$159,132	\$353,059	9.1

INDIRECT COST ASSESSMENTS: The recommendation includes an increase to these divisions’ indirect cost assessments.

TECHNICAL ADJUSTMENTS: The recommendation includes an increase \$70,375 total funds (\$50,015 General Fund) for a leap year adjustment for relevant line items.

ANNUALIZE PRIOR YEAR LEGISLATION: The recommendation includes a net decrease of \$291.6 million total funds (including a net decrease of \$3.5 million General Fund) and a net decrease of 1.0 FTE to reflect the FY 2023-24 impact of bills passed in previous sessions (and the FY 2022-23 supplemental bill), as summarized in the following table. The overall reduction in funding is driven by the elimination of one-time funding provided in various 2022 bills. However, the recommendation also includes a reduction of 7.0 FTE from the annualization associated with H.B. 22-1278 based on the Behavioral Health Administration’s actual use of the appropriations and FTE provided for FY 2022-23.

ANNUALIZE PRIOR YEAR LEGISLATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
HB22-1256 Modifications to civil involuntary commitment	\$576,814	\$576,814	\$0	\$0	\$0	5.2
HB22-1278 Behavioral Health Administration	556,674	556,674	0	0	0	0.6
HB22-1061 Modifications to NGRI	33,539	33,539	0	0	0	0.5
HB22-1243 School security and behavioral health	0	6,000,000	(6,000,000)	0	0	0.0
HB22-1281 Behavioral health-care continuum gap grant	(90,000,000)	0	(90,000,000)	0	0	(5.0)
SB22-196 Health needs of persons in criminal justice system	(50,700,000)	0	(50,700,000)	0	0	0.0
HB22-1303 Increase residential behavioral health beds	(46,432,445)	0	(46,432,445)	0	0	(7.0)
SB22-181 Behavioral health workforce	(36,806,984)	0	(36,806,984)	0	0	0.0
HB22-1386 Competency to proceed and restoration	(29,362,828)	0	(29,362,828)	0	0	0.0
HB22-1326 Fentanyl accountability	(13,755,154)	(10,630,154)	(3,125,000)	0	0	0.9
SB22-177 Investments in care coordination	(12,200,000)	0	(12,200,000)	0	0	(3.0)
HB22-1283 Youth and family behavioral health	(8,039,926)	0	(8,039,926)	0	0	0.0
SB22-148 CO Land-based tribe behavioral health grant	(5,000,000)	0	(5,000,000)	0	0	0.0
SB23-119 (Supplemental bill)	(417,624)	0	(78,211)	(306,084)	(33,329)	0.0
SB22-211 Repurpose Ridge View Campus	(44,557)	(44,557)	0	0	0	(0.4)
HB22-1378 Denver-metro regional navigation	(44,557)	0	0	(44,557)	0	(0.4)
HB22-1052 Promoting crisis services	(69)	(69)	0	0	0	0.1
TOTAL	(\$291,637,117)	(\$3,507,753)	(\$287,745,394)	(\$350,641)	(\$33,329)	(8.5)

NON-PRIORITIZED REQUESTS: The request includes an increase of \$273,706 reappropriated funds from the Department of Corrections associated with food services inflation (this increase was approved as a supplemental adjustment for FY 2022-23 and is requested to continue).

MAJOR DIFFERENCES FROM THE REQUEST

The staff recommendation is \$3.6 million total funds and \$73.6 million General Fund lower than the Department’s request for these two divisions. The most significant differences between the recommendation and the request are described below.

- The Committee approved a previous JBC Staff recommendation to “refinance” a total of \$130.1 million General Fund in the Office of Behavioral Health with one-time cash funds from the Revenue Loss Restoration Fund. That refinance amount is \$70.1 million higher than the \$60.0 million proposed by the Governor in Statewide ARPA BA1 and makes up the vast majority of the difference in General Fund and cash funds appropriations.
- The recommendation is \$2.3 million General Fund below the request for provider rate increases in the Office of Behavioral Health, driven by differences in the provider rate allocations to the mental health institutes.
- The recommendation is \$1.1 million General Fund below the total request for BHA R1 (Behavioral Health Administration Personnel) based on reductions to the number of FTE and staggering anticipated start dates for the recommended positions.
- The recommendation is \$886,613 below the request for request R8 (Forensic Services Division Capacity Expansion) based largely on the denial of some of the operating expenses proposed in that particular request.
- The recommendation is \$500,000 General Fund below the request for the Children and Youth Mental Health Treatment Act based on updated projections provided by the Department.

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 presented by Tom Dermody on February 17, 2023.

DECISION ITEMS – EXECUTIVE DIRECTOR’S OFFICE

(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 requirements⁵. 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.

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. The FY 2022-23 appropriation of \$133,417 General Fund and 1.5 FTE represents a continuation level of funding.

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 official request proposes a continuation appropriation of \$133,196 General Fund and 1.5 FTE for FY 2023-24. That amount represents a reduction of \$221 below the FY 2022-3 appropriation, which is a technical adjustment related to the allocation of prior year salary survey appropriations. As discussed above, staff did receive an informal proposal from the Office to allow the Office to continue to spend the appropriation of \$300,000 cash funds from the Behavioral and Mental Health Cash Fund (which originated as federal Coronavirus State Fiscal Recovery Funds) in FY 2023-24.

STAFF RECOMMENDATION: **Staff recommends approving the request.** As discussed in staff’s separate memo on the roll-forward of ARPA funds for FY 2023-24 (dated March 2, 2023), staff is

⁵ 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.].

recommending that the Committee extend the spending authority for \$300,000 cash funds from the Behavioral and Mental Health Cash Fund that S.B. 21-137 appropriated to the Office for FY 2021-22 and FY 2022-23 to allow the Office to spend those funds in FY 2023-24. Staff is recommending that adjustment as an amendment to the appropriation clause in S.B. 21-137 to provide an additional year of spending authority. However, staff requests permission to adjust the appropriation in this line item in the Long Bill if the Committee elects to make a new appropriation for FY 2023-24. Please note that this amount does not appear in the Summary of Staff Recommendations table, nor does it appear in Appendix A – Number Pages, as both of those sections refer only to the Behavioral Health Administration and the Office of Behavioral Health.

(5) BEHAVIORAL HEALTH ADMINISTRATION

The General Assembly added this section to the FY 2022-23 Long Bill to support the Behavioral Health Administration established pursuant to H.B. 21-1097 (Establish Behavioral Health Administration) and H.B. 22-1278 (Behavioral Health Administration). Aligning with the responsibilities of the BHA as outlined in H.B. 22-1278, the Committee-approved Long Bill reorganization for FY 2022-23 moved most of the line items that had previously been reflected in the Office of Behavioral Health (other than those associated with forensic services and the mental health institutes) into the newly created BHA division/section of the Long Bill.

BEHAVIORAL HEALTH ADMINISTRATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 Appropriation						
H.B. 22-1329 (Long Bill)	\$247,500,049	\$126,421,165	\$65,966,006	\$12,452,220	\$42,660,658	95.8
Other legislation	225,153,848	14,089,841	211,019,450	44,557	0	38.5
S.B. 23-119 (Supplemental bill)	1,170,588	3,000,000	39,178	(1,901,919)	33,329	0.0
TOTAL	\$473,824,485	\$143,511,006	\$277,024,634	\$10,594,858	\$42,693,987	134.3
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$473,824,485	\$143,511,006	\$277,024,634	\$10,594,858	\$42,693,987	134.3
BHA-R1 Behavioral Health Administration personnel	1,981,282	1,981,282	0	0	0	19.7
BHA-R2 Behavioral health services	2,000,000	2,000,000	0	0	0	0.0
BHA-R3 Behavioral health learning management system	739,423	739,423	0	0	0	0.9
BHA-R4 BHA community provider	5,246,701	3,491,582	1,751,187	3,932	0	0.0
BHA-R5 BHA technical adjustments	0	0	0	0	0	0.0
Indirect cost assessments	454,976	0	251,117	6,954	196,905	0.0
Non-prioritized requests	0	0	0	0	0	0.0
Technical adjustments	28,807	8,447	20,360	0	0	0.0
Annualize prior year legislation	(214,991,512)	(3,541,292)	(211,371,162)	(45,729)	(33,329)	(2.0)
Annualize prior year budget actions	688,327	173,408	131,653	30,207	353,059	1.2
TOTAL	\$269,972,489	\$148,363,856	\$67,807,789	\$10,590,222	\$43,210,622	154.1
INCREASE/(DECREASE)	(\$203,851,996)	\$4,852,850	(\$209,216,845)	(\$4,636)	\$516,635	19.8
Percentage Change	(43.0%)	3.4%	(75.5%)	(0.0%)	1.2%	14.7%
FY 2023-24 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	\$1,497,333	\$1,431,422	\$35,048	\$1,048	\$29,815	26.1

DECISION ITEMS – BEHAVIORAL HEALTH ADMINISTRATION

→ BHA R1 BEHAVIORAL HEALTH ADMINISTRATION PERSONNEL

REQUEST: The request includes an increase of \$3.5 million General Fund and 31.3 FTE in FY 2023-24 (increasing to \$3.5 million and 34.0 FTE in FY 2024-25) for the proposed next phase of the implementation of the BHA as established in H.B. 22-1278. That legislation requires the BHA to be fully operational by July 1, 2024, and added 25.9 new FTE to the Department of Human Services (21.4 in the BHA itself) for FY 2022-23 (a net increase of 10.2 FTE in the BHA because it also transferred 11.2 existing FTE from the Department of Human Services to the Department of Public Health and Environment). The “base” for the FY 2023-24 appropriation adds 12.1 additional FTE to reflect the second-year impact of the bill as anticipated in the Final Legislative Council Staff Fiscal Note, for a total of 38.0 new FTE. This decision item (BHA R1) proposes an increase of an additional 31.3 FTE for FY 2023-24 to continue to build out the new agency.

STAFF RECOMMENDATION: Staff recommends approving an increase of a total of \$2,344,379 General Fund and 19.7 FTE for FY 2023-24. That recommendation includes \$1,981,282 and 19.7 FTE that would be reflected in the Community Behavioral Health Program Administration line item and an estimated \$363,097 that would be reflected in centrally appropriated line items in the Executive Director’s Office (based on the large number of positions (26.0 actual positions) recommended). Staff requests permission to make technical corrections to centrally appropriated amounts based on any motion that the Committee may approve. The Committee should note that the BHA requested all positions at the range minimum, and staff has recommended the positions at the updated range minimum based on the Committee’s common policies.

Related to this request for increase in FTE, based on the BHA’s actual utilization of funds and FTE in FY 2022-23, regardless of the Committee’s decisions with respect to R1 and potential increases in staff for FY 2023-24, staff recommends reducing the “base” FTE appropriation for FY 2023-24 by 7.0 FTE to align with the agency’s actual implementation to date. As discussed below, the agency is actually utilizing 22 of the 29 positions assumed in H.B. 22-1278.

The following table summarizes the Department’s request, the staff recommendation for FY 2023-24, and the anticipated impact in FY 2024-25 and subsequent years based on the staff recommendation.

BHA R1 REQUEST AND STAFF RECOMMENDATION						
	FY 2023-24 REQUEST		FY 2023-24 REC.		FY 2024-25 IMPACT	
	GENERAL FUND	FTE	GENERAL FUND	FTE	GENERAL FUND	FTE
Community Behavioral Health Administration						
Salary	\$2,133,402	31.4	\$1,379,804	19.7	\$1,877,424	26.0
PERA	245,341		158,677		215,905	
Medicare	<u>30,934</u>		<u>20,005</u>		<u>27,219</u>	
Subtotal- Personal Services	\$2,409,678	31.4	\$1,558,486	19.7	\$2,120,548	26.0
Supplies (\$500)	15,700		10,550		13,000	
Computer (\$1,670)	62,800		43,420		0	
Furniture (\$5,000)	157,000		130,000		0	
Telephone (\$450/FTE or \$235 for request)	7,379		9,495		11,700	
Computer Software (\$400/FTE)	12,560		8,440		10,400	
Other operating (leased space, etc.)	<u>259,991</u>		<u>220,891</u>		<u>220,891</u>	

BHA R1 REQUEST AND STAFF RECOMMENDATION						
	FY 2023-24 REQUEST		FY 2023-24 REC.		FY 2024-25 IMPACT	
	GENERAL FUND	FTE	GENERAL FUND	FTE	GENERAL FUND	FTE
Subtotal - Operating Expenses	\$515,430		\$422,796		\$255,991	
Total - Community Behavioral Health Administration line item	\$2,925,108	31.4	\$1,981,282	19.7	\$2,376,539	26.0
Centrally Appropriated Amounts	553,417		363,097		363,379	
Total Impact	\$3,478,525		\$2,344,379		\$2,739,918	

ANALYSIS

House Bill 21-1097 required CDHS to create the BHA in collaboration with HCPF (which is the State’s largest payer for behavioral healthcare through Medicaid), the Division of Insurance (which oversees commercial insurance), and the Department of Public Health and Environment (CDPHE). The bill required the Department to develop a plan for the creation of the BHA by November 1, 2021,⁶ and required the establishment of the BHA with specified duties by July 1, 2022.

House Bill 22-1278 established the BHA and specified the duties of the new agency as the statewide leader in behavioral health policy and services. The BHA officially launched in July 2022. However, many of the structural changes (to programs, contractual relationships, and funding) are not required until July 2024 (for FY 2024-25).

The Department estimates that the BHA was 30.0 percent operational as of October 2022 and intends to be 50.0 percent operational (based on newly hired staff) by the end of FY 2022-23. As required by the two bills, the BHA expects to be fully operational as of July 1, 2024 (with the staff requested through BHA R1 representing a component of the next phase of implementation).

ROLE OF THE BHA

While CDHS and HCPF account for the majority of state level funding for behavioral health, the inventory informing the BHA plan identified more than 100 programs spread across 9 different state departments (at least 14 state agencies) and totaling more than \$1.5 billion in total funds.⁷ That count does not include programs operated by local governments or other partners.

In contrast to the plan for the Department of Early Childhood, the BHA legislation did not involve large scale movements of programs between agencies. Instead, the legislation places responsibility for leadership and coordination with the BHA but leaves nearly all of the existing programs in place in their current departments, at least for the time being. The two exceptions to that theme were: (1) moving a variety of prevention-related programs from the Department of Human Services to CDPHE to centralize prevention responsibilities in that department and (2) moving licensing responsibilities for “behavioral health entities” from CDPHE to the BHA to centralize behavioral health provider licensing within the BHA. Other than those limited moves, the current plan for the BHA focuses on the BHA providing leadership, coordination, and standardization across the existing programs and agencies.

⁶ The report is available at: <https://drive.google.com/file/d/13H2jGAApljrItLdeljywwB4PvjDNcv6-/view>

⁷ The departments include: CDHS, HCPF, CDHPE, Corrections, Education, Judicial, Labor and Employment, and Public Safety.

GOVERNANCE STRUCTURE

The BHA will be housed within CDHS, at least until 2024. In terms of leadership, a cabinet-level Commissioner heads the BHA as a peer to the executive directors of other departments, with assistance and advice from an advisory council representing a broad spectrum of stakeholders in behavioral health. In turn, a variety of working groups or committees will support the Advisory Council.

FY 2022-23 APPROPRIATIONS

The FY 2022-23 Long Bill reorganized behavioral health-related appropriations to the Department to reflect the new role of the BHA. Those changes moved \$247.5 million total funds (including \$126.4 million General Fund) from the OBH into the newly created BHA division in the Long Bill, leaving the forensic programs and the state hospitals in the OBH.

House Bill 22-1278 appropriated an additional \$2.5 million General Fund and 21.4 FTE to the BHA (not including related appropriations to other divisions) for FY 2022-23 to support the first phase of implementing the agency’s new responsibilities (in addition to the programs and resources transferred with all of the existing community behavioral health programs from OBH). The Final Legislative Council Staff Fiscal Note for the bill assumed that bill’s “new” appropriations would support positions in: leadership and operations; finance (particularly since the BHA is operating largely independently of the finance structure in the Department); quality and standards; statewide programs, technical assistance, and innovation; strategy, planning, and engagement; and data strategy and analytics.

Building on the base of appropriations in H.B. 22-1278, the Final Legislative Staff Fiscal Note for that bill anticipates a need for \$5.1 million and 38.0 FTE for the FY 2023-24 impact of the appropriations provided for FY 2022-23 (an increase of \$1.4 million and 12.1 FTE above the FY 2022-23 appropriations). That amount is spread throughout multiple divisions within the Department (including the BHA and other divisions that are supporting the BHA’s operations). The Department’s request includes a total increase of \$1.2 million General Fund and the 12.1 FTE assumed in the Fiscal Note to “annualize” the bill. Of that total, \$556,674 General Fund and 7.1 FTE are actually within the BHA (with the entire increase requested for the Community Behavioral Health Administration Program Administration line item). On top of the FTE actually reflected for FY 2022-23, that equates to the 29.0 FTE assumed for FY 2023-24.

As the Committee considers the request for FY 2023-24, however, it is important to note that the BHA has shifted its implementation plan since the passage of H.B. 22-1278. While the Final Legislative Council Staff Fiscal Note and the appropriations in the bill were driven by the Department’s estimates, the Department and the BHA have ended up using the funds and FTE provided in H.B. 22-1278 somewhat differently than was assumed in the fiscal note and the appropriation. The following table compares the 29.0 positions (which would be 29.0 FTE in FY 2023-24) assumed in the fiscal note to the 22.0 new positions actually implemented by the BHA in FY 2022-23. The highlighted rows show areas with the largest differences.

BHA R1 STAFFING IMPLEMENTATION FOR FY 2022-23		
POSITION CATEGORY	FINAL FISCAL NOTE POSITIONS	FY 2022-23 ACTUAL POSITIONS
Quality and Standards	6.0	1.0

BHA R1 STAFFING IMPLEMENTATION FOR FY 2022-23		
POSITION CATEGORY	FINAL FISCAL NOTE POSITIONS	FY 2022-23 ACTUAL POSITIONS
Statewide Program, Tech. Assist., Innovation	5.0	2.0
Finance	6.0	2.0
Health information Technology	2.0	2.0
Behavioral Health Analytics, Epidemiology, Evaluation	0.0	1.0
Policy and External Affairs	5.0	5.0
Strategy and Engagement	2.0	1.0
Leadership and Operations	3.0	8.0
Total Positions	29.0	22.0

As shown in the table, it is clear that: (1) the BHA created 7 fewer positions than anticipated (while allocating the full budget) and (2) there was a greater focus on positions classified as leadership and operations than on some of the day-to-day operations staff anticipated in the fiscal note. In effect, each position was, on average, more expensive than the allocations assumed in the fiscal note, resulting in 22.0 positions rather than 29.0.

The BHA has indicated that the original estimates assumed immediate implementation of the operations of the BHA – as indicated by the number of operations-oriented FTE that were assumed in those positions (including, for example, the 6.0 finance positions that were assumed in the fiscal note). However, as the BHA began to move forward with implementation, the agency decided to focus on the new initiatives required of the agency and focus on building out a leadership structure rather than the day-to-day support. As a result, the BHA focused on teams and the core leadership, including adding two Deputy Commissioners, a Chief of Staff, a Senior Advisor for Children, Youth, and Families, and seven division directors.

The agency provided two concrete examples of the shift in hiring vs. the original assumptions (quoted here):

- “Before hiring all of the quality and standards staff, our focus had to be first on the rule re-write to establish what new expectations and standards would be monitored and enforced.”
- “Before hiring all of the fiscal staff, we needed to first establish a process and roadmap for payment reform as well as determine the capacity for payment reform. With the BHASO implementation taking place, it was important to focus on thoughtful transition of contracts and delivery systems before immediately disrupting payment mechanisms and funding models.”

Staff understands that the BHA is effectively trying to build the new agency in real time, and staff agrees that shifts in priorities make sense for the agency that the BHA is now planning to build. Staff cannot speak to whether the General Assembly envisioned this size of an agency in terms of the leadership positions that the BHA has hired.

However, based on the actual utilization of funds and FTE, regardless of the Committee’s decisions with respect to R1 and potential increases in staff for FY 2023-24, staff recommends reducing the “base” FTE appropriation for FY 2023-24 by 7.0 FTE to align with the agency’s actual implementation to date (by reducing the annualization of H.B. 22-1278 from 7.6 FTE to 0.6 FTE).

FY 2023-24 REQUEST BHA R1

BHA request R1 proposes an additional increase of \$3.5 million General Fund (including \$561,865 in centrally appropriated amounts) and 31.3 additional FTE (annualizing to \$3.5 million and 34.0 FTE in FY 2024-25) for the next phase of BHA implementation. The Department has categorized the new positions based on the framework in the fiscal note for H.B. 22-1278. The following table shows the requested FTE in combination with the positions from the FY 2022-23 appropriation.

BHA R1 STAFFING IMPLEMENTATION FOR FY 2022-23				
POSITION CATEGORY	FINAL FISCAL NOTE POSITIONS	FY 2022-23 ACTUAL POSITIONS	FY 2023-24 REQUEST R1 POSITIONS	TOTAL PROPOSED FTE ¹
Quality and Standards	6.0	1.0	6.0	7.0
Statewide Program, Tech. Assist., Innovation	5.0	2.0	2.0	4.0
Finance	6.0	2.0	6.0	8.0
Health information Technology	2.0	2.0	3.0	5.0
Analytics, Epidemiology, Evaluation	0.0	1.0	6.0	7.0
Policy and External Affairs	5.0	5.0	2.0	7.0
Strategy and Engagement	2.0	1.0	5.0	6.0
Leadership and Operations	3.0	8.0	4.0	12.0
Total Positions	29.0	22.0	34.0	56.0

¹This would be the total FTE count in FY 2024-25 (with the full year for each position). The total does not include the 7.0 unutilized FTE from the original appropriation (which would increase the total reflected to 63.0). Under any scenario, however, staff is recommending eliminating the unused FTE from the appropriation.

Staff highlights five major points prior to summarizing the specific positions in the request for FY 2023-24. Staff suggests that these points may be more important for framing the overall situation than the specific positions included in the request (especially since the positions actually hired may differ as conditions change and the BHA moves forward with implementation).

- First, as is visible in the table, the request includes a number of positions that were already assumed as approved in the FY 2022-23 appropriation in H.B. 22-1278. As discussed above, the BHA prioritized leadership positions in FY 2022-23 – and the request seeks a number of the day-to-day positions that the agency elected not to create and fill in the current year. Staff understands the BHA’s change in priorities for FY 2022-23 but also understands that the General Assembly may argue that it already funded those positions.
- Second, staff does understand that day-to-day support positions will be critical to the agency’s success going forward. For example, the General Assembly set the agency up as an independent agency that happens to be housed within the Department of Human Services. It will require finance, human resources, and operations staff to function as an independent agency.
- Third, staff does agree that the requested positions align with responsibilities of the BHA as outlined in H.B. 22-1278. The bill responded to multiple public reports, the Behavioral Health Task Force, and extensive public processes for input in identifying issues throughout the continuum of care. The BHA has conducted its own outreach processes to shape implementation in order to address the concerns outlined by the Task Force and others, and staff does agree that the positions proposed by the Department are tied to those responsibilities.
- Fourth, staff notes that the request for a total of 63.0 “new” FTE for the BHA (excluding those that transferred to or from other agencies) is close to what the Department of Human Services envisioned for the BHA prior to the passage of H.B. 22-1278. As part of the FY 2022-23 budget process, the Department of Human Services submitted a budget amendment (BA1) with a proposal to fund the creation of the BHA through the Long Bill rather than the implementing legislation (the Committee rejected that decision and instead deferred to H.B. 22-1278). **However,**

that request anticipated a need for a total of 67.6 new FTE in the BHA in FY 2023-24. Similarly, the Department’s “plan” for the BHA (submitted in the fall of 2021) anticipated a need for \$3.4 million in additional funding and 40.0 FTE in FY 2023-24, similar amounts to those requested in R1. Those amounts are difficult to compare because the timing of implementation may have varied between the Department’s original plan and the final legislation. However, the request is roughly in alignment with the incremental increase that the Department had anticipated in the planning document.

- Finally, while the request and the following discussion include significant detail on specific positions that the Department is proposing, staff suggests that the Committee focus on the larger questions of how much funding to appropriate rather specific positions. Staff has worked extensively with the BHA to analyze different scenarios, and the BHA has been extremely helpful and forthcoming with information. However, as the Committee knows, the General Assembly does not actually control FTE, and the situation for FY 2022-23 makes clear that assuming a given FTE scenario in a request of this size is problematic.

With all of those caveats, the following sections briefly describe the specific positions requested in R1.

Quality and Standards (6.0 FTE): One focus of the BHA is evaluating and promoting the use of clinical best practices statewide. A related goal is ensuring that managed care practices in the state support access to high-quality services. This focus was clear in the FY 2022-23 appropriation in H.B. 22-1278, which assumed 6.0 FTE dedicated to this purpose. The BHA created one of those positions with the current funding and is returning with a request for an additional 6.0 FTE, including:

- 1.0 FTE nurse consultant to provide medical consultation services to the quality and standards division and the BHA as a whole.
- 5.0 FTE project manager I positions to perform licensing duties for all licensed facility types and to support the development of the BHA’s grievance policy.

Statewide Programs, Technical Assistance, and Innovation (2.0 FTE): Another focus of the bill is workforce development, technical assistance, and system navigation support. The appropriation in H.B. 22-1278 assumed an increase of 5.0 FTE for this purpose in FY 2022-23. House Bill 22-1278 added 5.0 FTE to provide dedicated resources for workforce development, technical assistance, and system navigation support. Request R1 seeks 2.0 FTE program manager II positions to improve and ensure collaboration between the workforce development, care coordination, and clinical services units, as well as technical assistance provided through those programs.

Finance (6.0 FTE): With the BHA created as a separate agency housed within DHS (at least for the time being), H.B. 22-1278 provided funds for 6.0 new FTE in finance to support budgeting, accounting, contracting, grants, and provider rate analysis. As noted above, the Department actually created and hired two of those positions. Request R1 seeks 6.0 additional FTE for FY 2023-24, including:

- 1.0 FTE budget and policy analyst III to serve as the safety net budget analyst.
- 1.0 FTE budget and policy analyst V to supervise the budget unit and manage the BHA’s independent (of CDHS) budget process as well as the collaborative interdepartmental behavioral health budget process.
- 1.0 FTE contract administrator III to support expanded contracting functions at the BHA, such as universal contract provisions and value-based payment requirements.

- 1.0 FTE grants specialist III to focus on additional and non-traditional behavioral health grant opportunities.
- 1.0 FTE rate/financial analyst III to provide analytical support to inform statewide multi-payer strategy.
- 1.0 FTE rate/financial analyst IV to function as the manager of rate and payment reform and financial strategy unit.

Health IT (3.0 FTE): The BHA reports that one of the major drivers for the agency’s creation was the fragmentation of data collection, systems, and processes across the behavioral health system. In response, the BHA is developing a multi-year strategy to grow and evolve the “behavioral health technology ecosystem” to collect and utilize a growing amount of data to improve services. In addition to the existing data staff previously in OBH, H.B. 22-1278 supported 2.0 additional positions that the Department has classified as health information technology positions. Request R1 proposes 3.0 additional positions for FY 2023-24:⁸

- 3.0 FTE data management IV positions. One would be the data standards and conversion specialist who ensures the agency is using health information standards appropriately and effectively. Another position would be a business intelligence analyst that focused on the use of information to support decision making. The final position would be a public facing product domain systems specialist/administrator.

Behavioral Health Analytics, Epidemiology, and Evaluation (6.0 FTE): Related to the Health IT category above, the Department is also proposing 6.0 additional FTE focused specifically on analytics, epidemiology, and evaluation.

- 1.0 FTE project manager II to oversee a team of specialists to incorporate data analytics into best practice dissemination and assistance.
- 4.0 FTE statistical analyst III positions to support a variety of data initiatives. One position would serve as the lead for “community-engaged and community-guided” data initiatives to incorporate disempowered and oppressed communities in the data analysis system. One position would focus on the spatial and tabular needs of the BHA, including geographic information systems and other spatial data resources. The additional two positions would support monitoring and evaluation activities.
- 1.0 FTE statistical analyst IV to oversee a team of data visualization specialists.

Strategy, Planning and Engagement (5.0 FTE): House Bill 22-1278 added 2.0 FTE to support new functions/responsibilities for the agency, including statewide grievance support, stakeholder and community engagement, and interagency relationships with the other agencies with behavioral health responsibilities. The Department created one of those positions and is proposing five additional FTE:

- 1.0 FTE liaison III to support coordination across BHA teams to ensure strategic planning.
- 3.0 FTE liaison IV for outreach outside of the BHA. That includes one position specifically focused on the BHA’s strategy for homelessness prevention and resolution, one position specifically focused on direct engagement with the community for BHA strategic planning, and one position to support collaboration among state agencies and local governments.

⁸ Please note that this categorization is an update relative to the detail included in R1. The official request indicates that 9.0 new FTE are for Health IT but the BHA has clarified that 3.0 of the positions would be Health IT and has suggested a Behavioral Health Analytics, Epidemiology, and Evaluation category for the other 6.0 FTE.

- 1.0 FTE project manager II to design and implement the BHA’s strategy to engage and collaborate across multiple state agencies and local governments around key behavioral health initiatives.

Policy and External Affairs (2.0 FTE): Request R1 seeks 2.0 positions focused on policy and external affairs, that would add to related positions in leadership and operations funded in H.B. 22-1278 (that bill funded a communications manager, a legislative liaison, a community engagement specialist, and a marketing and communications specialist). The BHA did create 5.0 positions in this category. Anticipating increased involvement in legislative and policy discussions for the BHA and across partner agencies, the request for FY 2023-24 includes:

- 1.0 FTE liaison III to “drive external partnerships and administer continuous stakeholder engagement forums.” The position is proposed as subject matter expert in BHA rule planning and legislative implementation.
- 1.0 FTE policy advisor IV to support continuous rule development and drive rule drafting/updating, in addition to providing behavioral health policy expertise.

Leadership and Operations (4.0 FTE): House Bill 22-1278 provided funding for 3.0 positions that the BHA has put into this category, including an operations director and a human resources specialist. As noted above, the Department actually created a total of 8.0 positions in this category, including two deputy commissioners, the chief of staff, division leadership, etc. Request R1 seeks 4.0 additional FTE focused on operations:

- 1.0 FTE human resources specialist III to assist with all aspects of hiring and human resources.
- 3.0 FTE program assistant I positions to provide support for the variety of new teams at the BHA.

Additional Operating Expenses (\$259,991 General Fund in FY 2023-24 and beyond)

The request assumes the standard operating expenses for each new FTE (which equates to \$8,044 per requested position in the request and \$8,020 per new position in the Committee’s common policies. In addition, the request includes an increase of \$259,991 General Fund for other operating expenses:

- \$160,000 for leased space (calculated as \$4,650 per FTE using a common policy sheet). The Department’s space is on the Department of Public Health and Environment campus and is leased space.
- \$50,000 to support the Behavioral Health Advisory Board and regional subcommittees.
- \$17,500 for software expenses including advanced statistical software, GIS, and visualization software licenses.
- \$17,500 for travel, events, conferences, and training.
- \$14,991 for training and professional development costs.

Staff is recommending approval of these amounts, with modifications to the leased space assumption to align with the number of positions actually approved (if any). It is staff’s understanding that these are typical amounts that one would expect to see in an agency such as the BHA.

SCENARIOS AND STAFF RECOMMENDATION

Staff has worked closely with BHA staff to analyze this request and has asked for the agency’s assistance in developing potential scenarios for the Committee’s consideration. Staff wants to acknowledge the BHA’s assistance with these scenarios.

- Staff asked the agency to offer scenarios that would equate to a total increase of \$2.5 million and \$1.5 million in FY 2023-24 – and the agency provided those scenarios (displayed below). The BHA emphasized that they believe that all of the positions in the request are important and necessary for full implementation of the bill. Still, the agency did provide the scenarios as requested. Staff notes that these are challenging questions regarding this type of request – and appreciates the BHA’s responsiveness and collaboration.
- In addition, JBC staff asked the BHA to consider alternative start date scenarios for the various FTE. The request assumes that all 34 positions would start on July 1, 2023, which is obviously an unlikely scenario. In response to staff’s request, the BHA did provide a staggered schedule of start dates, with the earliest positions starting in September and a variety of positions starting in October and November. That change alone reduces the personal services costs associated with the request by \$481,989 in FY 2023-24 (though the full request would still annualize to \$3.5 million in year 2 if all of those positions were filled for the entire year).

The following table compares the positions included in the BHA’s request with \$3.5 million total cost, a \$2.5 million (total cost) scenario, and a \$1.6 million (total cost) scenario, based on the categories of the additional positions. As specified above, this was in response to a direct request from JBC staff and represents the agency’s best estimates of how they would utilize increases in those amounts.

ILLUSTRATIVE STAFFING SCENARIOS (FULL POSITIONS WITHOUT STAGGERED START DATES)				
POSITION CATEGORY	FULL REQUEST (\$3.5M)	SCENARIO 1 (\$2.5M)	SCENARIO 2 (\$1.6M)	
Quality and Standards	6.0	5.0	3.0	3.0
Statewide Program, Tech. Assist., Innovation	2.0	1.0	1.0	1.0
Finance	6.0	4.0	3.0	3.0
Health information Technology	3.0	2.0	1.0	1.0
Analytics, Epidemiology, Evaluation	6.0	5.0	3.0	3.0
Policy and External Affairs	2.0	1.0	0.0	0.0
Strategy and Engagement	5.0	3.0	2.0	2.0
Leadership and Operations	4.0	3.0	1.0	1.0
Total Positions	34.0	24.0	14.0	14.0

The staff recommendation would support an estimated 26.0 positions (19.7 FTE in the first year because of the proration based on the staggered start dates developed in conjunction with the BHA). The recommendation would equate to \$2.3 million in total funding in year 1 (FY 2023-24) but would increase to \$2.9 million and 26.0 FTE in FY 2024-25 (see table below). Given the number of positions, staff is recommending approval of centrally appropriated line item amounts totaling \$363,097 and requests permission to make technical corrections to align the centrally appropriated amounts with any increase approved by the Committee.

Staff has applied most of the reductions that the Department outlined in the \$2.5 million scenario – but has left two liaison positions in the strategy, planning, and engagement category because of the central role of the BHA in coordinating across state government and between the BHA and local governments/entities. **That said, this is, again, only an illustrative scenario and the BHA’s use of the funds and final selection of positions may differ significantly from the staff scenario even if the Committee approved the recommendation.**

BHA R1 REQUEST AND STAFF RECOMMENDATION						
	FY 2023-24 REQUEST		FY 2023-24 REC.		FY 2024-25 IMPACT	
	GENERAL FUND	FTE	GENERAL FUND	FTE	GENERAL FUND	FTE
Community Behavioral Health Administration						
Salary	\$2,133,402	31.4	\$1,379,804	19.7	\$1,877,424	26.0
PERA	245,341		158,677		215,905	
Medicare	<u>30,934</u>		<u>20,005</u>		<u>27,219</u>	
Subtotal- Personal Services	\$2,409,678	31.4	\$1,558,486	19.7	\$2,120,548	26.0
Supplies (\$500)	15,700		10,550		13,000	
Computer (\$1,670)	62,800		43,420		0	
Furniture (\$5,000)	157,000		130,000		0	
Telephone (\$450/FTE or \$235 for request)	7,379		9,495		11,700	
Computer Software (\$400/FTE)	12,560		8,440		10,400	
Other operating (leased space, etc.)	<u>259,991</u>		<u>220,891</u>		<u>220,891</u>	
Subtotal - Operating Expenses	\$515,430		\$422,796		\$255,991	
Total - Community Behavioral Health Administration line item	\$2,925,108	31.4	\$1,981,282	19.7	\$2,376,539	26.0
Centrally Appropriated Amounts	553,417		363,097		363,379	
Total Impact	\$3,478,525		\$2,344,379		\$2,739,918	

POINTS TO CONSIDER

Staff has struggled with an analytical evaluation of this request. Staff recognizes that there appears to be a disconnect between the BHA and some stakeholders (and potentially legislators) about the necessary size of the agency to meet its responsibilities.

- The overall request appears reasonable based on what staff understands to be the BHA’s vision of the role and future of the agency based on the requirements and responsibilities outlined in H.B 22-1278.
- Others clearly have a different view of how this agency should operate and how many centralized positions are necessary in the agency to complete those responsibilities, particularly if the State were able to gain efficiencies by centralizing some of these authorities.
- In addition, staff notes that additional significant changes are possible – discussions are ongoing about the implementation of the Behavioral Health Administrative Service Organizations (3rd party intermediaries that will begin operating in FY 2024-25), and staff is not certain how those changes will impact the staffing necessary at the BHA. If, for example, many responsibilities devolve to the BHASOs then the role of some BHA staff will be significantly different than it has been under the current system where the agency contracts directly with local providers for the distribution of many different funding streams. Staff does not know what to expect along those lines and is aware that those discussions are ongoing in the Executive Branch.
- Finally, staff has not attempted to present a lot of detail on the specific positions that would (or would not) be funded under any given scenario. Staff suspects that doing so would give an illusion of control where there is none. Instead, staff hopes that the illustrative scenarios summarized above are helpful as the Committee considers how much money to appropriate for FY 2023-24. Particularly since all of the requested positions are within a single line item, the General Assembly will not have any way to specify the use of those funds within that line item. Instead, the BHA will need to manage that line item within whatever resources the General Assembly provides.

→ BHA R2 BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND YOUTH

REQUEST: The request includes an increase of \$2.5 million General Fund (ongoing in subsequent years) above the adjusted FY 2022-23 appropriation for behavioral health services provided through the Children and Youth Mental Health Treatment Act (CYMHTA).⁹ The Department’s FY 2022-23 Supplemental Bill (S.B. 23-119) added \$3.0 million general Fund to the FY 2022-23 appropriation in response to increasing caseload for the current year. The request for FY 2023-24 proposes an additional \$2.5 million, for a total appropriation of \$8.7 million state funds (including \$8.2 million General Fund).

STAFF RECOMMENDATION: **Staff recommends approving an increase of \$2.0 million General Fund.** In February 2023, the Department made updated projections and indicated that the new caseload estimates for FY 2023-24 would require approximately \$8.2 million in total funding. That amount is little changed from FY 2022-23 – but the \$2.0 million increase for FY 2023-24 would replace one-time funding that the Department is using to support that level of caseload and expenditures in the current year. The Department provided the updated projections and it is staff’s understanding that the Department is comfortable with the revised recommendation.

ANALYSIS

CHILDREN AND YOUTH MENTAL HEALTH SERVICES ACT (H.B. 99-1116 AND H.B. 18-1094)

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 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

⁹ The program produces annual legislative reports that are available at: <https://bha.colorado.gov/behavioral-health/cymhta>

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.

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 is staff’s understanding 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.”¹¹

RECENT FUNDING AND UTILIZATION

In recent years, three fund sources have supported *appropriations* for this line item: (1) General Fund, (2) Marijuana Tax Cash Fund, and (3) transfers from HCPF that originate as General Fund and federal

¹¹ See Sec. 27-67-106 (3), C.R.S.

Medicaid funds (which have been relatively low in recent years). As shown in the following table, *appropriations* for the program have increased from \$1.6 million total funds (\$1.2 million General Fund) in FY 2017-18 to \$6.2 million total funds (\$5.6 million General Fund) in FY 2022-23, after the addition of \$3.0 million General Fund in the FY 2022-23 supplemental bill. Prior to FY 2022-23, the largest increase in appropriations was in FY 2018-19 and was associated with the expansion of eligibility in H.B. 18-1094.

TABLE 1: RECENT HISTORY OF *APPROPRIATIONS* FOR THE CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT

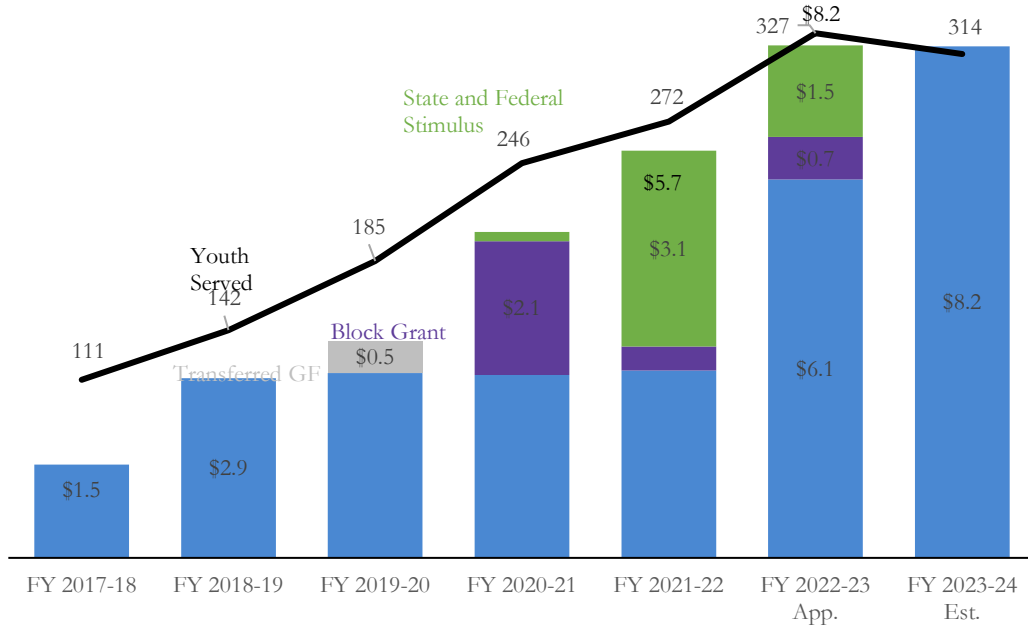
	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23
Total	\$1,618,833	\$3,014,675	\$3,089,001	\$3,054,427	\$3,129,788	\$3,193,404
General Fund	1,189,272	2,480,818	2,544,664	2,516,052	2,578,953	2,630,532
Cash Funds (MTCF)	304,205	407,247	417,727	413,031	423,357	431,824
Reappropriated from HCPF	125,356	126,610	126,610	125,344	127,478	131,048

For FY 2018-19 through FY 2021-22, the program only received appropriated increases associated with the common policy community provider rate which would imply a relatively steady caseload. However, as shown in the graph on the following page, utilization (shown as the annual census of individual youth served) actually increased significantly in that period. The Department (now the BHA as of FY 2022-23) has supplemented the program's appropriations with significant funding from other federal and state sources in order to cover the increasing costs associated with that caseload.

- In FY 2019-20, the Department “repurposed” \$511,689 General Fund to support the program, using funds appropriated to the Mental Health Community Programs and Behavioral Health Crisis Response System Services line items. The Department’s budget documents reflect those expenditures in the original line items, although the Department has determined that the expenditures were associated with services provided under the CYMHTA.
- In FY 2020-21, the Department shifted \$2.1 million in federal Mental Health Block Grant Funds from other line items to this program. The Department has indicated that the large balance was available that year because of decreased utilization and expenditures for other programs and services, most likely because of reduced availability during the first full fiscal year of the pandemic. The Department also reports that it added \$648,708 that year from one-time stimulus funds. Combined with the appropriated funds, the Department spent a total of \$5.7 million on the program in FY 2020-21 (\$2.7 million more than reflected in the appropriation).
- In FY 2021-22, the Department dedicated \$3.1 million in federal and state stimulus funds in addition to continuing to use to use \$386,114 in standard block grant funds for the CYMHTA, for a total of \$6.5 million in expenditures (more than double the program’s appropriation).
- For the current year, the Department reports that it is using \$1.5 million in state and federal stimulus funds and \$683,114 from the standard block grant. When that amount did not appear to be sufficient for the caseload, the Department requested, and the General Assembly approved, an increase of \$3.0 million General Fund for inclusion in the Department’s supplemental bill.

The Committee should note that the majority of the stimulus funding is from the federal COVID-19 Community Mental Health Block Grant. Those funds expire March 14, 2023. With \$2.2 million in one-time funding dedicated to the program in FY 2022-23, it would require an increase of that amount in state appropriations simply to avoid a reduction in total funding below the level from FY 2022-23.

State appropriations (GF and MTCF) for the CYMHTA remained relatively flat for FY 2018-19. through FY 2021-22. Increasing utilization (line) has driven up costs, with the Department supporting those costs with other one-time funds. (\$ in millions)



DRIVERS OF INCREASING UTILIZATION AND COSTS

Based on discussions with BHA staff and external stakeholders, it appears that increasing utilization is the primary driver of the increase in cost, although the cost per client is also increasing. Those discussions have highlighted several factors that appear to have contributed to increasing utilization of the program. Staff does not have information to analyze the relative impacts of the factors.

- *Eligibility Expansion in FY 2018-19:* As noted above, H.B. 18-1094 expanded eligibility for the program to include clients between 18 and 21 years of age, as long as they were enrolled before the age of 18. That change drove much of the increase in funding from FY 2017-18 to FY 2018-19. However, the number of clients over the age of 18 actually decreased from 38 in FY 2020-21 to 36 in FY 2021-22, and this population does not appear to account for the ongoing increases in participation.
- *COVID-19 Impact:* All parties appear to agree that the COVID-19 pandemic has affected youth behavioral health, including demand for this program. The Department saw a large increase in participation in FY 2020-21, which aligns with the initial impacts of the pandemic. As noted above, in that year COVID-19 also appears to have played a role in making additional block grant funds available to support the program. If the pandemic were the major driver of the increasing use of the program then the Committee might expect to see decreasing use in future years. However, the Department currently expects use to continue to increase.
- *Shift to Administrative Service Organizations to Manage the Program:* In FY 2019-20, the Department transitioned the contract to operate the CYMHTA from direct contracts with the community mental health centers (CMHCs) to contracts with the regional administrative service organizations (ASOs). The ASOs then contract for services in their regions, either with the CMHCs or with other providers. It is staff’s understanding that the Department made the change in part because some CMHCs elected not to support the program and also in an effort to raise awareness and

utilization of the program. Those efforts appear to have worked, as participation has increased significantly since then.

- *Family Systems Navigator*: House Bill 18-1094 also provided funding for an additional family systems navigator to assist families under the Act. As with the shift to the ASOs, the Department has indicated that the added support may also have increased utilization.

In addition to increasing utilization, the Department reports that costs per client have also increased as a result of increased length of treatment across the continuum (drive by acuity) and increasing rates (as set by the Board of Human Services for Room and Board and the Department of Health Care Policy and Financing for treatment). As a result, the increase in total cost (35 percent from FY 2021-22 to the projection for FY 2022-23) exceeds the anticipated 20.0 percent increase in utilization. Average annual cost per client increased from roughly \$20,000 in FY 2018-19 to more than \$23,000 in FY 2020-21. The Department currently estimates costs of approximately \$25,000 per client in FY 2022-23 and FY 2023-24. Staff is somewhat concerned that this is assumption may be overly optimistic. If caseload continues to grow then staff anticipates that total costs may exceed the Department's estimates.

Given that the Committee and the General Assembly approved the increase of \$3.0 million in FY 2022-23 in an attempt to avoid the need for a waitlist, staff's recommendation assumes that the Committee would also prefer to avoid a waitlist in FY 2023-24. In addition, given the vulnerability of the population (children and youth at risk of out of home placement), staff would also specifically recommend trying to avoid a waitlist as revenues allow. However, CYMHTA is not an entitlement program and, as noted above, statute does provide guidance on the prioritization of clients if there is not sufficient funding to cover all participants. Thus, the Committee could deny some or all of the request and remain consistent with statute.

Based on the available information, staff agrees that avoiding a waitlist for this program appears to require additional funding in FY 2023-24. The request had assumed that an increase of \$2.5 million would be necessary based on projected caseload at that time. **Based on the updated projections from the Department in February 2023, staff recommends approving an increase of \$2.0 million General Fund.** Staff will continue to work with the Department to monitor caseload and anticipated expenditures.

→ BHA R3 BEHAVIORAL HEALTH LEARNING MANAGEMENT SYSTEM

REQUEST: The request includes an increase of \$735,386 General Fund and 0.9 FTE in FY 2022-23 (increasing to \$755,517 and 1.0 FTE in FY 2023-24 and beyond) to support the “learning management system” that the BHA is constructing pursuant to previous legislation (S.B. 21-137 and S.B. 22-181). The request also includes the creation of a new “Behavioral Health Workforce Learning Management System” line item to house most of the appropriations, with \$727,790 requested in the new line item and \$7,670 for operating expenses requested in the Community Behavioral Health Administration Program Administration line item.

STAFF RECOMMENDATION: Staff recommends approving the creation of a new Behavioral Health Workforce Learning Management System line item with an appropriation of \$739,423 General Fund and 0.9 FTE for FY 2023-24 (estimated to increase to \$761,158 in FY 2024-25 and beyond). Staff recommends reflecting that entire increase in the new line item and not splitting the appropriation

between the two line items. The total recommendation is \$13,963 below the request because of the application of the Committee’s common policies for FY 2023-24, including:

- The salary costs, including PERA and Medicare, are \$3,613 *above* the request because staff is using the updated range minimum salary for a Project Manager II position.
- The recommendation does not include \$17,920 requested for centrally appropriated line items based on the Committee’s policy not to provide such funding in the first year for new FTE.
- The recommendation includes minor adjustments associated with operating expenses to align with the Legislative Council Staff fiscal note policies for FY 2023-24.

The following table shows the components of the request, the staff recommendation for FY 2023-24, and the estimated impact for FY 2024-25.

BHA R3 LEARNING MANAGEMENT SYSTEM						
	FY 2023-24 REQUEST		FY 2023-24 REC.		FY 2024-25 IMPACT	
	GENERAL FUND	FTE	GENERAL FUND	FTE	GENERAL FUND	FTE
Staffing-related Costs						
Salary	\$76,553	0.9	\$79,684	0.9	\$86,928	1.0
PERA	8,727		9,164		9,997	
Medicare	<u>1,110</u>		<u>1,155</u>		<u>1,260</u>	
Subtotal- Personal Services	\$86,390	0.9	\$90,003	0.9	\$98,185	1.0
Supplies (\$500)	460		500		500	
Computer (\$1,670)	2,000		1,670		0	
Furniture (\$5,000)	5,000		5,000		0	
Telephone (\$450/FTE)	216		450		450	
Computer Software (\$400/FTE)	<u>0</u>		<u>400</u>		<u>400</u>	
Subtotal - Operating Expenses	\$7,676		\$8,020		\$1,350	
Centrally appropriated line items	17,920		0		20,223	
Total - Staffing-related Costs	\$111,986		\$98,023		\$119,758	
System Costs						
LMS Training and Course Updates	\$600,000		\$600,000		\$600,000	
Additional User Licenses	22,500		22,500		22,500	
Software Costs	13,200		13,200		13,200	
Platform Fee	<u>5,700</u>		<u>5,700</u>		<u>5,700</u>	
Total - System Costs	\$641,400		\$641,400		\$641,400	
Total - BHA R3 (General Fund)	\$753,386	0.9	\$739,423	0.9	\$761,158	1.0

ANALYSIS

Legislation from the past two sessions has directed the Department to develop an online learning management system for the behavioral health workforce.

- Senate Bill 21-137 (Behavioral Health Recovery Act) requires the Department to develop an online training system that allows for accessible statewide training opportunities and an online training curriculum to support a geographically and culturally diverse behavioral health care workforce. The legislation built these requirements into the Workforce Development Program created in that bill.
- Senate Bill 22-181 (Behavioral Health-care Workforce) renamed the system as the “Learning Management System,” expanded the scope of the system to include not only the training resources and curricula but also a process to “track, store, and create reports concerning the training and continuing education in the curriculum...and to track providers’ completion of in-person and virtual training...”

Based on those requirements, the Department is currently expecting to spend a total of \$11.4 million in one-time federal stimulus funding to develop the system, including:

- \$5.0 million appropriated in S.B. 21-137 as part of the \$18.0 million allocated for the Behavioral Health Workforce Development Program. That legislation requires the
- \$4.9 million appropriated in S.B. 22-181. That bill expanded the scope of the system and also required the Department to develop a criminal justice training curriculum that the Department is integrating into the main learning management system.
- \$1.5 million in stimulus block grant funding (not appropriated by the General Assembly).

The Department has contracted with the University of Colorado (who has contracted with a vendor) to build the system. The Department’s goal is to build on the core learning hub to provide a “one-stop shop” to support the needs of the behavioral health workforce. In addition to the training platform and curriculum, the Department intends to use the site as a way to connect workers to career pathways, track certifications not regulated by the Department of Regulatory Agencies (such as peer support specialists), provide tracking for continuing education and professional development credits, among other uses.

Although the previous legislation provided funding for system development, the Department has not received funding for ongoing maintenance and support. This request seeks the funding and staff to maintain the system going forward. Staff is recommending approval of the request (with the minor modifications outlined in the recommendation section above) to allow the Department to maintain a “live” system. Given the large amount of one-time funding that the General Assembly has dedicated to development, and the changing nature of behavioral health treatment and workforce training, staff believes this is a reasonable investment to maintain the system going forward.

→ BHA R4 COMMUNITY PROVIDER RATE

REQUEST: The request includes a common policy 3.0 percent increase in community provider rates for programs funded through the BHA. For this division, the request equates to \$5.2 million General Fund.

STAFF RECOMMENDATION: The Committee approved a common policy provider rate increase of 3.0 percent. The staff recommendations throughout this document are consistent with the application of the 3.0 percent approved by the Committee. As the provider rate was presented and discussed in a separate common policy figure setting presentation, and staff is comfortable with the base amounts that the BHA used for the calculations, staff is not analyzing this request in this document.¹²

→ BHA R5 TECHNICAL ADJUSTMENTS (REQUIRES LEGISLATION)

REQUEST: The request proposes two statutory changes related to appropriations to the BHA that the Department has framed as technical adjustments, including: (1) removal of the statutory requirement that the Care Navigation Program contractor be the same entity as the operator of the 24-hour statewide crisis hotline; and (2) continuous appropriation of the 988 Enterprise Cash Fund (changing it from requiring annual appropriation under current law to a continuous appropriation). Please note

¹² The FY 2023-24 figure setting document for common policy provider rates is available at: https://leg.colorado.gov/sites/default/files/fy2023-24_comfig2.pdf

that both adjustments require legislation and the Department is not requesting these as Joint Budget Committee bills.

In addition to the statutory proposals, the request includes a proposal to create a separate line item for care coordination, remove \$334,410 from the Behavioral Health Crisis Response System Telephone Hotline line item (the amount currently dedicated to the care coordination contract), and reflecting that amount in the newly created Care Coordination line item.

STAFF RECOMMENDATION: With respect to the Care Coordination request, staff recommends: (1) approving the creation of the new Care Coordination line item, removing \$344,442 General Fund from the crisis hotline line item, and reflecting that amount in the newly created line item. The recommendation is \$10,032 above the request because staff has applied the common policy 3.0 percent provider rate to the care coordination funds. Regardless of whether the General Assembly adjusts the statute requiring the crisis hotline contractor to provide the care coordination services, staff agrees that this appears to be a distinct enough function to warrant a separate line item.

Staff recommends denying the remainder of the request as a Long Bill decision item. As noted above, other than the creation of the Care Coordination line item, both of the components of the request require legislation and are therefore not appropriate for the Long Bill. In addition, the Department is not asking the Committee to sponsor these changes as JBC legislation. Thus, the staff recommendation includes no action by the Committee in relation to the request other than the creation of the new line item.

ANALYSIS

House Bill 19-1287 (Treatment for Opioids and Substance Use Disorders) established the Care Navigation Program in the Department and required that the contractor for the program be the same as the contractor for the crisis hotline. It is staff understanding that this was because the crisis system was the most analogous system at that time. However, the Department argues that conditions have changed and is requesting flexibility to compete the contract for the navigation system. As the Department did not request the statutory change as a JBC Bill, staff is not recommending any action by the Committee related to that portion of the request. However, staff does agree that care coordination is a distinct function from the crisis hotline and warrants a separate line item to make it clear that the appropriations are for that purpose. Under the current system, with the funds included in the crisis hotline line item, it is not clear how much funding is dedicated to the care coordination program.

Senate Bill 21-154 (988 Suicide Prevention Lifeline Network) established the 988 Enterprise Cash Fund (supported by a 988 surcharge on phone service users and a charge on prepaid wireless phones) to support the 988 Crisis Hotline Enterprise. The Department has requested the continuous appropriation in response to what it reports are unpredictable fluctuations in need for the funds. This is not requested as a JBC bill and staff is not recommending any action in response to this portion of the request.

LINE ITEM DETAIL — BEHAVIORAL HEALTH ADMINISTRATION

(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.

PROGRAM ADMINISTRATION

This line item provides funding for the personnel and professional services as well as the operating expenses required to administer the Behavioral Health Administration. The FY 2022-23 Long Bill consolidated what had previously been separate personal services and operating expenses line items under the Community Behavioral Health Administration section of the Office of Behavioral Health into this new line item within the BHA.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-50-101, et seq., C.R.S. [Behavioral Health Administration]; 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 \$17,566,551 total funds (including \$10,468,061 General Fund) and 161.9 FTE. The request includes the following changes from the FY 2022-23 appropriation:

- An increase of \$2,916,660 General Fund and 31.3 FTE associated with BHA R1 (Behavioral Health Administration Personnel), discussed above.
- An increase of \$7,676 General Fund associated with BHA R3 (Behavioral Health Learning Management System), discussed above.
- A net increase of \$656,261 total funds (\$161,199 General Fund) and 1.2 FTE to reflect the FY 2023-24 impact of budget decisions in the FY 2022-23 Long Bill.
- A net decrease of \$437,795 total funds to reflect the FY 2023-24 impact of 2022 Session legislation. The decrease is driven by the elimination of one-time stimulus fund appropriated in multiple bills for FY 2022-23. However, that net change includes an *increase* of \$1,131,420 General Fund and 13.0 FTE, primarily driven by H.B. 22-1256 (Modifications to Civil Involuntary Commitment) and H.B. 22-1278 (Behavioral Health Administration).

RECOMMENDATION: Staff recommends an appropriation of \$16,623,497 total funds (including \$9,525,007 General Fund) and 154.9 FTE. The recommendation includes all of the Department's requested annualizations of prior year legislation and funding, except for an adjustment reduce the FTE associated with the annualization of H.B. 22-1278, which is discussed above with request BHA R1. The recommendation is \$943,054 General Fund and 18.6 FTE below the request for FY 2023-24 based on the following changes to decision items.

- The recommendation includes an increase of \$1,981,282 General Fund and 19.7 FTE for this line item with request BHA R1 (discussed above) but that amount is \$9935,378 and 11.7 FTE below the request.
- The recommendation does not include \$7,676 requested in BHA R3 but instead makes all of those appropriations in the Learning Management System line item.

BEHAVIORAL HEALTH ADMINISTRATION, COMMUNITY BEHAVIORAL HEALTH ADMINISTRATION, PROGRAM ADMINISTRATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$9,700,604	\$3,005,229	\$1,897,854	\$852,830	\$3,944,691	87.4
Other legislation	\$4,723,145	\$3,245,877	\$1,432,711	\$44,557	\$0	29.0
TOTAL	\$14,423,749	\$6,251,106	\$3,330,565	\$897,387	\$3,944,691	116.4
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$14,423,749	\$6,251,106	\$3,330,565	\$897,387	\$3,944,691	116.4
BHA-R1 Behavioral Health Administration personnel	1,981,282	1,981,282	0	0	0	19.7
Annualize prior year budget actions	656,261	161,199	117,437	30,015	347,610	1.2
BHA-R3 Behavioral health learning management system	0	0	0	0	0	0.0
Annualize prior year legislation	(437,795)	1,131,420	(1,524,658)	(44,557)	0	6.0
TOTAL	\$16,623,497	\$9,525,007	\$1,923,344	\$882,845	\$4,292,301	143.3
INCREASE/(DECREASE)	\$2,199,748	\$3,273,901	(\$1,407,221)	(\$14,542)	\$347,610	26.9
Percentage Change	15.3%	52.4%	(42.3%)	(1.6%)	8.8%	23.1%
FY 2023-24 EXECUTIVE REQUEST	\$17,566,551	\$10,468,061	\$1,923,344	\$882,845	\$4,292,301	161.9
Request Above/(Below) Recommendation	\$943,054	\$943,054	\$0	\$0	\$0	18.6

BEHAVIORAL HEALTH CAPACITY TRACKING SYSTEM

This line item is created in response to the enactment of H.B. 19-1287 (Treatment For Opioids And Substance Use Disorders). The bill enacted several initiatives to improve access to behavior health and substance use disorder treatment. These initiatives include the Behavioral Health Capacity Tracking System, a centralized, web-based system to track bed space use and availability at crisis stabilization units, acute treatment units, community mental health centers, and hospitals. The system is intended to provide real-time data that is accessible to health care professionals, law enforcement, court personnel, and the public. Prior to FY 2022-23, the line item was located in the Information Technology Services section of the Executive Director’s Office.

STATUTORY AUTHORITY: Sections 27-60-104.5 (3), C.R.S.

REQUEST AND RECOMMENDATION: The request proposes a continuation appropriation of \$42,611 cash funds from the Marijuana Tax Cash Fund, with no change from the FY 2022-23 appropriation.

RECOMMENDATION: Staff recommends approval of the request.

BEHAVIORAL HEALTH WORKFORCE LEARNING MANAGEMENT SYSTEM (NEW LINE ITEM REQUESTED)

The BHA is requesting the creation of this line item to support the learning management system required by S.B. 21-137 (Behavioral Health Recovery Act) and S.B. 22-18 (Behavioral Health-care Workforce).

- Senate Bill 21-137 requires the Department to develop an online training system that allows for accessible statewide training opportunities and an online training curriculum to support a geographically and culturally diverse behavioral health care workforce. The legislation built these requirements into the Workforce Development Program created in that bill.
- Senate Bill 22-181 renamed the system as the “Learning Management System,” expanded the scope of the system to include not only the training resources and curricula but also a process to “track, store, and create reports concerning the training and continuing education in the curriculum...and to track providers’ completion of in-person and virtual training...”

Request BHA R3 (Learning Management System) proposes the creation of this line item to provide the ongoing support for this system.

STATUTORY AUTHORITY: Sections 27-60-112, C.R.S. [Behavioral health-care workforce development program]

REQUEST: With BHA R3 (Behavioral Health Learning Management System, discussed above)), the Department requests an increase of \$727,790 General Fund and 0.9 FTE to support the Learning Management System on an ongoing basis.

RECOMMENDATION: Staff recommends approving an increase of \$739,423 General Fund and 0.9 FTE for this line item, as discussed above with request R3. Given the resources that the General Assembly has already devoted to the development of the learning management system, staff recommends providing the funds to maintain it.

(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 the Office of Behavioral Health (with the consolidation of funding from four previous line items) and was moved into the newly created Behavioral Health Administration section of the Long Bill in FY 2022-23. The line item supports contracts for the provision of mental health services for low-income individuals. The Office of Behavioral Health contracts with 17 community mental health centers (Centers) across the state to provide mental health services that are not otherwise available. Each Center is responsible for providing a set of core services 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 \$37,714,080 total funds (including \$29,474,503 General Fund and \$8,239,577 federal funds). The request includes an increase of \$858,481 General Fund associated with BHA R4 (Community Provider Rate), to provide the proposed common policy 3.0 percent community provider rate increase.

RECOMMENDATION: Staff recommends approving the request, which is consistent with the Committee’s common policy provider rate adjustment (3.0 percent) applied to a base of \$28,616,022 General Fund.

BEHAVIORAL HEALTH ADMINISTRATION, COMMUNITY-BASED MENTAL HEALTH SERVICES, MENTAL HEALTH COMMUNITY PROGRAMS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$36,855,599	\$28,616,022	\$0	\$0	\$8,239,577	0.0
TOTAL	\$36,855,599	\$28,616,022	\$0	\$0	\$8,239,577	0.0

BEHAVIORAL HEALTH ADMINISTRATION, COMMUNITY-BASED MENTAL HEALTH SERVICES, MENTAL HEALTH COMMUNITY PROGRAMS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$36,855,599	\$28,616,022	\$0	\$0	\$8,239,577	0.0
R10 Community provider rate	858,481	858,481	0	0	0	0.0
TOTAL	\$37,714,080	\$29,474,503	\$0	\$0	\$8,239,577	0.0
INCREASE/(DECREASE)	\$858,481	\$858,481	\$0	\$0	\$0	0.0
Percentage Change	2.3%	3.0%	0.0%	0.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	\$0	\$0	\$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 of the Office of Behavioral Health section of the Long Bill and was moved into the Behavioral Health Administration section for FY 2022-23. The line item supports intensive outpatient case management services for severe and persistent mental health disorders, including “Assertive Community Treatment” (ACT). ACT is an evidence-based service delivery model for providing comprehensive community-based treatment to adults with serious and persistent mental illness through the community mental health centers. The ACT model includes a multi-disciplinary mobile mental health team that conducts outreach and engagement with clients 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:

- Inpatient hospitalization capacity.
- Acute treatment unit and residential treatment capacity.
- Medication and medication administration.
- Intensive therapy and case management.
- Mentoring services.
- 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 27-65-111, C.R.S. [Certification on an outpatient basis]; 27-66-101, et seq., C.R.S. [Community mental health services]

REQUEST: The Department requests \$18,006,267 General Fund, including an increase of \$524,454 associated with request BHA R4 (the requested 3.0 percent common policy provider rate increase).

RECOMMENDATION: **Staff recommends approving the request**, which is consistent with the Committee’s common policy provider rate adjustment (3.0 percent) applied to a base of \$17,481,813 General Fund.

BEHAVIORAL HEALTH ADMINISTRATION, 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 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$17,481,813	\$17,481,813	\$0	\$0	\$0	0.0
TOTAL	\$17,481,813	\$17,481,813	\$0	\$0	\$0	0.0
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$17,481,813	\$17,481,813	\$0	\$0	\$0	0.0
R10 Community provider rate	524,454	524,454	0	0	0	0.0
TOTAL	\$18,006,267	\$18,006,267	\$0	\$0	\$0	0.0
INCREASE/(DECREASE)	\$524,454	\$524,454	\$0	\$0	\$0	0.0
Percentage Change	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST	\$18,006,267	\$18,006,267	\$0	\$0	\$0	0.0
Request Above/(Below) Recommendation	\$0	\$0	\$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 purpose¹³.
- Restore a \$10,000 budget to make annual training available for Centers.

¹³ These six Centers include: Centennial (10 counties in northeast region); Center for Mental Health (Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel counties) and Axis Health Systems (Archuleta, Dolores, La Plata, Montezuma, and San Juan counties), which merged in 2022; 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); and Solvista Health (Chaffee, Custer, Fremont, and Lake counties).

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.

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 \$5,910,980 cash funds from the Marijuana Tax Cash Fund. The request includes an increase of \$177,329 associated with BHA R4 (the requested 3.0 percent common policy community provider rate increase).

RECOMMENDATION: **Staff recommends approving the request**, which is consistent with the Committee’s common policy provider rate adjustment (3.0 percent), applied to a base of \$5,910,980.

BEHAVIORAL HEALTH ADMINISTRATION, 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 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$5,910,980	\$0	\$5,910,980	\$0	\$0	0.0
TOTAL	\$5,910,980	\$0	\$5,910,980	\$0	\$0	0.0
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$5,910,980	\$0	\$5,910,980	\$0	\$0	0.0
BHA-R4 BHA community provider	177,329	0	177,329	0	0	0.0
TOTAL	\$6,088,309	\$0	\$6,088,309	\$0	\$0	0.0
INCREASE/(DECREASE)	\$177,329	\$0	\$177,329	\$0	\$0	0.0
Percentage Change	3.0%	0.0%	3.0%	0.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST	\$6,088,309	\$0	\$6,088,309	\$0	\$0	0.0
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$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 21¹⁴. 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.

¹⁴ 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.

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 \$8,797,597 total funds (including \$8,216,663 General Fund) for FY 2023-24. The request includes the following increases above the FY 2022-23 appropriation:

- \$2.5 million General Fund (ongoing in subsequent years) above the FY 2022-23 appropriation as adjusted by S.B. 22-119 (Human Services Supplemental), as requested in BHA R2 (discussed above). The Committee approved an interim supplemental request in September to add \$3.0 million for this program in FY 2022-23 (for a total appropriation of \$6.2 million) based on increasing caseload. The request for FY 2023-24 represents an additional increase of \$2.5 million.
- \$95,803 total funds (\$78,916 General Fund) associated with the 3.0 percent common policy provider rate increase.

RECOMMENDATION: **Staff recommends approving an appropriation of \$8,297,597 total funds (including \$7,716,663 General Fund) for FY 2023-24.** The recommendation includes an increase of \$2.0 million General Fund above the adjusted FY 2022-23 appropriation associated with request BHA R2. As discussed above, the Department’s updated estimates as of February 27, 2023, indicate that this appropriation will be necessary to avoid a waitlist for services in FY 2023-24. If caseload and

expenditures are lower than anticipated in the request and recommendation, then excess funds would revert to the General Fund. The recommendation also includes an increase consistent with the Committee’s common policy provider rate adjustment (3.0 percent), which has been applied to a base of \$3,193,404 total funds (including \$2,630,532 General Fund, \$431,824 cash funds, and \$131,048 reappropriated funds). The total recommendation includes \$8,216,663 General Fund, \$445,954 cash funds from the Marijuana Tax Cash Fund, and \$131,048 reappropriated funds originating from the Department of Health Care Policy and Financing.

BEHAVIORAL HEALTH ADMINISTRATION, COMMUNITY-BASED MENTAL HEALTH SERVICES, CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$3,193,404	\$2,630,532	\$431,824	\$131,048	\$0	0.0
S.B. 23-119 (Supplemental bill)	\$3,000,000	\$3,000,000	\$0	\$0	\$0	0.0
TOTAL	\$6,193,404	\$5,630,532	\$431,824	\$131,048	\$0	0.0
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$6,193,404	\$5,630,532	\$431,824	\$131,048	\$0	0.0
BHA-R2 Behavioral health services	5,000,000	5,000,000	0	0	0	0.0
BHA-R4 BHA community provider	95,803	78,916	12,955	3,932	0	0.0
Technical adjustments	8,390	7,215	1,175	0	0	0.0
Annualize prior year legislation	(3,000,000)	(3,000,000)	0	0	0	0.0
TOTAL	\$8,297,597	\$7,716,663	\$445,954	\$134,980	\$0	0.0
INCREASE/(DECREASE)	\$2,104,193	\$2,086,131	\$14,130	\$3,932	\$0	0.0
Percentage Change	34.0%	37.1%	3.3%	3.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	\$500,000	\$500,000	\$0	\$0	\$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 provided \$631,609 General Fund for this line item, which remained unchanged for FY 2022-23.

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

REQUEST: The Department requests an appropriation of \$650,248 General Fund for FY 2023-24. The request proposes an increase of \$18,939 General Fund associated with BHA R4 (the common policy 3.0 percent community provider rate increase).

RECOMMENDATION: Staff recommends approving the request. While the Department did not apply the community provider rate increase to this line item for FY 2022-23, staff agrees that the application of a provider rate is appropriate. The recommendation is consistent with the Committee’s common policy provider rate adjustment (3.0 percent), applied to a base of \$631,309 General Fund.

BEHAVIORAL HEALTH ADMINISTRATION, COMMUNITY-BASED MENTAL HEALTH SERVICES, FAMILY FIRST PREVENTION SERVICES ACT							
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE	
FY 2022-23 APPROPRIATION							
H.B. 22-1329 (Long Bill)	\$631,309	\$631,309	\$0	\$0	\$0	0.0	
TOTAL	\$631,309	\$631,309	\$0	\$0	\$0	0.0	
FY 2023-24 RECOMMENDED APPROPRIATION							
FY 2022-23 Appropriation	\$631,309	\$631,309	\$0	\$0	\$0	0.0	
BHA-R4 BHA community provider	18,939	18,939	0	0	0	0.0	
TOTAL	\$650,248	\$650,248	\$0	\$0	\$0	0.0	
INCREASE/(DECREASE)	\$18,939	\$18,939	\$0	\$0	\$0	0.0	
Percentage Change	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%	
FY 2023-24 EXECUTIVE REQUEST	\$650,248	\$650,248	\$0	\$0	\$0	0.0	
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	0.0	

BEHAVIORAL HEALTH VOUCHERS

The General Assembly added this line item to the FY 2022-23 Long Bill 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 (see Sec. 27-60-110 (3), C.R.S.).

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

REQUEST: The request proposes an appropriation of \$50,000 General Fund for this program for FY 2023-24, with no change from the FY 2022-23 appropriation.

RECOMMENDATION: Staff recommends approving the request. 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 any change to that amount would require legislation to modify the statutory requirement.

VETERAN SUICIDE PREVENTION PILOT PROGRAM

The General Assembly added this line item to the FY 2022-23 Long Bill 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). The FY 2022-23 appropriation included that annualization as well as an increase of \$33,200 associated with the common policy provider rate increase for FY 2022-23.

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

REQUEST: The Department requests an appropriation of \$3,028,800 General Fund for the program in FY 2023-24, including an increase of \$75,600 associated with BHA R4 (the common policy 3.0 percent provider rate increase). The request applies the provider rate increase to the FY 2022-23 General Fund appropriation *net of the marketing and program evaluation costs.*

RECOMMENDATION: Staff recommends approving the request, which is consistent with the Committee-approved 3.0 percent common policy provider rate increase, applied to a base of \$2,520,000. Staff agrees with the Department’s adjustments to the “base” for the application of the provider rate increase (not applying the increase to the existing appropriation for marketing and evaluation).

BEHAVIORAL HEALTH ADMINISTRATION, COMMUNITY-BASED MENTAL HEALTH SERVICES, VETERAN SUICIDE PREVENTION PILOT PROGRAM						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$2,953,200	\$2,953,200	\$0	\$0	\$0	0.0
TOTAL	\$2,953,200	\$2,953,200	\$0	\$0	\$0	0.0
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$2,953,200	\$2,953,200	\$0	\$0	\$0	0.0
BHA-R4 BHA community provider	75,600	75,600	0	0	0	0.0
TOTAL	\$3,028,800	\$3,028,800	\$0	\$0	\$0	0.0

BEHAVIORAL HEALTH ADMINISTRATION, COMMUNITY-BASED MENTAL HEALTH SERVICES, VETERAN SUICIDE PREVENTION PILOT PROGRAM						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
INCREASE/(DECREASE)	\$75,600	\$75,600	\$0	\$0	\$0	0.0
Percentage Change	2.6%	2.6%	0.0%	0.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST	\$3,028,800	\$3,028,800	\$0	\$0	\$0	0.0
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	0.0

TEMPORARY YOUTH MENTAL HEALTH SERVICES PROGRAM (NEW LINE ITEM REQUESTED)

The Department is requesting the creation of this line item to support the Temporary Youth Mental Health Services Program (also known as “I Matter”) created in H.B. 21-1258 (Rapid Mental Health Response for Colorado Youth) and then extended in H.B. 22-1243 (School Security and School Behavioral Health Services Funding). The program reimburses mental health counselors for providing up to six mental health sessions for each child or youth (defined as someone no more than 18 years old or up to 21 years old if that individual is receiving special education services) that is screened into the program. The bill requires the Department to develop a process to select providers, determine a reasonable reimbursement rate, and implement a statewide public awareness outreach campaign. The bill also requires the Department to enter into an agreement with a vendor to create or use an existing web based portal¹⁵ that:

- Includes an age-appropriate mental health screening.
- Allows providers to register and share appointment availability.
- Connects youth to providers who will accept the youth’s insurance.
- Allows youth to schedule an appointment regardless of insurance status.

House Bill 21-1258 authorized the program through June 30, 2022, and appropriated \$9.0 million General Fund to support the program in FY 2020-21 and FY 2021-22. House Bill 22-1243 extended the program through June 30, 2024 and appropriated \$6.0 million cash funds from the Behavioral and Mental Health Cash Fund (originating as federal stimulus fund) for FY 2022-23. Those funds are available to the Department through June 30, 2024. However, the BHA expects to spend the full \$6.0 million in FY 2022-23.

The Final Legislative Council Staff Fiscal Note for H.B. 22-1243 assumes a need for an appropriation of \$6.0 million General Fund for FY 2023-24.

STATUTORY AUTHORITY: Section 27-60-109, C.R.S. [Temporary Youth Mental Health Services Program]

REQUEST: The Department requests an appropriation of \$6.0 million General Fund for the program in FY 2023-24. That amount aligns with the expenditures anticipated in the Final Legislative Council Staff Fiscal Note for H.B. 22-1243.

RECOMMENDATION: Staff recommends approving the request.

¹⁵ The portal is available at: <https://imattercolorado.org/>

(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 Long Bill restructuring that consolidated 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 BHA currently contracts with three managed service organizations (MSOs) for the provision of substance use disorder treatment and detoxification services in seven catchment areas.¹⁶ The MSOs subcontract with local treatment providers with locations around the state to deliver the 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.

¹⁶ Prior to FY 2022-23, the Department had contracted with four MSOs. However, West Slope Casa (which served much of the Western Slope) has closed.

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 \$40,386,806 total funds (including \$13,820,025 General Fund) and 2.1 FTE for FY 2023-24. The request includes the following changes from the FY 2022-23 appropriation:

- An increase of \$611,584 total funds (including \$402,525 General Fund) associated with the requested 3.0 percent common policy community provider rate increase (BHA R4).
- A decrease of \$10,000,000 General Fund to eliminate one-time funding provided in H.B. 22-1326 (Fentanyl).

RECOMMENDATION: **Staff recommends approving the request**, which is consistent with the Committee-approved 3.0 percent common policy provider rate increase, applied to a base of \$20,386,100 total funds (\$13,417,500 General Fund). The recommendation also includes the proposed decrease of \$10.0 million General Fund to annualize H.B. 22-1326.

BEHAVIORAL HEALTH ADMINISTRATION, SUBSTANCE USE TREATMENT AND PREVENTION SERVICES, TREATMENT AND DETOXIFICATION PROGRAMS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$39,775,222	\$13,417,500	\$7,164,255	\$0	\$19,193,467	2.1
Other legislation	\$10,000,000	\$10,000,000	\$0	\$0	\$0	0.0
TOTAL	\$49,775,222	\$23,417,500	\$7,164,255	\$0	\$19,193,467	2.1
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$49,775,222	\$23,417,500	\$7,164,255	\$0	\$19,193,467	2.1
BHA-R4 BHA community provider	611,584	402,525	209,059	0	0	0.0
Annualize prior year legislation	(10,000,000)	(10,000,000)	0	0	0	0.0
TOTAL	\$40,386,806	\$13,820,025	\$7,373,314	\$0	\$19,193,467	2.1
INCREASE/(DECREASE)	(\$9,388,416)	(\$9,597,475)	\$209,059	\$0	\$0	0.0
Percentage Change	(18.9%)	(41.0%)	2.9%	0.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST	\$40,386,806	\$13,820,025	\$7,373,314	\$0	\$19,193,467	2.1
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$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) website¹⁷.

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]

REQUEST: The Department requests \$16,606,437 cash funds from the Marijuana Tax Cash Fund (MTCF) for FY 2023-24. The request includes an increase of \$483,683 cash funds from the Marijuana Tax Cash Fund associated with the requested 3.0 percent common policy provider rate increase (BHA R4).

RECOMMENDATION: **Staff recommends approving the request**, which is consistent with the Committee-approved 3.0 percent common policy provider rate increase, applied to a base of \$16,122,754.

¹⁷ See: <http://www.cbhc.org/substance-use-disorder-community-assessment-sb-16-202-report/>.

BEHAVIORAL HEALTH ADMINISTRATION, 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 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$16,122,754	\$0	\$16,122,754	\$0	\$0	0.0
TOTAL	\$16,122,754	\$0	\$16,122,754	\$0	\$0	0.0
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$16,122,754	\$0	\$16,122,754	\$0	\$0	0.0
BHA-R4 BHA community provider	483,683	0	483,683	0	0	0.0
TOTAL	\$16,606,437	\$0	\$16,606,437	\$0	\$0	0.0
INCREASE/(DECREASE)	\$483,683	\$0	\$483,683	\$0	\$0	0.0
Percentage Change	3.0%	0.0%	3.0%	0.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST	\$16,606,437	\$0	\$16,606,437	\$0	\$0	0.0
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$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. Prior to FY 2022-23, the Department (Office of Behavioral Health) contracted 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.

Beginning in FY 2022-23, H.B. 22-1278 transferred the prevention functions and responsibilities from the Department of Human Services to the Department of Public Health and Environment (CDPHE) to centralize prevention activities in CDPHE. That bill eliminated the General Fund appropriation to the Department of Human Services for those programs and instead appropriated those funds directly to CDPHE. However, the cash and federal funds appropriations were specific to the Department of Human Services, and those funds are still reflected as appropriations to the Department of Human Services which are then reappropriated to CDPHE to support the actual service costs.

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]

REQUEST: The request includes \$6,382,165 total funds (including \$51,149 cash funds and \$6,331,016 federal funds), with no change from the FY 2022-23 appropriation. As noted above, these funds will actually be reappropriated to the Department of Public Health and Environment to contract for services.

RECOMMENDATION: **Staff recommends approving the request.**

COMMUNITY PREVENTION AND TREATMENT PROGRAMS

This line item provides funding for the purchase of community services for the prevention and treatment of alcohol and drug abuse. House Bill 22-1278 transferred substance use prevention programs to the Colorado Department of Public Health and Environment (CDPHE). However, the BHA continues to administer cash funds and federal funds that have both prevention and treatment components. The BHA executes an interagency agreement with CDPHE to implement prevention services associated with the cash funds and federal funds that the BHA administers. The funding in the line item comes from a variety of sources and supports multiple purposes, described below.

The *Federal Grants* section reflects a variety of federal alcohol and substance use discretionary grants as well as the substance abuse prevention and treatment block grant.

The *Persistent Drunk Driver Programs* are designed to deter persistent drunk driving and to educate the public, with an emphasis on young drivers. The funding, which originates as 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, is appropriated to the BHA but administered through an interagency contract with CDPHE to support persistent drunk driver prevention contracts. 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.
- 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 *Law Enforcement Assistance Fund (LEAF)* is supported by revenue from a \$90 surcharge on drunk and drugged driving convictions. Money in this fund supports enforcement, laboratory charges, and prevention programs. The BHA 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.
- Preparing and disseminating education curriculum materials thereon for use at all levels of school specifically to establish impaired driving prevention programs.

The BHA, through CDPHE, 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.
- 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* section receives funding from penalty surcharges (ranging from a minimum of \$1 to a maximum of \$10) 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. Statute credits the surcharge revenues to Rural Alcohol and Substance Abuse Cash Fund to support the program.

The BHA allocates 75.0 percent of these funds to treatment programs administered by the BHA and 25.0 percent to CDPHE for substance use prevention services. 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 community provider rate is applied to Marijuana Tax Cash Fund 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 \$5,958,495 total funds (including no General Fund) for FY 2023-24. The request includes an increase of \$18,346 cash funds associated with the requested 3.0 percent community provider rate increase.

RECOMMENDATION: Staff recommends approving the request, which is consistent with the Committee-approved 3.0 percent common policy provider rate increase (applied to a base of \$611,535 cash funds from the Marijuana Tax Cash Fund).

BEHAVIORAL HEALTH ADMINISTRATION, SUBSTANCE USE TREATMENT AND PREVENTION SERVICES, COMMUNITY PREVENTION AND TREATMENT PROGRAMS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$6,449,245	\$10,546	\$3,050,881	\$0	\$3,387,818	0.0
Other legislation	(509,096)	(10,546)	(498,550)	0	0	0.0
TOTAL	\$5,940,149	\$0	\$2,552,331	\$0	\$3,387,818	0.0
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$5,940,149	\$0	\$2,552,331	\$0	\$3,387,818	0.0
BHA-R4 BHA community provider	18,346	0	18,346	0	0	0.0
TOTAL	\$5,958,495	\$0	\$2,570,677	\$0	\$3,387,818	0.0
INCREASE/(DECREASE)	\$18,346	\$0	\$18,346	\$0	\$0	0.0
Percentage Change	0.3%	0.0%	0.7%	0.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST	\$5,958,495	\$0	\$2,570,677	\$0	\$3,387,818	0.0
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	0.0

HOUSING ASSISTANCE FOR INDIVIDUALS WITH A SUBSTANCE USE DISORDER

The General Assembly added this line item to the FY 2022-23 Long Bill 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 no 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 \$4,005,779 General Fund and 1.0 FTE. The request includes an increase of \$5,779 General Fund to annualize salary survey increases provided in FY 2022-23.

RECOMMENDATION: Staff recommends an appropriation of \$4,000,000 General Fund and 1.0 FTE, with no change from the FY 2022-23 appropriation (and no change from the original 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 the Office of Behavioral Health and moved in to the BHA section for FY 2022-23. The Department uses this funding to contract with local treatment providers who offer two types of treatment programs, described below.

- The *Strategic Individualized Remediation Treatment (STIRT)* program is intended to reduce recidivism among adult offenders who are at high risk of incarceration (either in county jail or in the Department of Corrections) due to continued criminogenic, substance abuse and/or mental health concerns. 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.

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

- The *Strategies for Self-improvement and Change (SSIC)* program is a three-phase program designed to motivate change in adults (individuals 18 or older) who have a history of criminal behavior and substance abuse. The phases include: (1) challenge to change; (2) commitment to change; and (3) taking ownership of change. According to the Department, there are currently four providers delivering SSIC under Signal Behavioral Health and one provider on the Western Slope.

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 \$4,758,718 total funds (including \$3,253,545 General Fund and \$1,505,173 reappropriated funds). The request includes an increase of \$94,763 General Fund associated with the requested 3.0 percent common policy provider rate increase.

RECOMMENDATION: Staff recommends approving the request, which is consistent with the Committee-approved 3.0 percent common policy provider rate increase (applied to a base of \$3,158,782 General Fund).

BEHAVIORAL HEALTH ADMINISTRATION, SUBSTANCE USE TREATMENT AND PREVENTION SERVICES, OFFENDER SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$4,663,955	\$3,158,782	\$0	\$1,505,173	\$0	0.0
TOTAL	\$4,663,955	\$3,158,782	\$0	\$1,505,173	\$0	0.0
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$4,663,955	\$3,158,782	\$0	\$1,505,173	\$0	0.0
BHA-R4 BHA community provider	94,763	94,763	0	0	0	0.0
TOTAL	\$4,758,718	\$3,253,545	\$0	\$1,505,173	\$0	0.0
INCREASE/(DECREASE)	\$94,763	\$94,763	\$0	\$0	\$0	0.0
Percentage Change	2.0%	3.0%	0.0%	0.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST	\$4,758,718	\$3,253,545	\$0	\$1,505,173	\$0	0.0
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	0.0

RECOVERY RESIDENCE CERTIFICATION

The General Assembly added this line item to the FY 2022-23 Long Bill 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 \$200,000 General Fund for FY 2023-24, with no change from the FY 2022-23 appropriation.

RECOMMENDATION: Staff recommends approving the request, which aligns with the statutory direction (Sec. 27-180-122 (2), C.R.S.) for the annual appropriation.

HIGH RISK PREGNANT WOMEN PROGRAM

The High Risk Pregnant Women Program (known as "Special Connections") served pregnant women who are eligible for Medicaid and who have alcohol and/or drug abuse problems. The program sought to help 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 by contracting with several providers to operate Special Connections Programs. This line item has been supported by reappropriated funds transferred from HCPF (which originate as General Fund and federal Medicaid funds).

However, beginning in FY 2020-21, the Department of Health Care Policy and Financing expanded coverage to include inpatient and residential substance use treatment services for this population directly through the Behavioral Health Capitation Program line item rather than requiring a separate line item and the transfer to the department of Human Services. Based on that change, the Department of Human Services FY 2022-23 supplemental bill (S.B. 23-119) eliminated the appropriation for this line item in FY 2022-23 – and the Department has requested no funding for the line item in FY 2023-24. The Department reported no actual expenditures under this line item

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

REQUEST: As discussed above, the Department is not requesting any funding for this line item for FY 2023-24 because the services are now supported directly through the Behavioral Health Capitation Program.

RECOMMENDATION: **Staff recommends approving the request and eliminating the line item.** The Department reported no actual expenditures for the program in FY 2020-21 or FY 2021-22 and the line item is no longer necessary.

MANAGED SERVICE ORGANIZATION REGIONAL EVALUATIONS (NEW LINE ITEM REQUESTED)

The Department is requesting the creation of this line item for FY 2023-24 to support the managed service organization (MSO) regional evaluations required by H.B. 22-1326 (Fentanyl). The bill requires MSOs to evaluate the existing supply and demand for medication assisted treatment, other withdrawal management treatments, and the provision of recovery services within their geographic areas. Using \$700,000 General Fund appropriated in the bill, the BHA is contracting for the evaluations in FY 2022-23 at a cost of \$100,000 for each of the seven MSO regions.

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 \$200,000 General Fund for FY 2023-24, with no change from the FY 2022-23 appropriation.

RECOMMENDATION: **Staff recommends approving the request,** which aligns with the statutory direction (Sec. 27-180-122 (2), C.R.S.) for the annual appropriation.

FENTANYL EDUCATION PROGRAM (NEW LINE ITEM REQUESTED)

The Department is requesting the creation of this line item for FY 2023-24 to support ongoing costs of the fentanyl education program required by H.B. 22-1326 (Fentanyl). The bill requires the BHA to develop a fentanyl education program for individuals that are convicted of certain offenses related to fentanyl and that are receiving treatment in a residential or community-based treatment facility. The bill also requires those individuals to complete the program and requires the program to include information regarding:

- The nature and addictive elements of synthetic opiates.
- Their dangers to a person’s life and health.
- Access to and administration of opiate antagonists and non-laboratory detection tests.
- Laws regarding synthetic opiates, including criminal penalties and immunity for reporting an overdose.

The bill requires appropriations to support the program from the Correctional Treatment Cash Fund and includes an appropriation of \$150,000 from that source or the initial development of the program in FY 2022-23. The Final Legislative Council Staff Fiscal Note for H.B. 22-1326 anticipated an ongoing cost of \$25,000 per year to update the program annually.

STATUTORY AUTHORITY: Section 27-80-128, C.R.S.

REQUEST: The Department requests \$25,000 cash funds from the Correctional Treatment Cash Fund for FY 2023-24. The request represents a reduction of \$125,000 from the FY 2023-24 appropriation and aligns with the Final Legislative Council Staff Fiscal Note for H.B. 22-1326.

RECOMMENDATION: **Staff recommends approving the request.**

STUDY ON HEALTH EFFECTS OF CRIMINAL PENALTIES (NEW LINE ITEM REQUESTED)

The Department is requesting the creation of this line item for FY 2023-24 to support the study of the health effects of criminal penalties for fentanyl offenses required by H.B. 22-1326 (Fentanyl). The bill requires the BHA to contract with an independent entity by November 1, 2022, to conduct a study of the health effects of the criminal penalties associated with the bill and specifies requirements for the study. The bill requires the independent contractor to complete the study by December 31, 2024.

The bill requires that costs associate with the study be paid from the Correctional Treatment Cash Fund and appropriates \$252,963 for that purpose for FY 2022-23. The Final Legislative Council Staff Fiscal Note for the bill anticipates similar costs in FY 2023-24 and a cost of \$150,000 in FY 2024-25.

STATUTORY AUTHORITY: Section 27-50-802, C.R.S.

REQUEST: The Department requests \$252,963 cash funds from the Correctional Treatment Cash Fund for FY 2023-24, with no change from the FY 2022-23 appropriation in H.B. 22-1326.

RECOMMENDATION: **Staff recommends approving the request.**

(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 four line items associated with 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).

For FY 2022-23, H.B. 22-1283 (Youth and Family Behavioral Health) provided a one-time appropriation of \$2.5 million cash funds from the Behavioral and Mental Health Cash Fund (that originated as federal stimulus funds). Those funds are available to the Department through December 30, 2024.

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 \$30,523,753 total funds (including \$26,262,153 General Fund and \$4,261,600 from the Marijuana Tax Cash Fund). The request includes the following changes from the FY 2022-23 appropriation:

- An increase of \$889,041 total funds (\$764,917 General Fund and \$124,124 cash funds from the Marijuana Tax Cash Fund) associated with the requested 3.0 percent common policy community provider rate increase.
- A decrease of \$2,500,000 cash funds from the Behavioral and Mental Health Cash Fund to eliminate the one-time funding appropriated in H.B. 22-1283.

RECOMMENDATION: Staff recommends approving the request, which is consistent with the Committee's 3.0 percent common policy provider rate increase, applied to the entire base

appropriation (\$29,634,712 total funds, which equates to the FY 2022-23 Long Bill appropriation and excludes the one-time funding appropriated in H.B. 22-1283).

BEHAVIORAL HEALTH ADMINISTRATION, INTEGRATED BEHAVIORAL HEALTH SERVICES, BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$29,634,712	\$25,497,236	\$4,137,476	\$0	\$0	0.0
Other legislation	\$2,500,000	\$0	\$2,500,000	\$0	\$0	0.0
TOTAL	\$32,134,712	\$25,497,236	\$6,637,476	\$0	\$0	0.0
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$32,134,712	\$25,497,236	\$6,637,476	\$0	\$0	0.0
BHA-R4 BHA community provider	889,041	764,917	124,124	0	0	0.0
Annualize prior year legislation	(2,500,000)	0	(2,500,000)	0	0	0.0
TOTAL	\$30,523,753	\$26,262,153	\$4,261,600	\$0	\$0	0.0
INCREASE/(DECREASE)	(\$1,610,959)	\$764,917	(\$2,375,876)	\$0	\$0	0.0
Percentage Change	(5.0%)	3.0%	(35.8%)	0.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST	\$30,523,753	\$26,262,153	\$4,261,600	\$0	\$0	0.0
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	0.0

BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM SECURE TRANSPORTATION PROGRAM

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.

Originally called the Behavioral Health Crisis Response System Secure Transportation Pilot Program, the FY 2022-23 Long Bill eliminated “Pilot” from the line item title.

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

REQUEST: The Department requests \$582,914 cash funds from the Marijuana Tax Cash Fund for FY 2023-24, including an increase of \$16,978 associated with the requested 3.0 percent common policy provider rate increase.

RECOMMENDATION: Staff recommends approving the request, which is consistent with the Committee’s common policy 3.0 percent provider rate increase for FY 2023-24 (applied to the FY 2022-23 appropriation of \$565,936 cash funds from the Marijuana Tax Cash Fund).

BEHAVIORAL HEALTH ADMINISTRATION, INTEGRATED BEHAVIORAL HEALTH SERVICES, BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM SECURE TRANSPORTATION PROGRAM						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$565,936	\$0	\$565,936	\$0	\$0	0.0
TOTAL	\$565,936	\$0	\$565,936	\$0	\$0	0.0
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$565,936	\$0	\$565,936	\$0	\$0	0.0
BHA-R4 BHA community provider	16,978	0	16,978	0	0	0.0
TOTAL	\$582,914	\$0	\$582,914	\$0	\$0	0.0
INCREASE/(DECREASE)	\$16,978	\$0	\$16,978	\$0	\$0	0.0
Percentage Change	3.0%	0.0%	3.0%	0.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST	\$582,914	\$0	\$582,914	\$0	\$0	0.0
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$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 \$3,798,208 total funds, including \$3,438,094 General Fund. The request includes the following changes from the FY 2022-23 appropriation:

- An increase of \$120,368 total funds, including \$109,879 General Fund and \$16,798 cash funds from the Marijuana Tax Cash Fund, based on the requested 3.0 percent common policy provider rate increase.
- A decrease of \$334,410 General Fund associated with request BHA R5 (BHA Technical Adjustments). As discussed above with request BHA R5, the Department is proposing a statutory change to eliminate the requirement that the contractor providing the crisis hotline services also provide the Care Navigation Program.¹⁸ As current law requires the same contractor for both types of services, the Long Bill has historically included the Care Navigation Program funding within this line item. However, for FY 2023-24 the Department is requesting: (1) the statutory changes to eliminate that requirement and (2) the creation of a new Care Coordination line item to support that contract. The request would move \$334,410 General Fund out of the Crisis Hotline line item and into the new line item.

RECOMMENDATION: Staff recommends appropriating \$3,788,175 total funds, including \$3,428,061 General Fund and \$360,114 cash funds from the Marijuana Tax Cash Fund.

- The recommendation is consistent with the Committee’s common policy provider rate adjustment (3.0 percent), which has been applied to a base of \$3,677,540 total funds. The provider rate adjustment is \$10,033 General Fund below the request because of a technical correction to remove the amount recommended for movement to the proposed Care Coordination line item from the “base” for the provider rate in this line item.
- The recommendation also includes the proposed reduction of \$334,410 General Fund and the creation of the proposed Care Coordination line item to provide that funding. While changing the statute would require separate legislation, the addition of the new line item does not require any statutory change and may improve transparency about the specific use of those funds.

BEHAVIORAL HEALTH ADMINISTRATION, INTEGRATED BEHAVIORAL HEALTH SERVICES, CRISIS RESPONSE SYSTEM - TELEPHONE HOTLINE						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$4,012,250	\$3,662,625	\$349,625	\$0	\$0	0.0
TOTAL	\$4,012,250	\$3,662,625	\$349,625	\$0	\$0	0.0
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$4,012,250	\$3,662,625	\$349,625	\$0	\$0	0.0
BHA-R4 BHA community provider	110,335	99,846	10,489	0	0	0.0
BHA-R5 BHA technical adjustments	(334,410)	(334,410)	0	0	0	0.0
TOTAL	\$3,788,175	\$3,428,061	\$360,114	\$0	\$0	0.0
INCREASE/(DECREASE)	(\$224,075)	(\$234,564)	\$10,489	\$0	\$0	0.0
Percentage Change	(5.6%)	(6.4%)	3.0%	0.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	\$10,033	\$10,033	\$0	\$0	\$0	0.0

BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM PUBLIC INFORMATION CAMPAIGN

¹⁸ See Section 27-60-103, C.R.S.

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. For FY 2022-23:

- The Long Bill provided \$600,000 General Fund.
- House Bill 22-1052 (Promoting Crisis Services to Students) added \$192,075 General Fund for a total appropriation of \$792,075. The additional funding is intended to provide crisis services outreach kits to every school in Colorado and the bill's Final Legislative Council Staff Fiscal Note assumes that that amount is ongoing.

STATUTORY AUTHORITY: Section 27-60-103 (1)(b)(V), C.R.S., and 27-60-104 (10), C.R.S. [Behavioral Health Crisis Response System]

REQUEST: The Department requests \$792,075 General Fund, with no change from the FY 2022-23 appropriation as adjusted by H.B. 22-1052.

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, that 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 agencies¹⁹ 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

¹⁹ 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.

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 2019-20 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 \$7,790,066 General Fund for FY 2023-24. The request includes an increase of \$226,895 General Fund associated with the requested 3.0 percent common policy provider rate increase.

RECOMMENDATION: Staff recommends approving the request, which is consistent with the Committee’s common policy provider rate adjustment (3.0 percent), which has been applied to a base of \$7,563,171.

BEHAVIORAL HEALTH ADMINISTRATION, INTEGRATED BEHAVIORAL HEALTH SERVICES, COMMUNITY TRANSITION SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$7,563,171	\$7,563,171	\$0	\$0	\$0	0.0
TOTAL	\$7,563,171	\$7,563,171	\$0	\$0	\$0	0.0

BEHAVIORAL HEALTH ADMINISTRATION, INTEGRATED BEHAVIORAL HEALTH SERVICES, COMMUNITY TRANSITION SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$7,563,171	\$7,563,171	\$0	\$0	\$0	0.0
BHA-R4 BHA community provider	226,895	226,895	0	0	0	0.0
TOTAL	\$7,790,066	\$7,790,066	\$0	\$0	\$0	0.0
INCREASE/(DECREASE)	\$226,895	\$226,895	\$0	\$0	\$0	0.0
Percentage Change	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST	\$7,790,066	\$7,790,066	\$0	\$0	\$0	0.0
Request Above/(Below) Recommendation	\$0	\$0	\$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 departmental administrative costs. For FY 2022-23, a total of \$7,511,687 total funds, including \$1,620,579 General Fund and \$5,891,108 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 and the San Luis Valley, Denver, Longmont, and Pueblo), involving collaborative partnerships between law enforcement, district attorneys’ offices, sheriffs, treatment providers, and other community stakeholders to divert individuals with behavioral health disorders (\$2,195,341) and associated technical assistance (\$46,000).
- An evaluation of the LEAD pilot programs concluded in FY 2021-22. In FY 2022-23, the BHA continued to contract \$109,000 for ongoing data collection, IT assistance, and database programming to continue improving the reporting of outcomes and efficacy of the LEAD programs.
- *Co-responder programs*, which pair law enforcement with behavioral health clinicians, most often by creating local partnerships between law enforcement and behavioral health agencies. This funding (\$4,827,424 in FY 2022-23) supports such programs in the cities of Broomfield, Denver, Greeley/Evans, Grand Junction, Longmont, Arvada, Canon City, Vail, and Westminster, as well as El Paso, Larimer, Pitkin, Boulder, Douglas, and Summit counties.
- The BHA is using \$333,922 for staff (2.3 FTE) and operating expenses to oversee the LEAD pilot and co-responder programs, as well as provide technical assistance and associated evaluation.

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.

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 \$7,730,499 total funds, including \$1,666,241 General Fund and \$6,064,258 cash funds from the Marijuana Tax Cash Fund, and 2.3 FTE for FY 2023-24. The request includes an increase of \$218,812 total funds, including \$45,662 General Fund, based on the requested 3.0 percent common policy provider rate increase.

RECOMMENDATION: **Staff recommends approving the request**, which is consistent with the Committee’s common policy 3.0 percent provider rate increase, which has been applied to a base of \$7,293,718 total funds.

BEHAVIORAL HEALTH ADMINISTRATION, INTEGRATED BEHAVIORAL HEALTH SERVICES, CRIMINAL JUSTICE DIVERSION PROGRAMS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$7,511,687	\$1,620,579	\$5,891,108	\$0	\$0	2.3
TOTAL	\$7,511,687	\$1,620,579	\$5,891,108	\$0	\$0	2.3
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$7,511,687	\$1,620,579	\$5,891,108	\$0	\$0	2.3
BHA-R4 BHA community provider	218,812	45,662	173,150	0	0	0.0
TOTAL	\$7,730,499	\$1,666,241	\$6,064,258	\$0	\$0	2.3
INCREASE/(DECREASE)	\$218,812	\$45,662	\$173,150	\$0	\$0	0.0
Percentage Change	2.9%	2.8%	2.9%	0.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST	\$7,730,499	\$1,666,241	\$6,064,258	\$0	\$0	2.3
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	(0.0)

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, and some counties collaborate with neighboring county sheriff departments. Sheriff departments work with local community providers who are licensed by the Department 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 2023-24, the Department's request applied the provider rate to 76.5 percent of the General Fund appropriation and not to the reappropriated funds appropriation (which is consistent with prior years).

For FY 2022-23, H.B. 22-1326 (Fentanyl) provided a one-time appropriation of \$3.0 million cash funds from the Behavioral and Mental Health Cash Fund (originating as federal stimulus funds) to support county jails in the development of protocols for medication-assisted treatment and other appropriate withdrawal management care. Those funds are available to the Department through December 30, 2024.

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 \$16,354,940 total funds (including \$9,349,862 General Fund) for FY 2023-24. The request includes the following changes from the FY 2022-23 appropriation:

- An increase of \$272,326 General Fund associated with the requested 3.0 percent common policy community provider rate increase.
- A decrease of \$3.0 million cash funds from the Behavioral and Mental Health Cash Fund to eliminate the one-time funding provided in H.B. 22-1326.

RECOMMENDATION: Staff recommends approving the request, which is consistent with the Committee's 3.0 percent common policy provider rate adjustment, applied to a base of \$9,077,536 General Fund. The recommendation also includes the annualization to eliminate the \$3.0 million in one-time funding from H.B. 22-1326.

BEHAVIORAL HEALTH ADMINISTRATION, INTEGRATED BEHAVIORAL HEALTH SERVICES, JAIL-BASED BEHAVIORAL HEALTH SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$16,082,614	\$9,077,536	\$0	\$7,005,078	\$0	0.0
Other legislation	\$3,000,000	\$0	\$3,000,000	\$0	\$0	0.0
TOTAL	\$19,082,614	\$9,077,536	\$3,000,000	\$7,005,078	\$0	0.0
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$19,082,614	\$9,077,536	\$3,000,000	\$7,005,078	\$0	0.0
BHA-R4 BHA community provider	272,326	272,326	0	0	0	0.0
Annualize prior year legislation	(3,000,000)	0	(3,000,000)	0	0	0.0
TOTAL	\$16,354,940	\$9,349,862	\$0	\$7,005,078	\$0	0.0
INCREASE/(DECREASE)	(\$2,727,674)	\$272,326	(\$3,000,000)	\$0	\$0	0.0
Percentage Change	(14.3%)	3.0%	(100.0%)	0.0%	0.0%	0.0%

BEHAVIORAL HEALTH ADMINISTRATION, INTEGRATED BEHAVIORAL HEALTH SERVICES, JAIL-BASED BEHAVIORAL HEALTH SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 EXECUTIVE REQUEST	\$16,354,940	\$9,349,862	\$0	\$7,005,078	\$0	0.0
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	0.0

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

The BHA contracts with managed service organizations (MSOs) to administer the Circle Program and Other Rural Treatment Programs. With an FY 2022-23 appropriation of \$7,452,745, the BHA has contracted with three MSOs to provide the services under the line item, including the following contract allocations:

- Signal Behavioral Health - \$6,514,842
- West Slope Casa, LLC (July 1, 2022 to December 31, 2022 because the contract transitioned to Rocky Mountain HMO on January 1, 2023) - \$468,951
- Rocky Mountain HMO (January 1, 2023 to June 30, 2023) - \$698,952

The following sections further describe the Community Based Circle Program and the Other Rural Treatment Programs for People with Co-occurring Disorders.

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). In FY 2017-18, the General Assembly approved a Department proposal to convert the program to a community-based model. 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 in January 2019. At present, there are three state-funded circle programs operating in Colorado, each with 16 beds:

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

Rural Co-occurring Disorder Services

Since FY 2013-14, this program 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 contracted with MSOs to ensure coverage in southern Colorado and the Arkansas Valley:

- Signal Behavioral Health Network administers services 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, administered services in the southwest region of the state through December 31, 2022, and Rocky Mountain HMO took over the same region effective January 1, 2023. The southwest region includes: Archuleta, Delta, Dolores, Gunnison, Hinsdale, La Plata, Montezuma, Montrose, Ouray, San Juan, and San Miguel Counties. Axis Health Systems, Inc. (a community mental health center) subcontracts to provide the 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 \$7,666,745 total funds, including \$626,978 General Fund. The request includes the following changes from the FY 2022-23 appropriation:

- An increase of \$193,583 total funds, including \$18,226 General Fund and \$173,357 cash funds from the Marijuana Tax Cash Fund, associated with the requested 3.0 percent common policy provider rate increase.
- An increase of \$20,417 total funds, including \$1,232 General Fund and \$19,185 cash funds from the Marijuana Tax Cash Fund, as a leap-year adjustment.

RECOMMENDATION: Staff recommends approving the request, which is consistent with the Committee's 3.0 percent common policy provider rate adjustment, applied to a base of \$6,452,745 total funds (\$607,520 General Fund).

BEHAVIORAL HEALTH ADMINISTRATION, 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 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$7,452,745	\$607,520	\$5,845,225	\$1,000,000	\$0	0.0
TOTAL	\$7,452,745	\$607,520	\$5,845,225	\$1,000,000	\$0	0.0
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$7,452,745	\$607,520	\$5,845,225	\$1,000,000	\$0	0.0
BHA-R4 BHA community provider	193,583	18,226	175,357	0	0	0.0
Technical adjustments	20,417	1,232	19,185	0	0	0.0
TOTAL	\$7,666,745	\$626,978	\$6,039,767	\$1,000,000	\$0	0.0
INCREASE/(DECREASE)	\$214,000	\$19,458	\$194,542	\$0	\$0	0.0
Percentage Change	2.9%	3.2%	3.3%	0.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST	\$7,666,745	\$626,978	\$6,039,767	\$1,000,000	\$0	0.0
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	0.0

RECOVERY SUPPORT SERVICES GRANT PROGRAM

The General Assembly added this line item to the FY 2022-23 Long Bill 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 \$1,606,430 General Fund and 1.0 FTE for FY 2023-24. The request includes an increase of \$6,430 General Fund above the FY 2022-23 appropriation to annualize FY 2022-23 salary survey appropriations.

RECOMMENDATION: Staff recommends approving an appropriation of \$1,600,000 General Fund and 1.0 FTE, with no change from the FY 2022-23 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

The General Assembly added this line item to the FY 2022-23 Long Bill 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 \$12,262,555 cash funds from the 988 Crisis Hotline Cash Fund for FY 2023-24. The request includes the following increases above the FY 2022-23 appropriation:

- \$349,717 associated with the requested 3.0 percent common policy provider rate increase.
- \$7,811 to annualize FY 2022-23 salary survey appropriations.

The Committee should also note that request BHA R5 (BHA Technical Adjustments) proposes statutory change to continuously appropriate the 988 Crisis Hotline Cash Fund to the Department, although the BHA is not requesting that as a JBC Bill.

RECOMMENDATION: Staff recommends approving the request, which is consistent with the Committee's 3.0 percent common policy provider rate increase, applied to a base of \$11,657,248 cash funds. The recommendation does include the requested \$7,811 increase associated with FY 2022-23 salary survey appropriations. Staff is not recommending any action in response to BHA R5 (Technical

Adjustments), as the proposal would require statutory change and the Department is not requesting the change as a JBC Bill.

BEHAVIORAL HEALTH ADMINISTRATION, INTEGRATED BEHAVIORAL HEALTH SERVICES, 988 CRISIS HOTLINE						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$11,905,027	\$0	\$11,905,027	\$0	\$0	2.0
TOTAL	\$11,905,027	\$0	\$11,905,027	\$0	\$0	2.0
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$11,905,027	\$0	\$11,905,027	\$0	\$0	2.0
BHA-R4 BHA community provider	349,717	0	349,717	0	0	0.0
Annualize prior year budget actions	7,811	0	7,811	0	0	0.0
TOTAL	\$12,262,555	\$0	\$12,262,555	\$0	\$0	2.0
INCREASE/(DECREASE)	\$357,528	\$0	\$357,528	\$0	\$0	0.0
Percentage Change	3.0%	0.0%	3.0%	0.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST	\$12,262,555	\$0	\$12,262,555	\$0	\$0	2.0
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$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 2023-24, with no change from the FY 2022-23 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.

CARE COORDINATION (NEW LINE ITEM REQUESTED)

The Department is requesting the creation of this line item to support the Care Coordination Program that has previously been funded through the Behavioral Health Crisis Response System Telephone Hotline line item. Current statute (Sec. 27-80-119 (4), C.R.S.) requires the contractor that provides the crisis hotline system to operate the Care Navigation Program initially created in H.B. 19-1287 (Treatment for Opioids and Substance Use Disorders). However, recent legislation (S.B. 21-137, S.B. 22-177, and H.B. 22-1278) has tasked the BHA with establishing and developing a comprehensive care coordination infrastructure. Given the expanding role, the Department proposes eliminating the statutory requirement that the crisis hotline contractor also provide the coordination services and creating a new line item specific to this program.

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.

STATUTORY AUTHORITY: Section 27-60-103, C.R.S. [Behavioral health crisis response system]; Section 27-80-119, et seq., C.R.S. [Care navigation program]

REQUEST: The Department requests an appropriation of \$334,410 General Fund for the newly created line item in FY 2023-24, representing the amount dedicated to care coordination within the existing

crisis response services hotline line item (see the discussion of BHA R5 (BHA Technical Adjustments) above).

RECOMMENDATION: Staff recommends approving an appropriation of \$the request. As discussed above with BHA R5, actually changing the statutory requirement that the crisis hotline provider receive the contract for these services requires separate legislation, and the Department is not asking the JBC to sponsor that bill. However, staff recommends creating the new line item for FY 2023-24 regardless of whether that bill passes, as that would provide increased transparency into the use of the funds.

BEHAVIORAL HEALTH ADMINISTRATION, INTEGRATED BEHAVIORAL HEALTH SERVICES, CARE COORDINATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$0	\$0	\$0	\$0	\$0	0.0
TOTAL	\$0	\$0	\$0	\$0	\$0	0.0
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$0	\$0	\$0	\$0	\$0	0.0
BHA-R5 BHA technical adjustments	334,410	334,410	0	0	0	0.0
TOTAL	\$334,410	\$334,410	\$0	\$0	\$0	0.0
INCREASE/(DECREASE)	\$334,410	\$334,410	\$0	\$0	\$0	0.0
Percentage Change	n/a	n/a	0.0%	0.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST	\$334,410	\$334,410	\$0	\$0	\$0	0.0
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	0.0

LINE ITEMS REFLECTED IN THE NUMBERS PAGES BECAUSE OF PRIOR YEAR FUNDING

The following line items are reflected in the numbers pages due to prior year funding but JBC Staff is not recommending inclusion of these line items in the FY 2023-24 Long Bill. In three cases, noted below, the Department has technically requested that the Long Bill reflect FTE (but not funding) based the appropriations clauses included in specific 2022 bills that referenced estimated FTE usage in FY 2023-24. Staff understands that those requests were based on the FTE estimates in those bills – but does not recommend including the line items in the Long Bill simply to reflect estimated FTE usage. Those line items include:

- Statewide Care Coordination Infrastructure: The appropriation clause in S.B. 22-177 (Investments in Care Coordination Infrastructure) anticipated a need for 3.0 FTE in FY 2023-24 – but the entire appropriation of \$12.2 million from the Behavioral and Mental Health Cash Fund was provided for FY 2022-23 (and available through December 30, 2024).
- Behavioral Health-care Continuum Gap Grant Program:
- Substance Use Workforce Stability Grant Program:

STATEWIDE CARE COORDINATION INFRASTRUCTURE

Senate Bill 22-177 (Investments in Care Coordination Infrastructure) requires the BHA to develop a statewide care coordination infrastructure that builds upon and collaborates with existing care coordination services. The infrastructure must include a website and mobile application to serve as a

centralized gateway for information for patients, providers, and care coordination and that facilitates access and navigation.

The bill appropriates \$12.2 million cash funds from the Behavioral and Mental Health Cash Fund for FY 2022-23 and makes those funds available through December 30, 2024. The appropriation clause also states an assumption that the Department will require 3.0 FTE in FY 2022-23 and 3.0 FTE in FY 2023-24 to implement the bill.

STATUTORY AUTHORITY: Section 27-60-204, C.R.S. [Care coordination infrastructure]

REQUEST: Based on the appropriation clause in S.B. 22-177, the request reflects 3.0 FTE for FY 2023-24 – but none of the associated funding as the funds were all appropriated for FY 2022-23.

RECOMMENDATION: As discussed above, staff understands why the request reflects the FTE; however, staff does not recommend including the line item in the FY 2023-24 Long Bill simply to reflect the FTE.

BEHAVIORAL HEALTH-CARE WORKFORCE DEVELOPMENT PROGRAM

Senate Bill 22-181 (Behavioral Health-care Workforce) requires the BHA to collaborate with multiple state agencies to create and implement a plan to improve the behavioral health workforce statewide. The bill appropriates a total of \$36,233,678 cash funds from the Behavioral and Mental Health Cash Fund (originating as federal stimulus funds) to the Department of Human Services (BHA) for multiple purposes related to expanding and improving the behavioral health-care workforce. The funds are available to the Department through December 30, 2024, and are specified to be for the following purposes:

- \$9,928,337 for the development and implementation of the behavioral health-care provider workforce plan as specified in Sec. 27-60-302 (2), C.R.S.
- \$2,928,337 for strategies to strengthen the workforce as specified in Sec. 27-60-303 (3), C.R.S.
- \$4,735,319 for the behavioral health-care education program as specified in Sec. 27-60-302 (5), C.R.S.
- \$5,298,337 to increase the number of peer support professionals as specified in Sec. 27-60-303 (1), C.R.S.
- \$4,928,337 for workforce standards and licensing activities as specified in Sec. 27-60-303 (1), C.R.S.
- \$2,928,337 for the behavioral health-care workforce development program as specified in Sec. 27-60-112 (2), C.R.S.
- \$2,928,337 for the partnership with the Department of Higher Education as specified in Sec. 27-60-302 (3), C.R.S.
- \$1,928,337 for the implementation of a comprehensive, collaborate, and cross-system training certification and training curriculum for providers working in programs to obtain a criminal justice treatment provider endorsement as specified in Sec. 27-60-303 (2), C.R.S.

The bill also appropriated \$573,306 for program administration – although those funds are accounted for in the BHA Community Behavioral Health Administration Program Administration line item.

STATUTORY AUTHORITY: Section 27-60-112, C.R.S. [Behavioral health-care workforce development program], Section 27-60-302 and 303, C.R.S.

REQUEST AND RECOMMENDATION: As this was one-time funding, the Department is not requesting and staff is not recommending the inclusion of this line item (or any associated funding) in the FY 2023-24 Long Bill.

HEALTH NEEDS OF PERSONS IN THE CRIMINAL JUSTICE SYSTEM

Senate Bill 22-196 (Health Needs of Persons in the Criminal Justice System) creates the Early Intervention, Deflection, and Redirection from the Criminal Justice System Grant Program in the Department of Human Services to support community responses to behavioral health crises and mitigate individuals' involvement in the criminal justice system related to behavioral health needs. The bill creates a grant review committee, specifies eligible uses for grant awards, establishes eligibility parameters, and requires the Department to share information about the 988 crisis hotline. The bill also requires the Department to review and award grants in collaboration with the Department of Public Safety.

For FY 2022-23, the bill appropriates a total of \$50.7 million cash funds from the Behavioral and Mental Health Cash Fund (originating as federal stimulus funds) to the Department of Human Services for the program. That total includes \$49.7 million reflected in this line item and \$1.0 million (and an estimated 6.0 FTE) that was accounted for in the Community Behavioral Health Administration Program Administration line item. The entire appropriation is available to the Department for obligation through December 30, 2024, and must be expended by December 31, 2026.

The Final Legislative Council Staff Fiscal Note assumes that staffing costs will continue in subsequent years and that the General Fund will cover those expenses (the amounts reflected in the Community Behavioral Health Administration Program Administration line item) for FY 2024-25 through the program's repeal in FY 2026-27.

STATUTORY AUTHORITY: Section 27-60-401 through 406, C.R.S. [Early intervention, deflection, and redirection from the criminal justice system grant program]

REQUEST AND RECOMMENDATION: As this was one-time funding, the Department is not requesting and staff is not recommending the inclusion of this line item (or any associated funding) in the FY 2023-24 Long Bill.

BEHAVIORAL HEALTH-CARE CONTINUUM GAP PROGRAM

House Bill 22-1281 (Behavioral Health-care Continuum Gap Grant Program) creates a program by that name in the Department of Human Services (in the BHA) to provide grants to local governments, community-based organizations, and non-profit organizations to address gaps in services on the behavioral health continuum. The bill appropriates \$75.0 million for the program in FY 2022-23 and requires the Department to award \$35.0 million of that amount for community investment grants and \$40.0 million for children, youth, and family services grants. All funds are available to the Department through December 30, 2024. Recipients must expend all funds by December 31, 2026. The bill

assumed that the Department would require 4.2 FTE to operate the program in FY 2022-23 and 3.8 FTE in FY 2023-24.

The bill also requires the BHA to develop a behavioral health-care assessment tool that grant applicants can use to identify regional gaps in services, underserved populations, and unmet behavioral health needs on the continuum of services. In awarding grants, the BHA must give preference to applicants providing a service that addresses a gap identified with the assessment tool.

STATUTORY AUTHORITY: Section 27-60-501 through 506, C.R.S. [Community behavioral health-care continuum gap grant program]

REQUEST: Based on the appropriation clause in H.B. 22-1281, the request reflects 3.8 FTE for FY 2023-24 – but none of the associated funding as the funds were all appropriated for FY 2022-23.

RECOMMENDATION: As discussed above, staff understands why the request reflects the FTE; however, staff does not recommend including the line item in the FY 2023-24 Long Bill simply to reflect the FTE.

SUBSTANCE USE WORKFORCE STABILITY GRANT PROGRAM

House Bill 22-1281 (Behavioral Health-care Continuum Gap Grant Program) also creates the Substance Use Workforce Stability Grant Program in the BHA to support direct care staff who spend more than 50 percent of their time working with clients. The bill authorizes recipients to use funds for temporary salary increases, recruitment and retention bonuses, and other strategies that support staff recruitment and retention.

The bill appropriates \$15.0 million for the program in FY 2022-23 and makes those funds available to the Department for obligation through December 30, 2024. Recipients must obligate all funds by December 31, 2024 and expend all funds by December 31, 2026. The bill assumed that the Department would require 0.8 FTE to operate the program in FY 2022-23 and 0.7 FTE in FY 2023-24.

STATUTORY AUTHORITY: Section 27-60-206, C.R.S. [Substance use workforce stability grant program]

REQUEST: Based on the appropriation clause in H.B. 22-1281, the request reflects 0.7 FTE for FY 2023-24 – but none of the associated funding as the funds were all appropriated for FY 2022-23.

RECOMMENDATION: As discussed above, staff understands why the request reflects the FTE; however, staff does not recommend including the line item in the FY 2023-24 Long Bill simply to reflect the FTE.

SUBSTANCE USE RESIDENTIAL TREATMENT BEDS FOR ADOLESCENTS

House Bill 22-1283 (Youth and Family Behavioral Health) establishes several programs related to youth and family behavioral health using one-time funding from the Behavioral and Mental Health Cash Fund (originating as federal stimulus funds). One of those provisions requires the BHA to create, develop, or contract to add additional residential substance use treatment beds for youth. The bill

appropriates \$5.0 million cash funds from the Behavioral and Mental Health Cash Fund (originating as federal stimulus funds) for FY 2022-23 to support the additional beds. The Final Legislative Council Staff Fiscal Note (Fiscal Note) for the bill estimates that this amount will add between 8 and 15 beds. The funding is one-time in nature (though it is available through December 30, 2024) and the Fiscal Note assumes that any ongoing funding will be addressed through the annual budget process.

STATUTORY AUTHORITY: Section 27-80-127, C.R.S. [Children and youth in need of residential mental health and substance use treatment]

REQUEST AND RECOMMENDATION: As this was one-time funding, the Department is not requesting and staff is not recommending the inclusion of this line item (or any associated funding) in the FY 2023-24 Long Bill.

LAND-BASED TRIBE BEHAVIORAL HEALTH GRANT PROGRAM

Senate Bill 22-148 (Colorado Land-based Tribe Behavioral Health Grant) establishes the Colorado Land-based Tribe Behavioral Health Services Grant Program in the BHA to fund the renovation or construction of a behavioral health facility. The Southern Ute Indian tribe, the Ute Mountain Ute tribe, or any authorized department division, or affiliate are eligible for grant funding. The bill requires the Department (BHA) to distribute the grant funds within 30 days of receipt of written justification by the grant recipient but no later than December 31, 2024. All funds must be expended by the recipient by December 31, 2026.

The bill includes a one-time appropriation of \$5.0 million cash funds from the Behavioral and Mental Health Cash Fund (originating as federal stimulus funds) for FY 2022-23 to support the program.

STATUTORY AUTHORITY: Section 27-60-114, C.R.S. [Colorado land-based tribe behavioral health services grant]

REQUEST AND RECOMMENDATION: As this was one-time funding, the Department is not requesting and staff is not recommending the inclusion of this line item (or any associated funding) in the FY 2023-24 Long Bill.

(E) 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.

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

REQUEST: The Department requests \$3,990,623 total funds for FY 2023-24.

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

(6) OFFICE OF BEHAVIORAL HEALTH

With the movement of community-based behavioral health programs to the Behavioral Health Administration, the Office of Behavioral Health (also known as the Office of Civil and Forensic Mental Health, or OCFMH) is now focuses on services at the 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, the Office of Behavioral Health is responsible for services to forensic clients through the Forensic Services Administration and a variety of related programs. Finally, this section of the Long Bill includes appropriations for fines and fees associated with the Consent Decree for competency services.

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

- 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 2022-23 Appropriation						
H.B. 22-1329 (Long Bill)	\$205,816,706	\$184,886,131	\$8,100,819	\$12,829,756	\$0	1,486.1
Other legislation	77,203,470	868,271	76,335,199	0	0	9.0
S.B. 23-119 (Supplemental bill)	343,945	0	39,033	304,912	0	0.0
TOTAL	\$283,364,121	\$185,754,402	\$84,475,051	\$13,134,668	\$0	1,495.1
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$283,364,121	\$185,754,402	\$84,475,051	\$13,134,668	\$0	1,495.1
R1 State hospital quality assurance	637,385	637,385	0	0	0	6.0
R8 Forensic Services Division capacity expansion	2,405,432	2,405,432	0	0	0	22.7
R9/BA1 Salary increase for hospital medical staff	4,328,194	4,328,194	0	0	0	0.0
R10 Community provider rate	1,535,588	1,535,588	0	0	0	0.0
Statewide ARPA BA1	0	(130,129,154)	130,129,154	0	0	0.0
R12 Momentum program funding	328,747	328,747	0	0	0	0.0
R14 OCFMH data management and reporting	206,811	206,811	0	0	0	2.7
Indirect cost assessments	435,379	0	250,183	185,196	0	0.0

OFFICE OF BEHAVIORAL HEALTH						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Non-prioritized requests	273,706	0	0	273,706	0	0.0
Technical adjustments	41,568	41,568	0	0	0	0.0
Annualize prior year legislation	(76,645,605)	33,539	(76,374,232)	(304,912)	0	(6.5)
Annualize prior year budget actions	2,946,142	2,763,763	53,454	128,925	0	7.9
TOTAL	\$219,857,468	\$67,906,275	\$138,533,610	\$13,417,583	\$0	1,527.9
INCREASE/(DECREASE)	(\$63,506,653)	(\$117,848,127)	\$54,058,559	\$282,915	\$0	32.8
Percentage Change	(22.4%)	(63.4%)	64.0%	2.2%	0.0%	2.2%
FY 2023-24 EXECUTIVE REQUEST	\$221,957,340	\$140,072,467	\$68,439,374	\$13,445,499	\$0	1,528.4
Request Above/(Below) Recommendation	\$2,099,872	\$72,166,192	(\$70,094,236)	\$27,916	\$0	0.5

DECISION ITEMS – OFFICE OF BEHAVIORAL HEALTH

→ R1 STATE HOSPITAL QUALITY ASSURANCE FUNDING

REQUEST: Request R1 seeks an increase of \$783,260 General Fund and 6.5 FTE in FY 2023-25, with that same amount continuing in FY 2024-25. The request proposes to create a quality assurance team for the state hospitals at Pueblo and Fort Logan with the team FTE housed at, and nearly all of the money requested for, Pueblo (only \$50,000 is requested within the Fort Logan line items).

STAFF RECOMMENDATION: Staff recommends approving an appropriation of \$673,858 General Fund and 6.5 FTE (annualizing to \$783,260 and 6.5 FTE in FY 2024-25). The recommendation is \$109,402 below the request because it does not include the proposed increases for centrally appropriated line items (pursuant the Committee’s common policy for increases of less than 20.0 FTE).

ANALYSIS: The request proposes to create a quality assurance team for the state hospitals at Pueblo and Fort Logan with the team FTE housed at, and nearly all of the money requested for, Pueblo (only \$50,000 is requested within the Fort Logan line items). The Department indicates that this is the minimum number of staff required by a corrective action plan negotiated with the Department of Public Health and Environment (CDPHE) for the hospital at Pueblo. The requested FTE include:

- 4.0 health professional FTE (1.0 health professional IV and 3.0 health professional III) as “occurrence reporters” and quality assurance monitors. These positions would be responsible for the actual monitoring and implementation of the hospitals’ improved quality assurance activities.
- 2.0 FTE (including a project coordinator and a policy advisor III) to maintain the hospitals’ policies and ensure compliance with what appear to be ongoing and frequent changes in regulations. These positions would track changes in law and regulations affecting the hospitals and ensure that the policies remain in alignment (and work with the occurrence reporters to ensure that the policies are actually followed and implemented with fidelity).
- 0.5 FTE electronic specialist III to maintain the expanded camera system required by the corrective action plan.

Two items of note for the request itself include:

- Under the Department’s current expectations, the total would decrease to \$535,260 and 6.5 FTE in FY 2025-26 with the termination of \$248,000 funding to support ongoing work with a national consulting firm for the next two years.

- Unlike most General Fund requests for additional FTE, the pay date shift does not apply to this request because the positions are either already hired or in the process of being hired with one-time funding in FY 2022-23.

Justification: The request responds to a corrective action plan agreed to by the Department of Human Services and CDPHE in response to critical incident from July 2021. On July 27, 2021, a patient at Pueblo attempted suicide by hanging and was hospitalized. On August 12, 2021, CDPHE conducted an inspection on behalf of the Center on Medicare and Medicaid Services (CMS) in response to that incident to verify the hospital’s ability to comply with the CMS “conditions of participation.” That survey identified six findings related to patient safety, including four “immediate jeopardy” deficiencies that required immediate action by the hospital to address the deficiencies.²⁰

The hospital addressed the four immediate jeopardy deficiencies over the following 16 days, during which the hospital was not allowed to admit patients. As directed by the corrective action plan, the Department immediately contracted a national consultant to inform necessary changes to policies and practices at the hospital. The hospital contracted with Chartis for that work and continues to work with the consultant to ensure compliance.

The Department applied for one-time ARPA funding from the Governor’s Office for FY 2021-22 and received funding to address the issues for that year. The contract with Chartis began on September 10, 2021, less than two months after the incident in question, with an initial encumbrance of \$300,000. However, the consultant costs \$500 per hour and the contract was amended twice to increase the encumbrance to a total of \$999,500 for FY 2021-22 and further amended to add \$320,000 for FY 2022-23.

The four immediate jeopardy findings were then downgraded to “condition level deficiencies. As of October 2022, two of those condition level deficiencies remain:

- Failure to provide adequate resources for quality assurance and performance improvement activities, including an incident management system, updated video monitoring cameras, suicide mitigated doors, and adequate quality assurance monitoring for follow up to complaints (**this remaining finding is the subject of R1**).
- Locking patient bedroom doors (automatically locking doors are only permitted for seclusion/restraint rooms).

According to the Department, the services and advice of the consultant have been instrumental to addressing the deficiencies and maintaining the hospital’s ability to continue to accept and serve patients. In addition to the 6.5 state FTE, the request includes \$248,000 per year for the next two years (FY 2023-24 and FY 2024-25) to retain the support of the consultants on an as-needed basis. However, at a rate of \$500 per hour and \$4,000 per day, relying on the consultants for ongoing day-to-day support is cost prohibitive and the Department is requesting the additional funding and FTE to support a quality assurance team on an ongoing basis. As noted by the department, the total request for FY 2023-24 (for 6.5 FTE *and* a continued contract for \$248,000) is less costly than 10 months of the consultant contract in FY 2021-22.

²⁰ CMS defines three levels of deficiency: (1) immediate jeopardy requires immediate correction or the facility will be placed in a 23-day termination track; (2) condition level deficiencies indicate a critical health or safety breach and must be corrected within 30-90 days; and (3) standard level deficiencies are less emergent and can be addressed through the standard budget process.

Points to Consider: As a major point of context, the state hospitals remain central to the Department’s forensic services and are central to any efforts to comply with the consent decree. Based on the current models, any effort to reduce or eliminate the waitlist and achieve compliance with the consent decree will require maintaining services at the hospitals. Given the response to the July 2021 incident and the resulting directed action plan, it appears that Pueblo requires a significant increase in quality assurance work to both improve patient safety and maintain the hospital’s ability to operate. Staff agrees that these positions appear to be necessary for both reasons.

It is unfortunate that the Committee is in the position of evaluating positions that are already in place. Given the timing of the incident in late July 2021, staff understands that crafting a decision item for the November 1, 2021, budget request was probably not realistic. While a supplemental request for FY 2021-22 or a budget amendment for FY 2022-23 may have been feasible in January 2022, the Department secured one-time funding for the associated costs in FY 2021-22 and reports that it continuing to secure adequate funding from one-time sources for FY 2022-23. According to the Department, there is no funding available within existing resources to support these positions going on an ongoing basis.

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The Department identified this budget request as a “step 2” theory-informed practice, with the objective being to meet the CMS conditions of participation, avoid further citations, and improve safety. Staff agrees that this decision item should do those things but is not sure that it fits a specific intervention model as envisioned in S.B. 21-284.

→ R8 FORENSIC SERVICES DIVISION CAPACITY EXPANSION

REQUEST: Request R8 seeks an increase of \$3,704,803 General Fund and 21.1 FTE for FY 2023-24 (adjusting to \$3,697,389 and 25.0 FTE in FY 2024-25) to increase capacity in the Forensic Services Division (within OCFMH) in response to the ongoing increase in forensic/competency workload and the consent decree.

STAFF RECOMMENDATION: Staff recommends approving a total increase of \$2,818,190 General Fund and all of the requested 22.7 FTE (annualizing to \$2,818,789 General Fund and 25.0 FTE in subsequent years). The total recommendation is \$886,613 General Fund *below* the request and 1.6 FTE *above* the request for FY 2023-24. The major differences from the request include:

- A decrease of \$776,498 below the requested amount for additional operating expenses for the Court Services line item. The request includes \$940,449 for operating expenses that is unexplained in the request and for which documentation was not available. Of that amount, staff is recommending approval of \$163,951 General Fund to support anticipated travel expenses associated with the new forensic navigator FTE – but is not recommending the additional \$776,498.
- A decrease of \$171,150 associated with 2.0 case management positions that the Department requested as contract FTE but which staff is recommending as state FTE (employees), resulting in a decrease of \$171,150 General Fund but an increase of 1.8 FTE.
- Those decreases are partially offset by staff’s use of updated starting salaries for the various positions based on the Committee’s common polices. Of the 25.0 positions, the Department requested and staff is recommending a total of 6.0 psychologists (in the Court Services section) at the range mid-point based on the additional qualifications and training required for forensic

evaluators. All of the rest of the positions were requested and recommended at the range minimum for each classification.

As the recommendation is for more than 20.0 FTE, staff is recommending a total of \$412,758 General Fund in centrally appropriated amounts that would be appropriated in the Executive Director’s Office. Staff requests permission to allocate that amount among the centrally appropriated line items and to make technical corrections. The following table summarizes the request and recommendation by line item.

R8 FORENSIC SERVICES DIVISION CAPACITY EXPANSION						
Line Item	FY 2023-24 REQUEST		FY 2023-24 REC.		FY 2024-25 IMPACT	
	GENERAL FUND	FTE	GENERAL FUND	FTE	GENERAL FUND	FTE
Forensic Services Administration	\$101,754	0.9	\$102,521	0.9	\$104,441	1.0
Court Services	1,701,035	7.4	929,002	7.3	935,231	8.0
Forensic Support Team	1,085,303	6.4	907,462	8.2	899,391	9.0
Jail-based Competency Restoration	67,139	0.9	68,776	0.9	67,629	1.0
Quality Assurance	371,716	5.5	397,671	5.4	389,428	6.0
Total - Personal Services and Operating	\$3,326,946	21.1	\$2,405,432	22.7	\$2,396,120	25.0
Centrally appropriated line items	377,857		412,758		422,669	
Total – R8 (General Fund)	\$3,704,803	21.1	\$2,818,190	22.7	\$2,818,789	25.0

Staff will continue to work with the Department to develop workload metrics that could allow for ongoing assessment of staffing levels in the various forensic-related staffing groups. If combination of efforts across State government (one-time funding provided in the past two years, additional funding in Judicial, and the resources added to this Department) allow the State to achieve compliance with the Consent Decree and keep pace with the workload, then staffing reductions may be possible in the future. Unfortunately, however, given the ongoing increases in forensics workload staff is confident that the requested resources will be necessary for the foreseeable future.

ANALYSIS: The request proposes an increase of 21.1 FTE in FY 2023-24 (equating to 25.0 positions, two of which are proposed as contract, and 23.0 state FTE in subsequent years). The proposal includes the following increases in positions (shown as full FTE as they would be reflected in FY 2024-25):

- 19.0 FTE clinical and administration staff for evaluation and restoration services. That amount includes 1.0 new deputy director for the division, 6.0 forensic evaluators and 2.0 support staff within Court Services, 6.0 forensic navigators and 3.0 social workers in the Forensic Support Team (two of which were proposed as contract positions), and a clinical masters level position in Jail-based Restoration Services.
- 6.0 FTE to create a Quality Assurance, Policy, and Records Management Work Unit to support the division to monitor and ensure the quality of services provided by both internal staff and through contracted vendors.

The request responds to the ongoing increase in workload facing Forensic Services. Staff has summarized the Department’s justification for the various types of positions below, by line item (note the funding amounts shown do not include centrally appropriated items such as employee benefits), as well as the staff recommendation for each component of the request.

Administration - \$101,754 and 1.0 FTE deputy director: The Division’s workload and workforce have approximately doubled since the division was first created in 2018, which predated the consent decree.

The Department argues that the additional workload, the increasing complexity of the workload, and the additional legal and policy demands on the division warrant the creation of the deputy director position to provide additional leadership and guidance to the various programs within the division. The Department has indicated that the position will be responsible for working with the human resources team on investigations, employee retention, and staff development, as well as working with the Chief Financial Officer’s office on contract issues. The Department has pointed to a particular need for leadership and guidance for jail-based and outpatient services with an emphasis on quality assurance and compliance.

The division director currently has 8 direct report staff and a total of 120 FTE in the Forensic Services Division. Given the number of direct reports and FTE, combined with the complexity of specific components of the workload (the Department estimates that the division director spends between 5 and 20 hours per week just working with the consent decree coordinator), the Department reports that the workload currently requires between 60 and 80 hours of work per week. Staff agrees that a deputy director position to spread the workload appears to be warranted.

Staff recommends approving the requested position, with an increase of \$102,521 General Fund and 0.9 FTE for the Administration line item. The following table summarizes the request and recommendation associated with this line item.

R8 FORENSIC SERVICES CAPACITY EXPANSION - ADMINISTRATION						
	FY 2023-24 REQUEST		FY 2023-24 REC.		FY 2024-25 IMPACT	
	GENERAL FUND	FTE	GENERAL FUND	FTE	GENERAL FUND	FTE
Staffing-related Costs						
Salary	\$82,966	0.9	\$83,666	0.9	\$91,272	1.0
PERA	9,541		9,622		10,496	
Medicare	<u>1,203</u>		<u>1,213</u>		<u>1,323</u>	
Subtotal- Personal Services	\$93,710	0.9	\$94,501	0.9	\$103,091	1.0
Supplies (\$500)	460		500		500	
Computer (\$1,670)	2,000		1,670		0	
Furniture (\$5,000)	5,000		5,000		0	
Telephone (\$450/FTE or \$235 for request)	216		450		450	
Computer Software (\$400/FTE)	<u>368</u>		<u>400</u>		<u>400</u>	
Subtotal - Operating Expenses	\$8,044		\$8,020		\$1,350	
Total - Forensic Services Division						
Administration line item	\$101,754	0.9	\$102,521	0.9	\$104,441	1.0
Centrally Appropriated Amounts			18,401		20,684	
Total Impact of Administration Portion			\$120,922		\$125,125	

Forensic Support Team - \$1.1 million and 9.0 positions (6.0 FTE forensic navigators, 1.0 FTE social worker (program coordinator), and 2.0 contract social workers to work as case managers): The Forensic Support Team was created in response to the consent decree in 2019 to address client needs while they are in jail awaiting services. The team is the primary point of contact for all other stakeholders in the competency process. Prior to FY 2022-23, the FTE were reflected in the Court Services line item. However, the General Assembly moved the relevant funding and FTE into a separate “Forensic Support Team” line item in FY 2022-23 based on the distinctive functions of the staff.

The current budget includes \$1.5 million and 19.0 FTE (16.0 FTE forensic navigators, 2.0 FTE program coordinators, and 1.0 FTE program assistant). The forensic navigators provide care coordination for competency evaluation and restoration clients who are in jail while awaiting services.

In addition, the navigators provide status updates on these clients through written reports and court attendance, attending staffings to transition clients and engaging in policy committees and workgroups. The forensic navigators all work remotely as their duties are focused within 55 county jails across the state and all 22 judicial districts.

- The Department is trying to target manageable caseloads for the forensic support team and fill gaps in specific judicial districts. The team has seen a 69 percent increase in client census between July 1, 2020, and June 30, 2022. Their workload has also changed as the team has shifted from only supporting clients deemed incompetent to proceed (and awaiting services) to also supporting those in jail awaiting evaluation services.
- Navigators in urban areas currently have between 55 and 62 clients assigned to them at any given time. The Department estimates that an ideal caseload would be between 30 and 35 clients in urban areas and 18-25 clients in rural areas (because of the extensive travel required to serve the rural clients – between 250 and 500 miles every two weeks).
- In addition to the costs directly related to the new FTE, the request includes \$163,951 in additional travel funding (the team has extensive travel costs to support clients in disbursed areas) and \$99,792 to support clients transitioning from incarceration with transportation vouchers, hygiene items, and, when appropriate, bridge gaps related to access to healthcare and housing.

Finally, the request includes 1.0 FTE Social Worker IV as a supervisor to the new evaluators in order to maintain supervisor ratios and 2.0 positions for contract social workers (not state FTE) to support case management for the forensic support team clients. These two positions would assist the navigators throughout the state with discharge planning, especially for complex cases. That case management may include securing guardianship services, serving clients with dementia or other neuropsychological needs, clients requiring assisted living, those with disabilities, and clients that are found permanently incompetent to proceed and require ongoing services.

- According to the supporting a client in applying for disability benefits generally takes about 40 hours per client, and working to establish guardianship services may take 20 hours per week until the services are in place.
- The Department estimates that the two case management FTE could each support approximately 15 clients at a time with full-time case management work, reducing the discharge planning burden on the navigators (especially while the navigator caseloads remain above the target).

Staff recommends approving an increase of 8.2 FTE (nine positions) for the Forensic Support Team but recommends approving the two case management positions as State FTE rather than contract because it would decrease the cost by \$171,150 General Fund in FY 2023-24.

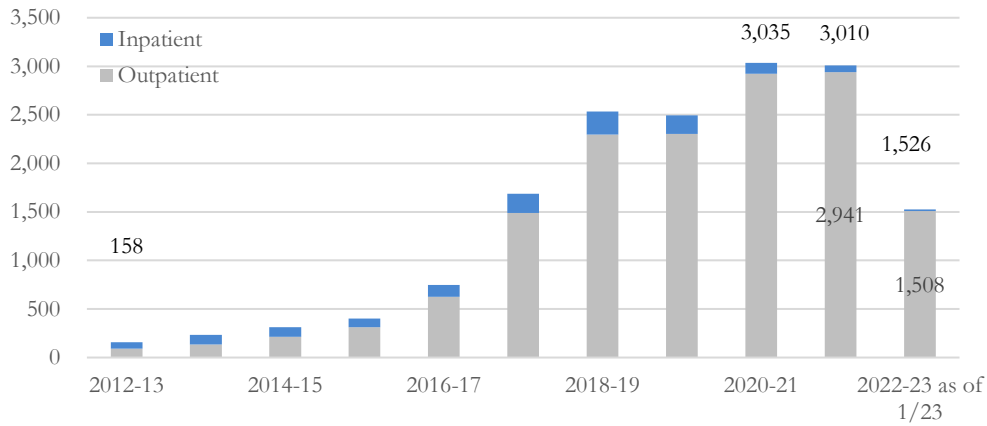
- The Department’s request assumes a contract rate of \$76 per hour for the contract FTE, which equates to \$150,080 in personal services costs per position (\$316,160 for two positions).
- Staff recommends approving the two positions as Health Professional III FTE, which the Department has indicated is the correct classification and is confident that they can hire. Those positions require \$66,279 in personal services per position (or \$132,558 for two positions).
- After accounting for \$12,452 in anticipated centrally appropriated amounts for the two positions, the recommendation requires \$171,150 less than the contract assumptions in the request.

Staff also recommends approval of the proposed operating and travel expenses. The following table summarizes the recommended appropriations for this section/line item.

R8 FORENSIC SERVICES CAPACITY EXPANSION - FORENSIC SUPPORT TEAM						
	FY 2023-24 REQUEST		FY 2023-24 REC.		FY 2024-25 IMPACT	
	GENERAL FUND	FTE	GENERAL FUND	FTE	GENERAL FUND	FTE
Staffing-related Costs						
Salary	\$383,198	6.4	\$506,011	8.2	\$552,012	9.0
PERA	44,068		58,191		63,481	
Medicare	5,556		7,337		8,004	
Contract Case Management (2.0 positions)	<u>316,160</u>		<u>0</u>		<u>0</u>	
Subtotal- Personal Services	\$748,982	6.4	\$571,539	8.2	\$623,498	9.0
Supplies (\$500)	4,220		4,500		4,500	
Computer (\$1,670)	18,000		15,030		0	
Furniture (\$5,000)	45,000		45,000		0	
Telephone (\$450/FTE or \$235 for request)	1,983		4,050		4,050	
Computer Software (\$400/FTE)	3,374		3,600		3,600	
Travel	163,951		163,951		163,951	
Transportation Vouchers, Hygiene, etc.	<u>99,792</u>		<u>99,792</u>		<u>99,792</u>	
Subtotal - Operating Expenses	\$336,320		\$335,923		\$275,893	
Total - Forensic Support Team line item	\$1,085,303	6.4	\$907,462	8.2	\$899,391	9.0
Centrally Appropriated Amounts			144,804		123,116	
Total Impact of Forensic Support Portion			\$1,052,266		\$1,022,507	

Court Services – \$1.7 million and 8.0 FTE (5.0 FTE forensic evaluators, 1.0 FTE forensic evaluator supervisor and 2.0 FTE support staff): The Court Services staff are responsible for court ordered competency evaluations, including those conducted in inpatient settings, in jails, and in the community. In addition, these evaluators are responsible for a large number of *other evaluations* that are not counted within the count of competency evaluation orders, including: re-evaluations for those found incompetent, restoration orders for those that have been in restoration, sanity and mental condition evaluations, and juvenile evaluations. While the *competency* workload is the most relevant metric for the Consent Decree, it understates the Court Services workload significantly. As shown in the following graph, the team received 3,010 competency evaluation orders in FY 2021-22 but receives an average of a total of 1,040 orders per month (including the other types of evaluation).

The number of court ordered competency evaluations has grown dramatically in the past 10 years, although the exams have shifted largely to outpatient settings.



The Department argues that the additional positions will allow for an estimated 66 additional evaluations per month (12 per month per evaluator and 6 per month for the supervisor), helping to address the increasing workload for court ordered evaluations.

- According to the Department, the national average for similar positions is approximately 8 per month. The Department is targeting 12 per month for each evaluator, including 4 jail-based evaluations, 4 Incompetent to Proceed re-evaluations (evaluators keep any case that they have deemed incompetent in their caseload and must re-evaluate them every 90 days), and 4 competency cases for defendants on bond.
- While the Department targets 12 evaluations per month per FTE, with approximately 1,040 new orders per month (including all types, not just competency), the current workload and staffing are nowhere near that target. As of February 2023, the Department reports that there are 2,458 evaluations that are already ordered and need to be completed (which would require 74 evaluations per FTE to achieve compliance). Even if the Department eliminated that backlog, with approximately 1,040 orders per month, the current 33.0 evaluators would have to conduct 33 per month to sustain compliance. The request would only reduce that load to 27 per permanent evaluator.
- It is important to note that the team’s FTE understates the workload and human resources dedicated to evaluations. The Department already relies on 55 contract evaluators to take up some of the additional workload. The Department will continue to rely on contract evaluators as long as the workload remains this high.

The request also includes 2.0 FTE support staff (Administrative Assistant III). The support staff currently includes six full-time FTE and one part-time position. The support staff are tasked with confirming all orders prior to processing, confirming client intake for out-of-custody clients, assigning cases to evaluators based schedule and availability, verifying reported metrics for compliance, and updating the tracking systems, among other duties. Department staff have pointed out that one client may have multiple evaluation orders in multiple jurisdictions at one time – and have indicated that another important function of the support staff is to get the right information to the right evaluators and then to the right courts.

While the Department reports that it is bringing 60-80 people off of the competency waitlist per month, the number of court orders continues to outpace those reductions, resulting in ongoing growth in the waitlist.

As of February 23, 2023, the Department reported that the following outstanding evaluations in need of completion: 361 delinquent bond and outpatient restoration evaluations; 460 clients waiting for a restoration evaluation; 37 sanity and mental condition evaluations; 230 juvenile evaluations; and 111 jail-based evaluations.

Staff recommends approving the requested staff, including the 6.0 evaluators and the 2.0 FTE support staff. The request and recommendation both include range mid-point salaries for the six evaluator positions based on the additional skills and qualifications required for those roles. Those are the only positions in the decision item that were requested or recommended above the range minimum. The following table shows the impact of the Court Services portion of the recommendation.

R8 FORENSIC SERVICES CAPACITY EXPANSION - COURT SERVICES						
	FY 2023-24 REQUEST		FY 2023-24 REC.		FY 2024-25 IMPACT	
	GENERAL FUND	FTE	GENERAL FUND	FTE	GENERAL FUND	FTE
Staffing-related Costs						
Salary	\$616,407	7.4	\$620,532	7.3	\$576,672	8.0
PERA	70,887		71,361		66,317	
Medicare	8,938		8,998		8,362	
Subtotal- Personal Services	\$696,232	7.4	\$700,891	7.3	\$651,351	8.0
Supplies (\$500)	3,680		4,000		4,000	
Computer (\$1,670)	16,000		13,360		0	
Furniture (\$5,000)	40,000		40,000		0	
Telephone (\$450/FTE or \$235 for request)	1,730		3,600		3,600	
Computer Software (\$400/FTE)	2,944		3,200		3,200	
Other Operating Expenses/Travel	940,449		163,951		0	
Subtotal - Operating Expenses	\$1,004,803		\$228,111		\$10,800	
Total - Court Services line item	\$1,701,035	7.4	\$929,002	7.3	\$662,151	8.0
Centrally Appropriated Amounts			143,346		159,823	
Total Impact of Court Services Portion	\$1,701,035		\$1,072,348		\$821,974	

Jail-based Competency Restoration Program - \$67,139 and 1.0 FTE: The request includes an increase to support a clinical masters level position (Health Professional III) to add capacity to that program. According to the request, clinical members on this team assist in coordinating admissions to and discharges from the program, provide technical assistance and training for program start-up, audit contracted restoration programs in jails and private hospitals, and provide oversight for client care at jail-based and private hospital programs. The Department is submitting this request in response to increasing workload and in an effort to improve services in the affected programs.

Staff recommends approving this position, including an increase of \$74,299 General Fund and 0.9 FTE for the Jail-based Competency Restoration Program line item. The recommendation is above the request based on the updated starting salaries for FY 2023-24 (based on the Committee’s common policies). The following table shows the impact of this component of the recommendation.

R8 FORENSIC SERVICES CAPACITY EXPANSION - <i>JAIL BASED COMPETENCY RESTORATION</i>						
	FY 2023-24 REQUEST		FY 2023-24 REC.		FY 2024-25 IMPACT	
	GENERAL FUND	FTE	GENERAL FUND	FTE	GENERAL FUND	FTE
Staffing-related Costs						
Salary	\$52,319	0.9	\$53,790	0.9	\$58,680	1.0
PERA	6,017		6,186		6,748	
Medicare	752		780		851	
Subtotal- Personal Services	\$59,094	0.9	\$60,756	0.9	\$66,279	1.0
Supplies (\$500)	460		500		500	
Computer (\$1,670)	2,000		1,670		0	
Furniture (\$5,000)	5,000		5,000		0	
Telephone (\$450/FTE or \$235 for request)	216		450		450	
Computer Software (\$400/FTE)	368		400		400	
Subtotal - Operating Expenses	\$8,044		\$8,020		\$1,350	
Total - Jail Based Competency Restoration line item	\$67,139	0.9	\$68,776	0.9	\$67,629	1.0
Centrally Appropriated Amounts			15,365		17,226	
Total Impact of Jail-based Portion			\$84,141		\$84,855	

Quality Assurance (New Line Item Requested) - \$371,716 and 6.0 positions: The Department is proposing to create a Quality Assurance, Policy, and Records Management Work Unit to support the entire Forensic Services Division. The Department argues that the additional staff are necessary to ensure the quality of services provided both through internal staff and through external (contract) vendors, particularly in light of the increasing workload and complexity of the division’s activities. The proposed staff would set standards for documentation and services and complete quality checks of those services to assess compliance with standards and policies to mitigate risks to clients and the community. In a response to JBC Staff questions, the Department states that:

“Our programs also do not currently have the resources to oversee quality of services or assist with standardized program audit processes or reviews of internal work quality driven by the consent decree, including continued process mapping of programs (internal and external), updating and reviewing data, and auditing the efficacy of evaluations and how this impacts the waitlist. Additionally, the Division lacks a point person to oversee the creation, renewal, and review of operational policies as well as tracking of staff training on these policies. All of these duties are currently overseen ad hoc by staff whose jobs would be full time without these additional duties and who are not necessarily trained in these types of audits, policy review, or data management. This has been problematic in Court Hearings when judges have asked for a Departmental policy or when staff inquire about what policy they should reference when working with stakeholders.”

The 6.0 requested FTE include:

- 1.0 FTE supervisor (Health Professional VI) to work with the division director, office leadership, and external stakeholders to analyze performance throughout forensic services. The supervisor will also be responsible for identifying training needs, developing curricula, and planning and implementing training sessions. The supervisor will also supervise all of the other quality assurance staff.
- 1.0 FTE quality assurance auditor (Health Professional III) that will be responsible for case review to ensure that standards are met with each case. The Department reports that this work currently falls on program directors that do not have consistent means to do so. The Department estimates that a thorough review of a case file against benchmarks could take 30 minutes. With thousands of files requiring attention, triage and prioritization will still be necessary.

- 1.0 FTE policy specialist (Health Professional II) that will be responsible for understanding the various policy areas that affect forensic services, including federal law, state law, rules and regulations, and the consent decree. This position will be charged with ensuring that client-facing and support staff are aware of the policies and regulations affecting their work.
- 2.0 FTE for records management (Data Entry Operator II) that will field requests from courts, providers, and clients for the forensic services division’s records. The positions will be responsible for ensuring that records are all in order, appropriate releases are in place, and that any release of records is compliant with legal and regulatory requirements (such as HIPPA and any other privacy laws). The Department reports that forensic services is not currently able to do this work and that CMHIP actually does it now. Given the strain on CMHIP, the Department is proposing to remove this workload from the hospital.
- 1.0 FTE support staff (Administrative Assistant III) for time keeping, human resources processing, coordination of meetings, supporting management for audits and incidents, etc. The Department has indicated that the size of the proposed team and the anticipated workload will require a support position.

Staff recommends approving the requested positions. The recommendation includes an increase of \$397,671 General Fund and 5.4 FTE for the newly proposed Quality Assurance Program line item (decreasing to \$389,429 in FY 2024-25 and ongoing).

R8 FORENSIC SERVICES CAPACITY EXPANSION - <i>QUALITY ASSURANCE</i>						
	FY 2023-24 REQUEST		FY 2023-24 REC.		FY 2024-25 IMPACT	
	GENERAL FUND	FTE	GENERAL FUND	FTE	GENERAL FUND	FTE
Staffing-related Costs						
Salary	\$286,367	5.5	\$309,474	5.4	\$337,608	6.0
PERA	32,932		35,590		38,825	
Medicare	<u>4,152</u>		<u>4,487</u>		<u>4,895</u>	
Subtotal- Personal Services	\$323,452	5.5	\$349,551	5.4	\$381,328	6.0
Supplies (\$500)	2,760		3,000		3,000	
Computer (\$1,670)	12,000		10,020		0	
Furniture (\$5,000)	30,000		30,000		0	
Telephone (\$450/FTE or \$235 for request)	1,296		2,700		2,700	
Computer Software (\$400/FTE)	<u>2,208</u>		<u>2,400</u>		<u>2,400</u>	
Subtotal - Operating Expenses	\$48,264		\$48,120		\$8,100	
Total - Quality Assurance Program line item	\$371,716	5.5	\$397,671	5.4	\$389,428	6.0
Centrally Appropriated Amounts			90,842		101,820	
Total Impact of Quality Assurance Portion			\$488,513		\$491,248	

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

The Department identified this budget request as a “step 3” theory-informed practice, with the objective being to ensure that clients referred for evaluation and restoration receive services within the mandated timeframes. Staff agrees that this request is part of a promising package to address those concerns – and that there is evidence that adding this kind of personnel will accelerate the services provided to clients. However, as the request is adding a range of different kinds of positions that would represent different “programmatic interventions” that would clearly align with evidence-based policy as staff interprets S.B. 21-284.

→ R9/BA1 SALARY INCREASE FOR HOSPITAL MEDICAL STAFF

REQUEST: Combined, requests R9 and BA1 propose an increase of a total of \$4.4 million General Fund for FY 2023-24 (and ongoing) for contract increases for specific medical staff (psychiatrists, internal medicine physicians, nurse practitioners, and physician assistants) at the Mental Health Institutes. These positions are all supported through contracts with the University of Colorado (the professionals are employed at CU and work at the hospitals through the contract). As amended by BA1, the request proposes 30.4 percent increases above the FY 2022-23 appropriation for the MD positions and 10.0 percent for the nurse practitioners and physician assistants in an effort to improve parity with the market and allow for successful recruiting and retention.

STAFF RECOMMENDATION: Staff recommends approving the request.

ANALYSIS: Combined, request R9 and BA1 propose an increase of \$4.4 million General Fund in FY 2023-24 and ongoing in subsequent years to support salary increases for psychiatrists, internal medicine physicians, nurse practitioners, and physician assistants employed in the two state hospitals. These positions are actually employed on contract with the University of Colorado (CU) – and the proposed salary increases would be built into the contract with CU for FY 2023-24 and beyond.

Request R9, submitted with the November 2022 budget request, proposed an increase of \$1.8 million General Fund in order to provide 10.2 percent increases for the medical doctors and 10.0 percent increases for the nurse practitioners and physician assistants. However, upon further review of the gap between the proposed salaries for the medical doctors and the market, the Department submitted BA1 in January adding \$2.5 million specifically for those positions and increasing the percentage change to 30.4 percent.

The following table shows the current and requested base salary levels for each category of impacted position. The Committee should note that this is just the base salary, excluding benefits, any contract administration fees, and any potential stipends for especially hard to fill positions.

BASE SALARY COMPARISONS FOR CU CONTRACT MEDICAL STAFF UNDER REQUEST R9/BA1						
YEARS OF EXPERIENCE	MEDICAL DOCTORS			NURSE PRACT. AND PHYS. ASSIST.		
	FY 2022-23	FY 2023-24 REQ.	PCT. CHANGE	FY 2022-23	FY 2023-24 REQ.	PCT. CHANGE
0-4	\$227,766	\$297,000	30.4%	\$124,236	\$136,660	10.0%
5-9	232,321	302,940	30.4%	126,721	139,393	10.0%
10-14	234,599	305,910	30.4%	127,963	140,760	10.0%
15-19	236,877	308,880	30.4%	129,205	142,126	10.0%
20+	239,154	311,850	30.4%	130,448	143,493	10.0%

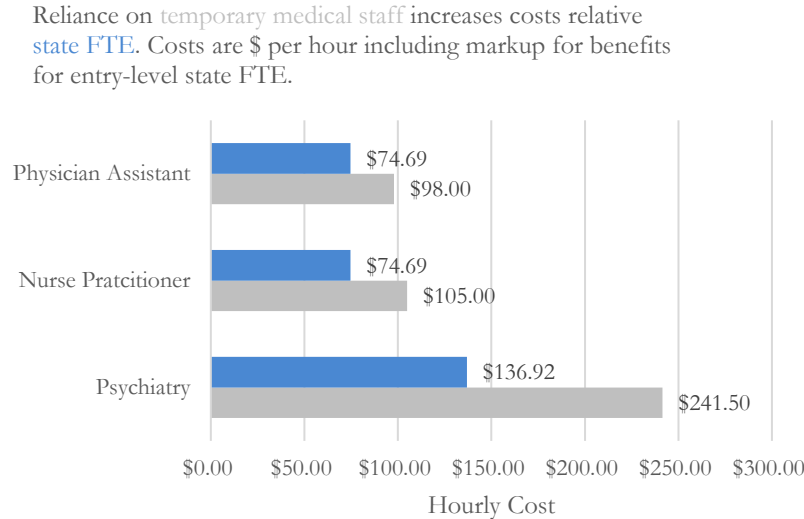
The requested salaries are based on market evaluations by the Department and CU – and the contract office at CU has approved the requested changes (see Appendix B for a letter of support from the University). While the Department reported that CU was supportive of the original adjustments proposed in R9, it is staff’s understanding that CU is more optimistic that the adjustments in BA1 will create enough parity to allow for successful and recruiting and retention of the medical doctors.

The Department reports that the hospitals continue to struggle to recruit and hire these critical positions and that the hospitals’ medical teams have not been fully staffed since at least April 2018. At

Fort Logan, the current vacancy rate for all medical staff contracted through CU is between 35 and 40 percent, and the vacancy rate for psychiatrists is 50 percent. Pueblo has not been able to hire a new permanent psychiatrist since 2012 and reports that all of the current psychiatrists are nearing retirement.

The General Assembly approved a similar pay increase in FY 2018-19 (actually funded in two installments in FY 2018-19 and FY 2020-21). The Department reports that the last increase did improve recruitment and they were able to hire three new psychiatrists (at Fort Logan) after the second phase of the salary increase went into effect. However, that effect seems to have worn off in the face of a national provider shortage and the hospitals are again struggling to recruit and hire.

In order to keep units open, the hospitals have increasingly resorted to temporary contract staff, which come at higher cost. The following graphic shows the current (FY 2022-23) entry level salaries for each type of position (on an hourly basis) and the current cost of temporary/contract staff to cover those positions.



Even at the upper end of the salary scale (for staff with 20 or more years of experience), current pay for the CU-contracted doctors is well below the temporary cost (which applies regardless of experience). For example, psychiatrists at the hospitals with more than 20 years of experience would earn \$143.77 per hour (including benefits) in FY 2022-23, still approximately \$98 below the \$241.50 paid for temporary staff (although not all of that goes to the temporary staff because the agency withholds some costs).

In addition to the increased cost, the Department also reports that reliance on temporary medical staff impacts morale. The temporary staff earn more than permanent staff that may have more experience and are in the hospital for longer terms. In addition, the temporary staff may have black-out dates in their contracts that require time off during specific periods such as the holidays. As a result, permanent staff may be required to work less desirable (and potentially more stressful) shifts while making less money and managing consequences associated with temporary staff turnover.

Points to Consider: First, the hospitals simply cannot operate without direct care medical staff. These are essential positions and the Department/CU have been unable to fill them. This request reflects an

ongoing challenge facing the hospitals for all types of staffing. However, it also points to specific dynamics that have come up in both of staff's site visits to Pueblo, in relation to both the medical staff affected by this request and to nursing staff.

- The two state hospitals are essential components of the behavioral health continuum, and especially for forensics (since nearly all of the beds are currently dedicated to forensic clients).
- The hospitals are already struggling to find medical staff based on available resources (with other challenges undoubtedly contributing) and facing significant vacancies.
- Those challenges have forced the hospitals to turn to temporary contract staff in order to keep units open and operating – with the temporary staff costing significantly more than the state FTE would if the hospitals could fill the positions.
- This further reduces the resources available for permanent staff and contributes to ongoing morale and patient care challenges if contract staff are paid more and have preferable schedules based on the dictates of their contracts.

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

The Department identified this budget request as a “step 2” theory-informed practice, with the objective being to improve the hospital's ability to recruit and retain staff by achieving parity. Staff agrees that salaries *should* help with recruiting and retention – but as with the requests above staff is uncertain that salary increases like this fit within the evidence based framework of S.B. 21-284.

→ R10 COMMUNITY PROVIDER RATE

REQUEST: The request includes an increase (\$2,649,851 General Fund) to support a 3.0 percent common policy provider rate increase in the Office of Behavioral Health/Office of Civil and Forensic Health in FY 2023-24. (The Committee should note that the Behavioral Health Administration submitted a separate request (BHA R4) for the community provider rates in that agency.)

STAFF RECOMMENDATION: Pursuant to the Committee's common policy to provide a 3.0 percent provider rate increase for FY 2023-24, the recommendation includes an increase of \$1,535,588 General Fund for the line items in this division. If a larger increase is necessary, then staff recommends that the Committee ask the Department to present a comeback explaining the situation and a plan to move forward.

The recommendation is \$1,114,263 below the Department's official November 2022 request and \$2,290,966 below a revised amount provided by the Department in February 2023. The difference is the result of changes to the “base” amount used for the provider rate under each scenario specifically for the mental health institutes at Fort Logan and Pueblo (discussed briefly in the analysis section below).

ANALYSIS: For the staff calculation, staff adjusted the base amounts (to which the percentage is applied) specific to the mental health institutes to align with the base approved for the FY 2022-23 provider rate increase. For the current year, the Committee approved an increase of 2.0 percent to specific base appropriations provided by the Department in February 2022. Staff used the sum of the FY 2022-23 base plus the increase approved for the current year to provide the base for FY 2023-24.

Those amounts were dramatically different from the assumptions in the Department's request.

- The FY 2022-23 base for the hospital at Fort Logan included \$5,678,516 and the Committee approved a provider rate increase of \$113,570 for a total of \$5,792,086 (to which staff applied a 3.0 percent increase to calculate the staff recommendation).
- The Department’s November 2022 request assumed a base of \$13,731,608, and the revised estimate added \$5,454,798 that the Department indicated is specific to contract nurses, for a total of \$19,186,406 or 3.3 times the base assumed for FY 2022-23.
- The difference was even larger for Pueblo, where the staff assumption for FY 2023-24 is \$22,550,666 (using the base for FY 2022-23).
- The Department’s request assumed \$51.7 million. The revised estimate is at least \$68.8 million, with \$52.9 million associated with contract nurses. It is important to note that the total FY 2022-23 General Fund appropriation for Pueblo is \$100.3 million.

The following table compares the end result of the 3.0 percent calculation using the Department’s November 1 request, the revised base from February 2023 (middle column) and the staff recommendation.

R10 Community Provider Rates (Office of Behavioral Health Only)			
	FY 2023-24 Request General Fund	FY 2023-24 Revised General Fund	FY 2023-24 Staff Rec. General Fund
Line Item			
CMHI Fort Logan - Personal Services	\$411,948	\$575,592	\$173,763
CMHI Pueblo - Personal Services	1,552,338	2,565,357	676,220
Forensics - Court Services	81,403	81,403	81,403
Forensics - Community Based Services	43,573	43,573	43,573
Forensics - Jail-based Competency Restoration	362,943	362,943	362,943
Forensics - Purchased Bed Capacity	94,170	94,170	94,170
Forensics - Outpatient Restoration Services	103,516	103,516	103,516
Total - Provider Rate Increases (GF)	\$2,649,891	\$3,826,554	\$1,535,588

Staff is not comfortable applying the requested changes to the base for the provider rate for FY 2023-24. It is staff’s understanding that contract nurses have been part of the base for the provider rate calculation in previous years (at least in the base that the Department provided to staff for the FY 2022-23 budget). That said, staff is not at all certain that contract nurses working in the state hospitals and filling state FTE positions that are vacant due to ongoing staffing challenges should really be considered “community providers” comparable to entities that are providing services in lieu of the state having to provide the services directly.

- **Based on the updated base amounts provided to staff for figure setting, the community provider rate would apply to 54.7 percent of the FY 2022-23 General Fund appropriation to Fort Logan and 68.6 percent of the FY 2022-23 General Fund appropriation for Pueblo.**
- If the hospitals have had to become reliant on contract staff to this degree (to the tune of a large majority of total funding), then staff recommends that the Committee ask the Department to present a comeback explaining the situation and proposing a path forward.

➔ R12 MOMENTUM PROGRAM FUNDING

REQUEST: Request R12 proposes an increase of \$328,747 General Fund in FY 2023-24 (and ongoing) to expand the Momentum Program, which provides intensive wrap-around services for outpatient forensic clients to enable those clients to live in the community.

STAFF RECOMMENDATION: **Staff recommends approving the request** (reflected as an increase of \$328,747 General Fund to the Forensic Services – Outpatient Competency Restoration Program line item). In the Department’s and the General Assembly’s ongoing efforts to improve forensic services and achieve compliance with the consent decree, staff agrees that the Momentum Program appears to be a promising tool to serve clients in the community while providing the wrap-around services necessary to improve their chances of success. Staff recommends approving this request for FY 2023-24 and continuing to monitor the utilization of the Momentum slots to assess the cost effectiveness of the program and whether additional funding could further reduce pressure on the inpatient competency system.

ANALYSIS

Following the creation of the outpatient competency restoration program in 2018, the Department started contracting with Rocky Mountain Human Services to operate the Momentum Program in FY 2019-20 to provide intensive wrap-around services for outpatient forensic clients to improve their chances of success living in the community while receiving outpatient treatment. The program accepted its first clients in FY 2019-20 and the first full year of operations was FY 2020-21.

Participation in the program has grown from 32 referrals in FY 2020-21 (with \$390,028 in actual expenditures) to 58 in FY 2021-22 (with \$670,373 in actual expenditures). The Department contracts with Rocky Mountain Human Services for a variety of programs, and now both OCFMH and the BHA are in the same contract. That flexibility has allowed the Department to increase funding for Momentum within the existing resources of the contract because some other programs had lower expenditures than were anticipated. However, the Department reports that increasing work with the BHA will reduce that flexibility, and the Department is targeting \$950,000 in expenditures for Momentum in FY 2023-24.

According to the Department, because of the high cost of services and the limited amount available for Momentum, it is the program of last resort as the Department attempts to serve eligible clients in the community and prevent further involvement with the criminal justice system or the need for inpatient psychiatric care. However, it is important to note that discharging these clients from inpatient care to Momentum services then makes beds available for additional clients in need of inpatient services.

The contract requires the program to generally prioritize potential placements in the following order:

- Clients from the state hospitals with barriers to discharge that are preventing discharge without Momentum placement.
- Children and youth with significant placement barriers.
- All other clients having difficulties discharging from other hospitals or who are part of Forensic Community Based Services, Forensic Support Team, or Outpatient Community Restoration.

The current contract for this year (FY 2022-23) includes 47 placements although the Department has stated that the number is difficult to predict. The Department estimates that the increase in funding would allow for 76 placements in FY 2023-24. Costs per client vary widely but the Department assumes an average cost of approximately \$12,500 per client served by Momentum based on recent years’ costs. Among others, the services supported by Momentum include:

- Benefits acquisition for things such as long-term care and Social Security Disability Insurance.

- Housing assistance and temporary housing.
- Facilitation of medical and dental care.
- Support for vehicle repairs to allow clients to work and attend treatment.
- Gift cards for fuel, food, hygiene products, etc.

While the cost per client appears significant, it equates to approximately 12 days of inpatient psychiatric care for an adult at CMHIP. In that context, with the added benefit to the client of being in the community (assuming that Momentum is able to successfully support the client to stay in the community), the cost of Momentum is less striking.

Staff notes that the program currently serves approximately 6 percent of outpatient competency clients, and while the increase from 56 clients in FY 2021-22 to 76 in FY 2023-24 is large in percentage terms (35.7 percent), the 76 clients still represent only 6.1 percent of outpatient referrals. Given the limited availability of Momentum Services, it seems especially important that the Department target those referrals to the clients that need the services the most in order to be successful in the community. Staff suggests that if the program continues to show promising results with successfully treating this population without inpatient care (and keeping that care available for even higher acuity clients) and additional clients would benefit from the program then the General Assembly may wish to consider further expansion in subsequent years. Thus, staff recommends approving the requested increase for FY 2023-24 as part of the overall effort to improve competency services, maximize the services provided in the community (while also providing supports to make those services more successful), reduce pressure on the inpatient system, and hopefully move toward compliance with the consent decree.

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

The Department identified this budget request as a “step 2” theory-informed practice, with the objective being to improve the hospital’s ability to recruit and retain staff by achieving parity. Staff does agree that Momentum represents a specific intervention that fits well within the context of S.B. 21-284. Based on the information provided by the Department, staff agrees that this would qualify as a theory-informed practice.

→ R14 OCFMH DATA MANAGEMENT AND REPORTING

REQUEST: Request R14 proposes an increase of \$236,314 General Fund and 2.8 FTE for FY 2022-23 (annualizing to \$234,038 and 3.0 FTE for FY 2023-24 and beyond) to provide staff to support information technology and data reporting systems improvement proposed through a companion information technology capital construction request (OSPB IT Capital Construction project 4 – OBH Information Management Systems and Data Reporting, with a briefing scheduled for December 13, 2022). That capital IT request seeks \$2.1 million General Fund for the actual system development, while this request (R14) seeks funding for the staff to support the development and ongoing maintenance of the proposed system which is intended to serve both the state hospitals and the forensics programs.

STAFF RECOMMENDATION: Contingent upon Committee-approval of the related IT capital request (OSPB IT Capital Construction project 4 – OBH Information Management Systems and Data Reporting, scheduled for figure setting on Friday, March 10, 2023), staff recommends approving an increase of \$206,811 General Fund and 2.7 FTE for FY 2023-24 (annualizing to \$255,142 and 3.0

FTE for FY 2024-25 and beyond) to support the requested staff. As requested, the recommendation would support 3.0 new Data Management III positions (2.7 FTE in the first year because of the pay-date shift), with one position each at Fort Logan, Pueblo, and in Forensic Services. The following table shows the request and recommendation by line item. In total, the recommendation is \$29,503 General Fund and 0.1 FTE below the request for FY 2023-24. Significant differences from the request include:

- Allocation of operating expenses to the Operating Expenses line items for Fort Logan and Pueblo.
- Increases to the assumed salaries based on updated salary range minimums using the latest Legislative Council Staff fiscal note assumptions (as approved by the Committee for common policies).
- Denial of \$45,450 requested for centrally appropriated amounts such as employee insurance and benefits pursuant to the Committee’s common policy not to provide such funding for new FTE.

R14 OCFMH DATA REPORTING						
Line Item	FY 2023-24 REQUEST		FY 2023-24 REC.		FY 2024-25 IMPACT	
	GENERAL FUND	FTE	GENERAL FUND	FTE	GENERAL FUND	FTE
CMHI Fort Logan - Personal Services	\$62,985	0.9	\$60,917	0.9	\$66,455	2.0
CMHI Fort Logan - Operating Expenses	0		8,020		1,350	4.8
CMHI Pueblo - Personal Services	62,985	1.0	60,917	0.9	66,455	
CMHI Pueblo - Operating Expenses	0		8,020		1,350	
Forensic Services Administration	64,894	0.9	68,937	0.9	67,805	
Total - Personal Services and Operating	\$190,864	2.8	\$206,811	2.7	\$203,415	2.0
Centrally appropriated line items	45,450		0		51,727	
Total - R14 (General Fund)	\$236,314	2.8	\$206,811	2.7	\$255,142	2.0

Staff recommends approving the increase summarized above if the Committee approves the IT capital request. Should the Committee choose to deny the IT capital request, staff recommends denying request R14 as well. Thus, staff requests permission to update the amount for the Long Bill as necessary based on that decision.

ANALYSIS

The system proposed through the capital IT request is intended to improve the efficiency of data management and reporting for forensics data, protect sensitive information, and reduce the need for time-intensive and redundant data entry related to the forensics system. The Department reports that the current workflow requires manual data entry and “data pulls” from a number of disparate systems, requiring large amounts of forensic staff time to complete necessary reports and data analyses. The goal of the new system is to eliminate much of that redundancy and house the data in a system that will be more usable (and more useful). The Department has also indicated the intent to allow the various entities involved with this population (Judicial, the counties, and the Department) to house data in one system that would allow for improved communication and coordination.

As noted above, this (operating) request for 3.0 additional positions is linked to the \$2.0 million capital information technology request. Staff is not attempting to speak to the merits of the capital request but does agree that the new system will likely require additional staff for maintenance and support if approved. If effective, that would allow the existing staff to focus more on client services and spend less time on data entry and manipulation. Staff agrees that the current system (or lack thereof) appears

to be an impediment to the Department’s ability to quickly and efficiently retrieve data that would either support its own internal analysis or allow for rapid response to external questions.

If the Committee approves the (much larger) capital information technology request, then, based on the available information, staff expects that additional staff would make sense to support and maintain the system.

- Staff notes that the Department has requested the three data management III positions at the range minimum as of the time of the request (an annual salary of approximately \$53,000).
- Using updated data aligned with the Committee’s common policies for new FTE in FY 2023-24, staff has increased the annual (full-year) salary to \$58,836 plus PERA and Medicare. Staff appreciates that the request aligns with the Committee’s common policy regarding salaries for new FTE – but is also uncertain that the Department will be able to successfully hire and retain staff in these positions even with the revised salary amounts.

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 theory-informed, with an object of creating an efficient data system that meets the needs of staff providing direct client services and management in performing systemic analysis. Staff is optimistic that the proposed system will help with that analysis but does not agree that this request fits within the structure of programs and interventions as addressed in S.B. 21-284.

→ STATEWIDE ARPA BA1 – USE ARPA IN LIEU OF GENERAL FUND

REQUEST: As part of a request affecting multiple departments, the Governor’s Office has proposed to refinance a total of \$60.0 million General Fund with ARPA funds from the Revenue Loss Restoration Cash Fund for FY 2023-24. The request for the Office of Behavioral Health includes substitutions of \$32.0 million in the Personal Services line item in the Colorado Mental Health Institute at Pueblo and \$28.0 million in the Personal Services line item at the Colorado Mental Health Institute at Fort Logan. This is a net-zero request substituting the ARPA funds for General Fund in the base appropriation.

STAFF RECOMMENDATION: The Committee took action on this request as part of the discussion of ARPA Funding for FY 2023-24 (see table below).²¹ The Committee approved the JBC Staff recommendation to substitute a total of \$130,129,154 in ARPA funds for General Fund for FY 2023-24.

²¹ See the JBC Staff memorandum from February 8, 2023 at: <https://leg.colorado.gov/sites/default/files/fedfundfigset-02-08-23.pdf>

JBC STAFF RECOMMENDATION AS OF FEBRUARY 8, 2023 - USE OF ARPA IN LIEU OF GENERAL FUND IN FY 2023-24 LONG BILL			
DEPARTMENT/DIVISION	PROGRAM	GENERAL FUND/CAPITAL CONSTRUCTION FUNDS	FEDERAL ARPA FUNDS DEPOSITED TO REVENUE LOSS RESTORATION CASH FUND
Human Services/Office of Behavioral Health	Mental Health Institute at Pueblo, Personal Services ²	(90,261,986)	90,261,986
	Mental Health Institute at Fort Logan, Personal Services ²	(31,257,751)	31,257,751
	Forensics Services, Forensic Services Administration (for FTE)	(764,047)	764,047
	Forensics Services, Forensic Support Team (for FTE)	(1,441,919)	1,441,919
	Forensics Services, Court Services (for FTE)	(5,165,661)	5,165,661
	Forensic Services, Forensic Community-based Services (for FTE)	(1,237,790)	1,237,790
TOTAL Recommendation		<i>(\$130,129,154)</i>	<i>\$130,129,154</i>

LINE ITEM DETAIL — OFFICE OF BEHAVIORAL HEALTH

(A) ADMINISTRATION

Funding in this section supports the administration of the Office of Civil and Forensic Mental Health (OCFMH, also known as the Office of Behavioral Health). This section almost entirely from the General Fund, although the section did receive \$800,000 in one-time funding from the Behavioral and Mental Health Cash Fund (originating as federal stimulus funds) for FY 2022-23.

ADMINISTRATION

This line item provides funding for the personnel and professional services as well as the operating expenses required to administer the OCFMH. The FY 2022-23 Long Bill consolidated what had previously been separate personal services and operating expenses line items into this new line item within the OCFMH. That same reorganization extracted the funds and FTE associated with the administration of community behavioral health programs and moved those amounts into the BHA Community Behavioral Health Administration section. As a result, this line item now represents the central leadership of the OCFMH.

STATUTORY AUTHORITY: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101 and 103 [Establishment of Mental Health Institute at Pueblo]; Section 27-94-102 and 103, C.R.S. [Establishment of mental health center at Fort Logan]; Section 16-8-106, C.R.S. [Competency examinations and report]; Section 16-8.5-101 et seq., C.R.S. [

REQUEST: The Department requests \$719,199 General Fund and 4.0 FTE for FY 2023-24. The request includes the following changes from the FY 2023-24 appropriation:

- An increase of \$7,192 General Fund to annualize FY 2022-23 salary survey appropriations.
- A decrease of \$800,000 cash funds from the Behavioral and Mental Health Cash Fund (which originated as federal stimulus funds) to eliminate one-time funding appropriated in H.B. 22-1386 (Competency to Proceed and Restoration to Competency). That bill included the appropriation to allow the Department to contract for a feasibility study of renovating a hospital in Adams County to provide inpatient beds for competency services.

RECOMMENDATION: **Staff recommends approving the request.**

ELECTRONIC HEALTH RECORD AND PHARMACY SYSTEM

The Department implemented a modern, comprehensive, and fully automated electronic health records system for the two state-owned and operated mental health institutes (Fort Logan and Pueblo). This system is fully integrated with all necessary clinical, operational, and financial modules and systems and is compliant with federal "meaningful use" requirements. The project replaced a number of separate health information and billing systems. This line item provides an appropriation for software licenses and maintenance, system hosting and support, and ongoing development and enhancement of the system.

Prior to FY 2022-23, this line item was housed within the Executive Director's Office. However, the Long Bill reorganization in FY 2022-23 moved it to this division.

STATUTORY AUTHORITY: Section 26-1-105, C.R.S.

REQUEST: The Department requests an appropriation of \$2,403,802 General Fund, with no change from the FY 2022-23 appropriation.

RECOMMENDATION: **Staff recommends approving the request.**

(B) 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 worked to reverse 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. In addition, the General Assembly has funded the construction of two new units (a total of 44 beds) at Fort Logan, although only one of those units has opened to date because of staffing challenges. During the 2022 Session, H.B. 22-1283 (Youth and Family Behavioral Health Care) appropriated \$35.0 million cash funds from the Behavioral and Mental Health Cash Fund for the construction of a 16-bed youth (under age 21) neuro-psychiatric unit at Fort Logan. Other legislation also included significant one-time funding to increase inpatient capacity, including appropriations in H.B. 22-1303 (Increase Residential Behavioral Health Bed Capacity) to renovate a 16 bed unit at Fort Logan and an additional \$16.56 million for contracted behavioral health beds.

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 2023-24, this base (using FY 2022-23 contracts) includes:

- \$5,318,049 for contracted medical staff (University of Colorado)
- \$145,853 for peer recovery services (Behavioral Healthcare Inc.)
- \$118,182 for psychology interns (Colorado Seminary)
- \$48,925 for fellows director
- \$48,421 for neurology

REQUEST: The Department requests \$35,208,954 total funds (including \$5,428,782 General Fund) and 314.3 FTE for FY 2023-24. The request includes the following changes from the FY 2022-23 appropriation:

- An increase of \$1,646,098 associated with request R9/BA1 (Salary Increase for Hospital Medical Staff), discussed above.
- An increase of \$1,157,057 total funds (\$1,133,679 General Fund) and 7.9 FTE to reflect the FY 2023-24 impact prior year budget actions including the 44 bed operating increase approved in FY 2022-23 as well as the allocation of FY 2022-23 salary survey appropriations.
- An increase of \$411,948 General Fund for the Governor's 3.0 percent common policy provider rate increase.
- An increase of \$62,985 General Fund and 0.9 FTE associated with request R14 (OCFMH Data Management and Reporting), discussed above.
- An increase of \$50,000 General Fund for request R1 (State Hospital Quality Assurance), discussed above.
- A net-zero decrease of \$28.0 million General Fund that is offset by an increase of that amount of cash funds from the Revenue Loss Restoration Fund associated with Statewide ARPA BA1, discussed above.
- A decrease of \$3,612,434 cash funds from the Behavioral and Mental Health Cash Fund to eliminate one-time funding appropriated in H.B. 22-1303 (Increase Residential Behavioral Health Beds).

RECOMMENDATION: Staff recommends appropriating \$34,968,701 total funds (including \$1,930,778 General Fund) and 314.3 FTE. The recommendation is \$240,253 total funds below the request, as a result of the following changes from the request:

- A net-zero decrease of \$3,257,751 General Fund (offset by an increase of that amount of cash funds from the Revenue Loss Restoration Fund) for Statewide ARPA BA1, discussed above. The Committee approved this adjustment during the JBC Staff presentation regarding ARPA funds for FY 2023-24. \$508,054 total funds to reflect the FY 2022-23 allocation of FY 2021-22 salary survey appropriations (as requested).
- A decrease of \$238,185 General Fund associated with the common policy 3.0 percent provider rate increase. As discussed above with request R10, staff did not use the base for the community provider rate provided by the Department, which showed an increase of more than three times the base that was used for this same calculation for the FY 2022-23 budget. If that base is more than three times what it was for FY 2022-23 because of that degree of growth in the use of contract nurses, then staff suggests that the Committee ask the Department to present a comeback discussing how they intend to address the situation.
- A decrease of \$2,068 associated with request R14 (OCFMH Data Management and Reporting), discussed above. The change is the result of technical corrections to the request (which included operating expenses in this line item rather than in the operating expenses line) and the use of updated minimum salary data pursuant to the Committee’s common policies for FY 2023-24.

The recommendation is consistent with the Committee’s common policy provider rate adjustment (3.0 percent), which has been applied to a base of \$5,792,086 (as compared to the \$13.7 million assumed in the Department’s November 1 request).

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTE - FT. LOGAN, PERSONAL SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$31,880,866	\$30,124,072	\$1,662,368	\$94,426	\$0	305.5
Other legislation	\$3,612,434	\$0	\$3,612,434	\$0	\$0	0.0
TOTAL	\$35,493,300	\$30,124,072	\$5,274,802	\$94,426	\$0	305.5
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$35,493,300	\$30,124,072	\$5,274,802	\$94,426	\$0	305.5
R9/BA1 Salary increase for hospital medical staff	1,646,098	1,646,098	0	0	0	0.0
Annualize prior year budget actions	1,157,057	1,133,679	23,378	0	0	7.9
R10 Community provider rate	173,763	173,763	0	0	0	0.0
R14 OCFMH data management and reporting	60,917	60,917	0	0	0	0.9
R1 State hospital quality assurance	50,000	50,000	0	0	0	0.0
Statewide ARPA BA1	0	(31,257,751)	31,257,751	0	0	0.0
Annualize prior year legislation	(3,612,434)	0	(3,612,434)	0	0	0.0
TOTAL	\$34,968,701	\$1,930,778	\$32,943,497	\$94,426	\$0	314.3
INCREASE/(DECREASE)	(\$524,599)	(\$28,193,294)	\$27,668,695	\$0	\$0	8.8
Percentage Change	(1.5%)	(93.6%)	524.5%	0.0%	0.0%	2.9%
FY 2023-24 EXECUTIVE REQUEST	\$35,208,954	\$5,428,782	\$29,685,746	\$94,426	\$0	314.3
Request Above/(Below) Recommendation	\$240,253	\$3,498,004	(\$3,257,751)	\$0	\$0	0.0

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 associated with Medicare pricing are typically fixed.

For FY 2022-23, H.B. 22-1303 (Increase Residential Behavioral Health Beds) added a one-time appropriation of \$1,065,468 cash funds from the

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 approving the request.** As noted above, the provider rate increase is not generally applied to this line item and the continuation appropriation is appropriate.

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 a continuation appropriation of \$1,872,428 total funds (including \$1,730,913 General Fund) for FY 2023-24. The request includes the following reductions to eliminate one-time funding appropriated for FY 2022-23:

- \$693,456 General Fund associated with one-time operating expenses provided with FY 2022-23 request R2/BA3 (CMHIFL 44 Bed Operating Budget).
- \$539,926 cash funds from the Behavioral and Mental Health Cash Fund (originating as federal stimulus funds) from H.B. 22-1283 (Youth and Family Behavioral Health). These funds are for building maintenance for the new neuro-psychiatric facility approved in that bill. The appropriations is for FY 2022-23 but is available to the Department through December 30, 2024 – and the Final Legislative Council Staff Fiscal Note for the bill assumes that the expenditures would actually take place in FY 2023-24.
- \$376,620 cash funds from the Behavioral and Mental Health Cash Fund (again originating as federal stimulus funds) appropriated in H.B. 22-1303 (Increase Residential Behavioral Health Beds).

RECOMMENDATION: **Staff recommends approving the request.**

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTE - FT. LOGAN, OPERATING EXPENSES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$2,565,884	\$2,424,369	\$117,612	\$23,903	\$0	0.0
Other legislation	\$916,546	\$0	\$916,546	\$0	\$0	0.0
TOTAL	\$3,482,430	\$2,424,369	\$1,034,158	\$23,903	\$0	0.0
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$3,482,430	\$2,424,369	\$1,034,158	\$23,903	\$0	0.0
Annualize prior year legislation	(916,546)	0	(916,546)	0	0	0.0
Annualize prior year budget actions	(693,456)	(693,456)	0	0	0	0.0
TOTAL	\$1,872,428	\$1,730,913	\$117,612	\$23,903	\$0	0.0
INCREASE/(DECREASE)	(\$1,610,002)	(\$693,456)	(\$916,546)	\$0	\$0	0.0
Percentage Change	(46.2%)	(28.6%)	(88.6%)	0.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	\$0	\$0	\$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 a continuation appropriation of \$112,916 General Fund for FY 2023-24. The request includes a reduction of \$365,800 cash funds from the Behavioral and Mental Health Cash Fund (originating as federal stimulus funds) to eliminate one-time funding appropriated in H.B. 22-1303 (Increase Residential Behavioral Health Beds). With that elimination, the appropriation returns to the same dollar amount as in FY 2020-21 and FY 2021-22 (and the FY 2022-23 Long Bill).

RECOMMENDATION: **Staff recommends approving the request.**

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTE - FT. LOGAN, CAPITAL OUTLAY						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$112,916	\$112,916	\$0	\$0	\$0	0.0
Other legislation	\$365,800	\$0	\$365,800	\$0	\$0	0.0
TOTAL	\$478,716	\$112,916	\$365,800	\$0	\$0	0.0
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$478,716	\$112,916	\$365,800	\$0	\$0	0.0
Annualize prior year legislation	(365,800)	0	(365,800)	0	0	0.0
TOTAL	\$112,916	\$112,916	\$0	\$0	\$0	0.0
INCREASE/(DECREASE)	(\$365,800)	\$0	(\$365,800)	\$0	\$0	0.0
Percentage Change	(76.4%)	0.0%	(100.0%)	0.0%	0.0%	0.0%

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTE - FT. LOGAN, CAPITAL OUTLAY						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 EXECUTIVE REQUEST	\$112,916	\$112,916	\$0	\$0	\$0	0.0
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	0.0

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 a continuation appropriation of \$1,707,007 total funds (including \$1,590,399 General Fund) for FY 2023-24. The request includes a decrease of \$227,760 cash funds from the Behavioral and Mental Health Cash Fund (originating as federal stimulus funds) to eliminate one-time funding appropriated in H.B. 22-1303 (Increase Residential Behavioral Health Beds).

RECOMMENDATION: **Staff recommends approving the request.**

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTE - FT. LOGAN, PHARMACEUTICALS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$1,707,007	\$1,590,399	\$94,036	\$22,572	\$0	0.0
Other legislation	\$227,760	\$0	\$227,760	\$0	\$0	0.0
TOTAL	\$1,934,767	\$1,590,399	\$321,796	\$22,572	\$0	0.0
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$1,934,767	\$1,590,399	\$321,796	\$22,572	\$0	0.0
Annualize prior year legislation	(227,760)	0	(227,760)	0	0	0.0
TOTAL	\$1,707,007	\$1,590,399	\$94,036	\$22,572	\$0	0.0
INCREASE/(DECREASE)	(\$227,760)	\$0	(\$227,760)	\$0	\$0	0.0
Percentage Change	(11.8%)	0.0%	(70.8%)	0.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST	\$1,707,007	\$1,590,399	\$94,036	\$22,572	\$0	0.0
Request Above/(Below) Recommendation	\$0	\$0	\$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 2023-24, this base (using FY 2022-23 contracts) includes:

- \$12,155,455 for contracted medical staff (University of Colorado)
- \$386,226 for a Chief Medical Officer
- \$254,387 for peer recovery services (Behavioral Healthcare Inc.)
- \$195,658 for fellows
- \$35,006 for neurology

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 \$106,840,680 total funds (including \$63,146,792 General Fund) and 1,063.2 FTE. The request includes the following changes from the FY 2022-23 appropriation:

- An increase of \$2,682,096 General Fund associated with request R9/BA1 (Salary Increase for Hospital Medical Staff), discussed above.
- An increase of \$2,061,057 total funds (\$1,913,539 General Fund) to reflect the Department's allocation of FY 2022-23 salary survey appropriations.
- An increase of \$1,552,338 General Fund for the Governor's 3.0 percent common policy provider rate increase.
- An increase of \$587,385 General Fund and 6.0 FTE for request R1 (State Hospital Quality Assurance), discussed above.
- An increase of \$62,986 General Fund and 1.0 FTE associated with request R14 (OCFMH Data Management and Reporting), discussed above.
- A net-zero decrease of \$32.0 million General Fund that is offset by an increase of that amount of cash funds from the Revenue Loss Restoration Fund associated with Statewide ARPA BA1, discussed above.

RECOMMENDATION: Staff recommends appropriating \$105,962,493 total funds (including \$4,006,619 General Fund) and 1,063.1 FTE. The recommendation is \$878,187 total funds below the official request, including the following changes from the request:

- A net-zero decrease of \$58,261,986 General Fund (offset by an increase of that amount of cash funds from the Revenue Loss Restoration Fund) for Statewide ARPA BA1, discussed above. The Committee approved this adjustment during the JBC Staff presentation regarding ARPA funds for FY 2023-24.
- A decrease of \$876,118 General Fund associated with the common policy 3.0 percent provider rate increase (discussed in greater detail with request R10 above).

- A decrease of \$2,069 associated with request R14 (OCFMH Data Management and Reporting), discussed above. The change is the result of technical corrections to the request (which had mistakenly included operating expenses in this line item) and the use of updated minimum salaries pursuant to the Committee’s common policies for FY 2023-24.

The recommendation is consistent with the Committee’s common policy provider rate adjustment (3.0 percent), which has been applied to a base of \$22,540,666 (discussed in greater detail with request R10 above).

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTE - PUEBLO, PERSONAL SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$99,146,315	\$87,599,945	\$3,799,257	\$7,747,113	\$0	1,054.2
Other legislation	\$721,881	\$721,881	\$0	\$0	\$0	1.6
TOTAL	\$99,868,196	\$88,321,826	\$3,799,257	\$7,747,113	\$0	1,055.8
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$99,868,196	\$88,321,826	\$3,799,257	\$7,747,113	\$0	1,055.8
R9/BA1 Salary increase for hospital medical staff	2,682,096	2,682,096	0	0	0	0.0
Annualize prior year budget actions	2,061,057	1,913,539	23,695	123,823	0	0.0
R10 Community provider rate	676,220	676,220	0	0	0	0.0
R1 State hospital quality assurance	587,385	587,385	0	0	0	6.0
R14 OCFMH data management and reporting	60,917	60,917	0	0	0	0.9
Annualize prior year legislation	26,622	26,622	0	0	0	0.4
Statewide ARPA BA1	0	(90,261,986)	90,261,986	0	0	0.0
TOTAL	\$105,962,493	\$4,006,619	\$94,084,938	\$7,870,936	\$0	1,063.1
INCREASE/(DECREASE)	\$6,094,297	(\$84,315,207)	\$90,285,681	\$123,823	\$0	7.3
Percentage Change	6.1%	(95.5%)	2,376.4%	1.6%	0.0%	0.7%
FY 2023-24 EXECUTIVE REQUEST	\$106,840,680	\$63,146,792	\$35,822,952	\$7,870,936	\$0	1,063.2
Request Above/(Below) Recommendation	\$878,187	\$59,140,173	(\$58,261,986)	\$0	\$0	0.1

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 and are typically fixed. In FY 2022-23, the General Assembly reduced the appropriation for this line item by \$600,000 General Fund and moved those funds to the Pharmaceuticals line item to reflect the actual usage of funds.

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 a continuation appropriation of \$2,784,664 General Fund for FY 2023-24, with no change from the FY 2022-23 appropriation.

RECOMMENDATION: Staff recommends approving the request.

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 \$8,302,528 total funds (including \$4,394,568 General Fund). The request includes the following increases above the FY 2022-23 appropriation:

- \$273,706 reappropriated funds (transferred from the Department of Corrections) associated with Department of Corrections Request R1/BA3 (Food Service Inflation). The Committee approved an increase of this amount for FY 2022-23 as part of S.B. 23-119 (the Department’s FY 2022-23 supplemental appropriation bill) and the request would continue that amount in FY 2023-24. This request was presented to (and approved by) the Committee during figure setting for the Department of Corrections.
- \$8,477 General Fund to reflect the FY 2023-24 impact of H.B. 22-1061 (Modifications to Not Guilty by Reason of Insanity).

RECOMMENDATION: Staff recommends approving the request. Please note that the following table shows the supplemental increase associated with food services costs at the Department of Corrections “annualized” out for FY 2023-24 and then added back in as a result of the FY 2023-24 request.

OFFICE OF BEHAVIORAL HEALTH, MENTAL HEALTH INSTITUTE - PUEBLO, OPERATING EXPENSES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$8,019,805	\$4,385,551	\$399,905	\$3,234,349	\$0	0.0
S.B. 23-119 (Supplemental bill)	\$273,706	\$0	\$0	\$273,706	\$0	0.0
Other legislation	\$540	\$540	\$0	\$0	\$0	0.0
TOTAL	\$8,294,051	\$4,386,091	\$399,905	\$3,508,055	\$0	0.0
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$8,294,051	\$4,386,091	\$399,905	\$3,508,055	\$0	0.0
Non-prioritized requests	273,706	0	0	273,706	0	0.0
Annualize prior year legislation	(265,229)	8,477	0	(273,706)	0	0.0
TOTAL	\$8,302,528	\$4,394,568	\$399,905	\$3,508,055	\$0	0.0
INCREASE/(DECREASE)	\$8,477	\$8,477	\$0	\$0	\$0	0.0
Percentage Change	0.1%	0.2%	0.0%	0.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	\$0	\$0	\$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 a continuation appropriation of \$324,068 General Fund for FY 2023-24. The request includes a reduction of \$3,720 General Fund to eliminate one-time funding appropriated for FY 2022-23 in H.B. 22-1061 (Modifications to Not Guilty by Reason of Insanity). The request would return the appropriation to the same level as in FY 2021-22 appropriation (which had 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. For FY 2022-23, the General Assembly increased this appropriation by \$600,000 by moving that amount from the hospital's Contract Medical Services line item to this line item to better align with the hospital's expenditures.

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 a continuation appropriation of \$4,714,182 total funds (including \$4,480,700 General Fund), with no change from the FY 2022-23 appropriation.

RECOMMENDATION: **Staff recommends approving the request.**

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 a continuation appropriation of \$236,402 total funds (including \$31,094 General Fund) and 2.7 FTE, with no change from the FY 2022-23 appropriation.

RECOMMENDATION: **Staff recommends approving the request.**

(3) FORENSIC SERVICES

This subsection was first included in the FY 2018-19 Long Bill (with funds transferred from various line items in the previous Mental Health Institutes subsection and from the Community Behavioral Health Administration subsection) to support 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 an appropriation of \$1,361,491 General Fund and 16.2 FTE for FY 2023-24, which represents an increase of \$193,745 General Fund and 1.9 FTE above the FY 2022-23 appropriation. The request includes the following increases above the FY 2022-23 appropriation:

- \$101,754 and 0.9 FTE associated with request R8 (Forensic Services Division Capacity Expansion, discussed above)
- \$64,894 and 0.9 FTE associated with request R14 (OCFMH Data Management and Reporting, discussed above)
- \$24,937 to reflect the allocation of FY 2022-23 salary survey appropriations to this line item
- \$2,160 to reflect the FY 2023-24 impact of H.B. 22-1061 (Modifications to Not Guilty by Reason of Insanity)

RECOMMENDATION: Staff recommends approving an appropriation of \$1,366,661 total funds (including \$602,254 General Fund and \$764,407 cash funds from the Revenue Loss Restoration Fund) and 16.2 FTE for FY 2023-24. The recommendation is \$4,810 total funds above the request, including the following changes from the request:

- An increase of \$4,043 General Fund associated with request R14 (OCFMH Data Management and Reporting) based on using updated minimum salary levels. Staff's recommendation to approve this position is contingent upon the Committee's approval of the related capital information technology request.
- An increase of \$767 General Fund associated with Request R8 (Forensic Services Division Capacity Expansion), based on the use of updated salary tables.
- A net-zero decrease of \$764,047 General Fund, offset by an increase of that amount of cash funds from the Revenue Loss Restoration Fund. The Committee approved this adjustment during the figure setting presentation for ARPA funds for FY 2023-24.

OFFICE OF BEHAVIORAL HEALTH, FORENSIC SERVICES, FORENSIC SERVICES ADMINISTRATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$1,025,616	\$1,025,616	\$0	\$0	\$0	13.9
Other legislation	\$142,130	\$142,130	\$0	\$0	\$0	0.4
TOTAL	\$1,167,746	\$1,167,746	\$0	\$0	\$0	14.3
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$1,167,746	\$1,167,746	\$0	\$0	\$0	14.3
R8 Forensic Services Division capacity expansion	102,521	102,521	0	0	0	0.9
R14 OCFMH data management and reporting	68,937	68,937	0	0	0	0.9
Annualize prior year budget actions	24,937	24,937	0	0	0	0.0
Annualize prior year legislation	2,160	2,160	0	0	0	0.1
Statewide ARPA BA1	0	(764,047)	764,047	0	0	0.0
TOTAL	\$1,366,301	\$602,254	\$764,047	\$0	\$0	16.2
INCREASE/(DECREASE)	\$198,555	(\$565,492)	\$764,047	\$0	\$0	1.9
Percentage Change	17.0%	(48.4%)	n/a	0.0%	0.0%	13.3%
FY 2023-24 EXECUTIVE REQUEST	\$1,361,491	\$1,361,491	\$0	\$0	\$0	16.2
Request Above/(Below) Recommendation	(\$4,810)	\$759,237	(\$764,047)	\$0	\$0	(0.0)

FORENSIC SUPPORT TEAM

The General Assembly added this line item to the FY 2022-23 Long Bill 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). Prior to FY 2022-23, the amounts supporting this team were included in the Court Services line item (discussed below).

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.

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 an appropriation of \$2,619,360 General Fund and 27.4 FTE, which represents an increase of \$1,123,364 General Fund and 8.4 FTE. The request includes the following increases above the FY 2022-23 appropriation (all of which are General Fund):

- \$1,085,303 and 6.4 FTE associated with request R8 (Forensic Services Division Capacity Expansion, discussed above)
- \$38,061 to reflect the allocation of FY 2022-23 salary survey appropriations to this line item

RECOMMENDATION: Staff recommends approving an appropriation of \$2,441,519 total funds (\$999,600 General Fund) and 27.2 FTE for FY 2023-24. The recommendation is \$177,841 total funds (but \$1.6 million General Fund) below the request based on the following changes.

- The request includes an increase of \$907,462 General Fund and 8.2 FTE associated with request R8, discussed above. That amount is \$177,841 General Fund below the request but 1.8 FTE above the request because of the recommendation to support two positions proposed as contract employees with state FTE.
- The recommendation includes a net-zero decrease of \$1.4 million General Fund that is offset by an increase of the same amount from the Revenue Loss Restoration Fund, as approved during the figure setting presentation for ARPA funds. (This amount was not requested by the Governor).

OFFICE OF BEHAVIORAL HEALTH, FORENSIC SERVICES, FORENSIC SUPPORT TEAM						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$1,495,996	\$1,495,996	\$0	\$0	\$0	19.0
TOTAL	\$1,495,996	\$1,495,996	\$0	\$0	\$0	19.0
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$1,495,996	\$1,495,996	\$0	\$0	\$0	19.0
R8 Forensic Services Division capacity expansion	907,462	907,462	0	0	0	8.2
Annualize prior year budget actions	38,061	38,061	0	0	0	0.0
Statewide ARPA BA1	0	(1,441,919)	1,441,919	0	0	0.0
TOTAL	\$2,441,519	\$999,600	\$1,441,919	\$0	\$0	27.2
INCREASE/(DECREASE)	\$945,523	(\$496,396)	\$1,441,919	\$0	\$0	8.2
Percentage Change	63.2%	(33.2%)	#DIV/0!	0.0%	0.0%	43.2%
FY 2023-24 EXECUTIVE REQUEST	\$2,619,360	\$2,619,360	\$0	\$0	\$0	27.4
Request Above/(Below) Recommendation	\$177,841	\$1,619,760	(\$1,441,919)	\$0	\$0	0.2

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, including the costs directly related to the evaluators (psychologists and those actually conducting the competency exams). For FY 2019-20 through FY 2021-22, the line item also supported the forensic navigators that coordinate care. However, beginning in FY 2022-23, the Long Bill reflects the funding associated with navigators in the Forensic Support Team line item (above). Thus, this line item now strictly supports the costs associated with 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 an appropriation of \$9,051,797 General Fund and 65.5 FTE for FY 2023-24, representing an increase of \$2,033,394 and 7.4 FTE above the FY 2022-23 appropriation. The request includes the following increases above the FY 2022-23 appropriation (all of which are General Fund):

- \$1,701,035 and 7.4 FTE associated with request R8 (Forensic Services Division Capacity Expansion, discussed above)
- \$250,956 to reflect the Department’s allocation of FY 2022-23 salary survey appropriations to this line item
- \$81,403 associated with the requested 3.0 percent common policy provider rate increase (request R10), applied to a base of \$1,524,612 from FY 2022-23.

RECOMMENDATION: Staff recommends an appropriation of \$8,279,764 total funds (\$3,111,103 General Fund) General Fund and 65.4 FTE for FY 2023-24. The recommendation is \$772,033 total funds (and \$5.9 million General Fund) below the request based on the following changes.

- The request includes an increase of \$929,002 General Fund and 7.3 FTE associated with request R8, discussed above. That amount is \$772,033 below the request based primarily on a reduction of \$776,692 below the requested amount for operating expenses as discussed with the decision item write up.
- The recommendation also includes a net-zero decrease of \$5.2 million General Fund that is offset by an increase of the same amount in cash funds from the Revenue Loss Restoration Fund, as approved by the Committee during the figure setting presentation for ARPA funds for FY 2023-24. This adjustment was not requested by the Governor.

OFFICE OF BEHAVIORAL HEALTH, FORENSIC SERVICES, COURT SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$7,018,403	\$7,018,403	\$0	\$0	\$0	58.1
TOTAL	\$7,018,403	\$7,018,403	\$0	\$0	\$0	58.1
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$7,018,403	\$7,018,403	\$0	\$0	\$0	58.1
R8 Forensic Services Division capacity expansion	929,002	929,002	0	0	0	7.3
Annualize prior year budget actions	250,956	250,956	0	0	0	0.0
R10 Community provider rate	81,403	81,403	0	0	0	0.0
Statewide ARPA BA1	0	(5,165,661)	5,165,661	0	0	0.0
TOTAL	\$8,279,764	\$3,114,103	\$5,165,661	\$0	\$0	65.4
INCREASE/(DECREASE)	\$1,261,361	(\$3,904,300)	\$5,165,661	\$0	\$0	7.3
Percentage Change	18.0%	(55.6%)	#DIV/0!	0.0%	0.0%	12.6%
FY 2023-24 EXECUTIVE REQUEST						
Request Above/(Below) Recommendation	\$772,033	\$5,937,694	(\$5,165,661)	\$0	\$0	0.1

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 \$1,452,431 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 \$4,221,728 General Fund and 20.4 FTE for FY 2023-24. The request includes the following General Fund increases above the FY 2022-23 appropriation:

- \$60,916 to reflect the Department’s allocation of FY 2022-23 salary survey appropriations to this line item.
- \$43,573 associated with the requested 3.0 percent common policy provider rate increase (request R10), applied to a base of \$1,452,431 from FY 2022-23.
- \$17,166 requested for this line item through BA1 (Contract Increase for State Hospitals).
- \$2,000 for a leap year adjustment.

RECOMMENDATION: Staff recommends approving an appropriation of \$4,221,728 total funds, including \$2,983,938 General Fund, and 20.4 FTE. The request is \$17,166 total funds (and \$1,254,956 General Fund) below the request based on the following changes:

- A net-zero decrease of \$1,237,790 General Fund, offset by an increase of that amount of cash funds from the Revenue Loss Restoration Fund. The Committee approved this adjustment during the figure setting presentation for ARPA funds for FY 2023-24.
- A decrease of \$17,166 General Fund because the recommendation does not include the requested increase for BA1 (Contract Increase for State Hospitals). It is staff’s understanding that this request was an error – and staff does not recommend providing the additional funding.

OFFICE OF BEHAVIORAL HEALTH, FORENSIC SERVICES, FORENSIC COMMUNITY-BASED SERVICES						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$4,115,239	\$4,115,239	\$0	\$0	\$0	20.4
TOTAL	\$4,115,239	\$4,115,239	\$0	\$0	\$0	20.4
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$4,115,239	\$4,115,239	\$0	\$0	\$0	20.4
Annualize prior year budget actions	60,916	60,916	0	0	0	0.0
R10 Community provider rate	43,573	43,573	0	0	0	0.0
Technical adjustments	2,000	2,000	0	0	0	0.0
Statewide ARPA BA1	0	(1,237,790)	1,237,790	0	0	0.0
R9/BA1 Salary increase for hospital medical staff	0	0	0	0	0	0.0
TOTAL	\$4,221,728	\$2,983,938	\$1,237,790	\$0	\$0	20.4
INCREASE/(DECREASE)	\$106,489	(\$1,131,301)	\$1,237,790	\$0	\$0	0.0
Percentage Change	2.6%	(27.5%)	#DIV/0!	0.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST	\$4,238,894	\$4,238,894	\$0	\$0	\$0	20.4
Request Above/(Below) Recommendation	\$17,166	\$1,254,956	(\$1,237,790)	\$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 \$12,098,087 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 \$14,556,689 General Fund and 5.2 FTE for FY 2023-24, which represents an increase of \$476,083 and 0.9 FTE above the FY 2022-23 appropriation. The request includes the following General Fund increases above the FY 2022-23 appropriation:

- \$362,943 for the 3.0 percent community provider rate increase through request R10. The Department applied the 3.0 percent to a base of \$12,098,087.
- \$67,139 and 0.9 FTE associated with request R8 (Forensic Services Division Capacity Expansion, discussed above).
- \$30,968 for the leap year adjustment.
- \$15,033 to reflect the Department’s allocation of FY 2022-23 salary survey appropriations to this line item.

RECOMMENDATION: Staff recommends approving an appropriation of \$14,558,326 General Fund and 5.2 FTE. The recommendation includes an increase of \$68,776 and 0.9 FTE associated with request R8 and is consistent with the Committee’s common policy provider rate adjustment (3.0 percent), which has been applied to a base of \$12,098,087 General Fund as requested. The recommendation is \$1,637 General Fund above the request based adjustments to the requested amounts for R8 (primarily the use of updated salary tables for the new position).

OFFICE OF BEHAVIORAL HEALTH, FORENSIC SERVICES, JAIL-BASED COMPETENCY RESTORATION PROGRAM						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$14,080,606	\$14,080,606	\$0	\$0	\$0	4.3
TOTAL	\$14,080,606	\$14,080,606	\$0	\$0	\$0	4.3
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$14,080,606	\$14,080,606	\$0	\$0	\$0	4.3
R10 Community provider rate	362,943	362,943	0	0	0	0.0

OFFICE OF BEHAVIORAL HEALTH, FORENSIC SERVICES, JAIL-BASED COMPETENCY RESTORATION PROGRAM						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
R8 Forensic Services Division capacity expansion	68,776	68,776	0	0	0	0.9
Technical adjustments	30,968	30,968	0	0	0	0.0
Annualize prior year budget actions	15,033	15,033	0	0	0	0.0
TOTAL	\$14,558,326	\$14,558,326	\$0	\$0	\$0	5.2
INCREASE/(DECREASE)	\$477,720	\$477,720	\$0	\$0	\$0	0.9
Percentage Change	3.4%	3.4%	0.0%	0.0%	0.0%	20.9%
FY 2023-24 EXECUTIVE REQUEST	\$14,556,689	\$14,556,689	\$0	\$0	\$0	5.2
Request Above/(Below) Recommendation	(\$1,637)	(\$1,637)	\$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 a base of \$3,139,000 General Fund for SBH Colorado and Denver Health.

In addition, for FY 2022-23, H.B. 22-1386 (Competency to Proceed and Restoration to Competency) provided a one-time appropriation of \$28,562,828 cash funds from the Behavioral and Mental Health Cash Fund (originating as federal stimulus funds) to support increased capacity. Those funds are available to the Department through December 30, 2024.

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 \$3,515,710 General Fund and 1.0 FTE for FY 2023-24. The request includes the following changes from the FY 2022-23 appropriation:

- An increase of 94,170 General Fund for the requested 3.0 percent common policy provider rate increase. The Department has applied the 3.0 percent to a base of \$3,139,000.
- An increase of \$8,600 for the leap year adjustment.
- A decrease of \$28,562,828 cash funds from the Behavioral and Mental Health Cash Fund to eliminate the one-time funding provided in H.B. 22-1386. As noted above, any amounts unspent in FY 2022-23 will remain available to the Department through December 30, 2024.

RECOMMENDATION: **Staff recommends approving the request.**

The recommendation is consistent with the Committee’s common policy provider rate adjustment (3.0 percent), which has been applied to a base of \$3,139,000 General Fund.

OFFICE OF BEHAVIORAL HEALTH, FORENSIC SERVICES, PURCHASED PSYCHIATRIC BED CAPACITY						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						

OFFICE OF BEHAVIORAL HEALTH, FORENSIC SERVICES, PURCHASED PSYCHIATRIC BED CAPACITY						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Other legislation	\$28,562,828	\$0	\$28,562,828	\$0	\$0	0.0
H.B. 22-1329 (Long Bill)	\$3,412,940	\$3,412,940	\$0	\$0	\$0	1.0
TOTAL	\$31,975,768	\$3,412,940	\$28,562,828	\$0	\$0	1.0
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$31,975,768	\$3,412,940	\$28,562,828	\$0	\$0	1.0
R10 Community provider rate	94,170	94,170	0	0	0	0.0
Technical adjustments	8,600	8,600	0	0	0	0.0
Annualize prior year legislation	(28,562,828)	0	(28,562,828)	0	0	0.0
TOTAL	\$3,515,710	\$3,515,710	\$0	\$0	\$0	1.0
INCREASE/(DECREASE)	(\$28,460,058)	\$102,770	(\$28,562,828)	\$0	\$0	0.0
Percentage Change	(89.0%)	3.0%	(100.0%)	0.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST	\$3,515,710	\$3,515,710	\$0	\$0	\$0	1.0
Request Above/(Below) Recommendation	\$0	\$0	\$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 \$3,450,548 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 \$4,393,616 General Fund and 3.0 FTE for FY 2023-24, representing an increase of \$445,169 above the FY 2022-23 appropriation, including the following increases:

- \$328,747 associated with request R12 (Momentum Program Funding, discussed above)
- \$103,516 associated with the requested 3.0 percent common policy provider rate increase (request R10)
- \$12,906 to reflect the Department’s allocation of FY 2022-23 salary survey increases to this line item

RECOMMENDATION: **Staff recommends approving the request.** As discussed above, staff recommends approving the increase associated with request R12 (Momentum Program Funding). The recommendation is consistent with the Committee’s common policy provider rate adjustment (3.0 percent), which has been applied to a base of \$3,450,548 General Fund.

OFFICE OF BEHAVIORAL HEALTH, FORENSIC SERVICES, OUTPATIENT COMPETENCY RESTORATION PROGRAM						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$3,948,447	\$3,948,447	\$0	\$0	\$0	3.0
TOTAL	\$3,948,447	\$3,948,447	\$0	\$0	\$0	3.0
FY 2023-24 RECOMMENDED APPROPRIATION						
FY 2022-23 Appropriation	\$3,948,447	\$3,948,447	\$0	\$0	\$0	3.0
R12 Momentum program funding	328,747	328,747	0	0	0	0.0
R10 Community provider rate	103,516	103,516	0	0	0	0.0
Annualize prior year budget actions	12,906	12,906	0	0	0	0.0
TOTAL	\$4,393,616	\$4,393,616	\$0	\$0	\$0	3.0
INCREASE/(DECREASE)	\$445,169	\$445,169	\$0	\$0	\$0	0.0
Percentage Change	11.3%	11.3%	0.0%	0.0%	0.0%	0.0%
FY 2023-24 EXECUTIVE REQUEST	\$4,393,616	\$4,393,616	\$0	\$0	\$0	3.0
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	0.0

QUALITY ASSURANCE (NEW LINE ITEM REQUESTED)

The Department is requesting the creation of this line item to support the new Quality Assurance Program proposed through request R8 (Forensic Services Division Capacity Expansion), discussed above.

STATUTORY AUTHORITY: Section 16-8.5-122, et seq., C.R.S. [Forensic evaluator training]

REQUEST: The Department requests an appropriation of \$371,716 General Fund and 5.5 FTE for the new line item for FY 2023-24. The entire request is associated with R8, discussed above. \$

RECOMMENDATION: **Staff recommends adding the line item to the Long Bill and approving an appropriation of \$397,671 General Fund and 5.5 FTE for FY 2023-24.** As discussed above with request R8, staff recommends approving the creation of the new team. The difference from the request is driven by staff’s use of updated minimum salaries pursuant to the Committee’s common policies.

(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. The appropriation rebounded to \$12.0 million for FY 2022-23 with the expiration of those limits.

DEPARTMENT REQUEST: The Department requests continuation funding of \$12,000,000 General Fund, with no change from the FY 2022-23 appropriation.

STAFF RECOMMENDATION: Staff recommends approving the request. The Department has indicated that it expects \$12.0 million to continue to be sufficient for FY 2023-24, with an estimated \$11.5 million in fines and approximately \$400,000 in fees.

(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 \$3,743,106 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, BEHAVIORAL HEALTH ADMINISTRATION – 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 Behavioral Health Administration’s Community Behavioral Health Administration section.

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 \$544,302 total funds for this line item, which includes an increase of \$10,498 to reflect the estimated allocation of FY 2022-23 salary survey appropriations.

RECOMMENDATION: Staff recommends approving an appropriation of \$533,804 total funds to align with the recommendations in the Behavioral Health Administration. 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 21²². 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.

²² 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 \$132,333 total funds, which includes an increase of \$1,285 total funds for the provider rate increase as applied in the Department’s request.

RECOMMENDATION: Staff recommends an appropriation of \$134,980 total funds, which includes an increase of \$3,932 based on the approved 3.0 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 has reflected 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 was administered by DHS, helped 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.

The Department’s FY 2022-23 supplemental appropriation bill eliminated the appropriation for this line item for FY 2022-23, as the separate appropriation is no longer necessary with the expansion of substance use disorder benefits within the Behavioral Health Capitation Program.

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

REQUEST: The Department is not requesting an appropriation for this line item for FY 2023-24.

RECOMMENDATION: **Staff recommends approving the request as the appropriation is no longer necessary.**

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

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 \$8,239,681 total funds, which includes an increase of \$43,306 to reflect the FY 2023-24 impact of FY 2022-23 salary survey appropriations.

RECOMMENDATION: Staff recommends approving an appropriation of \$8,454,136 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:

- 54 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~~ **\$562,000** 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 General Assembly increased this appropriation by \$10,699 General Fund consistent with the common policy concerning community provider rates (2.0 percent).
 - *FY 2023-24:* The recommended amount above includes an increase of \$16,369 General Fund consistent with the common policy concerning community provider rates (3.0 percent).
- 55 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.

- 56 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.

- 57 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).

REQUESTS FOR INFORMATION

Staff recommends **ADDING** the following request for information.

- 1 Department of Human Services, Behavioral Health Administration -- The Department is requested to provide the following information no later than the submission of the November 1, 2023, budget request: (1) the amount of funding distributed to each comprehensive safety net provider under each programmatic contract for FY 2020-21, FY 2021-22, and FY 2022-23, as well as the estimated amounts for FY 2023-24; (2) a summary of the methodology for the allocation of such funds among the comprehensive safety net providers, and how any such allocations have changed over that period, including with the addition of new comprehensive safety net providers; and (3) a description of how the Department expects any such allocations to change in FY 2024-25 with the implementation of the Behavioral Health Administrative Service Organizations. In addition, the response should include information on how the system going forward will account for additional comprehensive and essential safety net providers.

COMMENT: Staff is recommending this request to provide additional transparency into the allocation of the BHA's various funding streams among comprehensive safety net providers (at this point primarily community mental health centers). Given the General Assembly's goal of adding safety net providers (both comprehensive and essential as outlined in H.B. 22-1278), staff recommends that the Committee ask the Department to provide additional detail on how those allocations have taken place to date and how they will account for potential changes in the landscape going forward.

Staff recommends **CONTINUING** the following request 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 2023-24
Staff Working Document - Does Not Represent Committee Decision

Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
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DEPARTMENT OF HUMAN SERVICES
Michelle Barnes, Executive Director

(5) BEHAVIORAL HEALTH ADMINISTRATION

(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.

Program Administration	<u>0</u>	<u>0</u>	<u>14,423,749</u>	<u>17,566,551</u>	<u>16,623,497</u> *
FTE	0.0	0.0	116.4	161.9	143.3
General Fund	0	0	6,251,106	10,468,061	9,525,007
Cash Funds	0	0	3,330,565	1,923,344	1,923,344
Reappropriated Funds	0	0	897,387	882,845	882,845
Federal Funds	0	0	3,944,691	4,292,301	4,292,301
Behavioral Health Capacity Tracking System	<u>0</u>	<u>0</u>	<u>42,611</u>	<u>42,611</u>	<u>42,611</u>
General Fund	0	0	0	0	0
Cash Funds	0	0	42,611	42,611	42,611
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Behavioral Health Workforce Learning Management System	<u>0</u>	<u>0</u>	<u>0</u>	<u>727,790</u>	<u>739,423</u> *
FTE	0.0	0.0	0.0	0.9	0.9
General Fund	0	0	0	727,790	739,423

JBC Staff Figure Setting - FY 2023-24
Staff Working Document - Does Not Represent Committee Decision

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
SUBTOTAL - (A) Community Behavioral Health					
Administration	0	0	14,466,360	18,336,952	17,405,531
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>116.4</u>	<u>162.8</u>	<u>144.2</u>
General Fund	0	0	6,251,106	11,195,851	10,264,430
Cash Funds	0	0	3,373,176	1,965,955	1,965,955
Reappropriated Funds	0	0	897,387	882,845	882,845
Federal Funds	0	0	3,944,691	4,292,301	4,292,301

(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 18 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>40,912,987</u>	<u>50,181,013</u>	<u>36,855,599</u>	<u>37,714,080</u>	<u>37,714,080</u> *
General Fund	27,370,658	27,974,291	28,616,022	29,474,503	29,474,503
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	13,542,329	22,206,722	8,239,577	8,239,577	8,239,577
ACT Programs and Other Alternatives to the MHIs	<u>15,721,007</u>	<u>17,139,032</u>	<u>17,481,813</u>	<u>18,006,267</u>	<u>18,006,267</u> *
General Fund	15,721,007	17,139,032	17,481,813	18,006,267	18,006,267
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 2023-24
Staff Working Document - Does Not Represent Committee Decision

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
Mental Health Services for Juvenile and Adult					
Offenders	<u>4,653,735</u>	<u>5,745,906</u>	<u>5,910,980</u>	<u>6,088,309</u>	<u>6,088,309</u> *
General Fund	0	0	0	0	0
Cash Funds	4,653,735	5,745,906	5,910,980	6,088,309	6,088,309
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Children and Youth Mental Health Treatment Act	<u>2,929,083</u>	<u>3,058,584</u>	<u>6,193,404</u>	<u>8,797,597</u>	<u>8,297,597</u> *
General Fund	2,516,052	2,635,227	5,630,532	8,216,663	7,716,663
Cash Funds	413,031	423,357	431,824	445,954	445,954
Reappropriated Funds	0	0	131,048	134,980	134,980
Federal Funds	0	0	0	0	0
Family First Prevention Services Act	<u>0</u>	<u>335,339</u>	<u>631,309</u>	<u>650,248</u>	<u>650,248</u> *
General Fund	0	335,339	631,309	650,248	650,248
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Behavioral Health Vouchers	<u>0</u>	<u>50,000</u>	<u>50,000</u>	<u>50,000</u>	<u>50,000</u>
General Fund	0	50,000	50,000	50,000	50,000
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 2023-24
Staff Working Document - Does Not Represent Committee Decision

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
Veteran Suicide Prevention Pilot Program	<u>0</u>	<u>1,400,000</u>	<u>2,953,200</u>	<u>3,028,800</u>	<u>3,028,800</u> *
General Fund	0	1,400,000	2,953,200	3,028,800	3,028,800
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>0</u>	<u>0</u>
General Fund	0	0	0	0	0
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					
FTE	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	45,607,717	49,533,889	55,362,876	59,426,481	58,926,481
Cash Funds	5,066,766	6,169,263	6,342,804	6,534,263	6,534,263
Reappropriated Funds	0	0	131,048	134,980	134,980
Federal Funds	13,542,329	22,206,722	8,239,577	8,239,577	8,239,577

JBC Staff Figure Setting - FY 2023-24
Staff Working Document - Does Not Represent Committee Decision

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 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>47,832,440</u>	<u>45,863,638</u>	<u>49,775,222</u>	<u>40,386,806</u>	<u>40,386,806</u> *
FTE	2.1	2.1	2.1	2.1	2.1
General Fund	12,204,598	14,771,360	23,417,500	13,820,025	13,820,025
Cash Funds	4,152,146	2,673,403	7,164,255	7,373,314	7,373,314
Reappropriated Funds	0	0	0	0	0
Federal Funds	31,475,696	28,418,875	19,193,467	19,193,467	19,193,467
Increasing Access to Effective Substance Use					
Disorder Services	<u>13,822,640</u>	<u>8,705,822</u>	<u>16,122,754</u>	<u>16,606,437</u>	<u>16,606,437</u> *
General Fund	13,822,640	0	0	0	0
Cash Funds	0	8,705,822	16,122,754	16,606,437	16,606,437
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Prevention Contracts	<u>5,078,788</u>	<u>5,564,801</u>	<u>6,382,165</u>	<u>6,382,165</u>	<u>6,382,165</u>
General Fund	35,930	36,828	0	0	0
Cash Funds	23,508	27,025	51,149	51,149	51,149
Reappropriated Funds	0	0	0	0	0
Federal Funds	5,019,350	5,500,948	6,331,016	6,331,016	6,331,016

JBC Staff Figure Setting - FY 2023-24
Staff Working Document - Does Not Represent Committee Decision

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
Community Prevention and Treatment Programs	<u>1,859,611</u>	<u>2,450,605</u>	<u>5,940,149</u>	<u>5,958,495</u>	<u>5,958,495</u> *
FTE	0.0	0.0	0.0	0.0	0.0
General Fund	10,087	0	0	0	0
Cash Funds	1,849,524	2,450,605	2,552,331	2,570,677	2,570,677
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>3,093,595</u>	<u>4,000,000</u>	<u>4,005,779</u>	<u>4,005,779</u>
FTE	0.0	0.0	1.0	1.0	1.0
General Fund	0	3,093,595	4,000,000	4,005,779	4,005,779
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Offender Services	<u>3,656,118</u>	<u>4,251,699</u>	<u>4,663,955</u>	<u>4,758,718</u>	<u>4,758,718</u> *
FTE	0.0	0.0	0.0	0.0	0.0
General Fund	2,176,513	2,940,606	3,158,782	3,253,545	3,253,545
Cash Funds	0	0	0	0	0
Reappropriated Funds	1,479,605	1,311,093	1,505,173	1,505,173	1,505,173
Federal Funds	0	0	0	0	0
Recovery Residence Certification Program	<u>0</u>	<u>175,354</u>	<u>200,000</u>	<u>200,000</u>	<u>200,000</u>
General Fund	0	175,354	200,000	200,000	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 2023-24
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	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
High Risk Pregnant Women Program	<u>1,183,268</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u> *
General Fund	0	0	0	0	0
Cash Funds	0	0	0	0	0
Reappropriated Funds	1,183,268	0	0	0	0
Federal Funds	0	0	0	0	0
Fentanyl Education Program	<u>0</u>	<u>0</u>	<u>150,000</u>	<u>25,000</u>	<u>25,000</u>
General Fund	0	0	0	0	0
Cash Funds	0	0	150,000	25,000	25,000
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Study on the Health Effects of Criminal Penalties	<u>0</u>	<u>0</u>	<u>252,963</u>	<u>252,963</u>	<u>252,963</u>
FTE	0.0	0.0	0.5	0.5	0.5
General Fund	0	0	0	0	0
Cash Funds	0	0	252,963	252,963	252,963
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Managed Service Organization Regional Evaluations	<u>0</u>	<u>0</u>	<u>700,000</u>	<u>27,288</u>	<u>27,288</u>
General Fund	0	0	700,000	27,288	27,288
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 2023-24
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	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
SUBTOTAL - FY 2017-18 Long Bill Structure	73,432,865	70,105,514	88,187,208	78,603,651	78,603,651
<i>FTE</i>	<u>2.1</u>	<u>2.1</u>	<u>3.6</u>	<u>3.6</u>	<u>3.6</u>
General Fund	28,249,768	21,017,743	31,476,282	21,306,637	21,306,637
Cash Funds	6,025,178	13,856,855	26,293,452	26,879,540	26,879,540
Reappropriated Funds	2,662,873	1,311,093	1,505,173	1,505,173	1,505,173
Federal Funds	36,495,046	33,919,823	28,912,301	28,912,301	28,912,301

SUBTOTAL - (C) Substance Use Treatment and Prevention Services	73,432,865	70,105,514	88,187,208	78,603,651	78,603,651
<i>FTE</i>	<u>2.1</u>	<u>2.1</u>	<u>3.6</u>	<u>3.6</u>	<u>3.6</u>
General Fund	28,249,768	21,017,743	31,476,282	21,306,637	21,306,637
Cash Funds	6,025,178	13,856,855	26,293,452	26,879,540	26,879,540
Reappropriated Funds	2,662,873	1,311,093	1,505,173	1,505,173	1,505,173
Federal Funds	36,495,046	33,919,823	28,912,301	28,912,301	28,912,301

(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>27,673,982</u>	<u>29,048,088</u>	<u>32,134,712</u>	<u>30,523,753</u>	<u>30,523,753</u> *
General Fund	23,841,061	25,049,266	25,497,236	26,262,153	26,262,153
Cash Funds	3,832,921	3,998,822	6,637,476	4,261,600	4,261,600
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2023-24
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	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
Behavioral Health Crisis Response System Secure Transportation Program	<u>0</u>	<u>554,839</u>	<u>565,936</u>	<u>582,914</u>	<u>582,914</u> *
General Fund	0	0	0	0	0
Cash Funds	0	554,839	565,936	582,914	582,914
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Crisis Response System - Telephone Hotline	<u>3,503,226</u>	<u>3,605,807</u>	<u>4,012,250</u>	<u>3,798,208</u>	<u>3,788,175</u> *
General Fund	3,503,226	3,590,807	3,662,625	3,438,094	3,428,061
Cash Funds	0	15,000	349,625	360,114	360,114
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Crisis Response System - Marketing	<u>0</u>	<u>600,000</u>	<u>792,075</u>	<u>792,075</u>	<u>792,075</u>
General Fund	0	600,000	792,075	792,075	792,075
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>6,460,012</u>	<u>7,414,874</u>	<u>7,563,171</u>	<u>7,790,066</u>	<u>7,790,066</u> *
General Fund	6,460,012	7,414,874	7,563,171	7,790,066	7,790,066
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 2023-24
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	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
Criminal Justice Diversion Programs	<u>6,596,133</u>	<u>7,204,588</u>	<u>7,511,687</u>	<u>7,730,499</u>	<u>7,730,499</u> *
FTE	2.3	2.3	2.3	2.3	2.3
General Fund	1,019,331	1,572,904	1,620,579	1,666,241	1,666,241
Cash Funds	5,576,802	5,631,684	5,891,108	6,064,258	6,064,258
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Jail-based Behavioral Health Services	<u>13,046,565</u>	<u>14,587,605</u>	<u>19,082,614</u>	<u>16,354,940</u>	<u>16,354,940</u> *
FTE	0.0	0.0	0.0	0.0	0.0
General Fund	6,006,513	7,370,295	9,077,536	9,349,862	9,349,862
Cash Funds	0	0	3,000,000	0	0
Reappropriated Funds	7,040,052	7,217,310	7,005,078	7,005,078	7,005,078
Federal Funds	0	0	0	0	0
Circle Program and Other Rural Treatment Programs for People with Co-occurring Disorders	<u>6,235,984</u>	<u>7,108,857</u>	<u>7,452,745</u>	<u>7,666,745</u>	<u>7,666,745</u> *
General Fund	0	526,981	607,520	626,978	626,978
Cash Funds	4,235,984	5,008,662	5,845,225	6,039,767	6,039,767
Reappropriated Funds	2,000,000	1,573,214	1,000,000	1,000,000	1,000,000
Federal Funds	0	0	0	0	0
Recovery Support Services Grant program	<u>0</u>	<u>1,356,271</u>	<u>1,600,000</u>	<u>1,606,430</u>	<u>1,606,430</u>
FTE	0.0	0.0	1.0	1.0	1.0
General Fund	0	1,356,271	1,600,000	1,606,430	1,606,430
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 2023-24
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	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
Temporary Youth Mental Health Services Program	<u>0</u>	<u>5,515,752</u>	<u>6,000,000</u> 1.0	<u>6,000,000</u> 1.0	<u>6,000,000</u> 1.0
General Fund	0	5,515,752	0	6,000,000	6,000,000
Cash Funds	0	0	6,000,000	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Care Coordination	<u>0</u>	<u>0</u>	<u>0</u>	<u>334,410</u>	<u>344,442</u> *
General Fund	0	0	0	334,410	344,442
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Statewide Care Coordination Infrastructure	<u>0</u>	<u>0</u>	<u>12,200,000</u>	<u>0</u>	<u>0</u>
FTE	0.0	0.0	3.0	3.0	0.0
General Fund	0	0	0	0	0
Cash Funds	0	0	12,200,000	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Behavioral Health-care Workforce Development Program	<u>0</u>	<u>0</u>	<u>36,233,678</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0	0
Cash Funds	0	0	36,233,678	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2023-24
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	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
Health Needs of Persons in Criminal Justice System	<u>0</u>	<u>0</u>	<u>49,748,648</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0	0
Cash Funds	0	0	49,748,648	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Behavioral Health-care Continuum Gap Program	<u>0</u>	<u>0</u>	<u>75,000,000</u>	<u>0</u>	<u>0</u>
FTE	0.0	0.0	4.2	3.8	0.0
General Fund	0	0	0	0	0
Cash Funds	0	0	75,000,000	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Substance Use Workforce Stability Grant Program	<u>0</u>	<u>0</u>	<u>15,000,000</u>	<u>0</u>	<u>0</u>
FTE	0.0	0.0	0.8	0.7	0.0
General Fund	0	0	0	0	0
Cash Funds	0	0	15,000,000	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Substance Use Residential Treatment Beds for Adolescents	<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

JBC Staff Figure Setting - FY 2023-24
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	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
Land-based Tribe Behavioral Health Grant Program	<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>3,861,043</u>	<u>11,905,027</u>	<u>12,262,555</u>	<u>12,262,555</u> *
FTE	0.0	0.0	2.0	2.0	2.0
General Fund	0	0	0	0	0
Cash Funds	0	3,861,043	11,905,027	12,262,555	12,262,555
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Medication Consistency and Health Information Exchange	<u>380,700</u>	<u>760,202</u>	<u>760,700</u>	<u>760,700</u>	<u>760,700</u>
General Fund	0	0	0	0	0
Cash Funds	380,700	760,202	760,700	760,700	760,700
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>328,388</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0	0
Cash Funds	0	328,388	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2023-24
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	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
Appropriation to High-risk Families Cash Fund (S.B. 21-137)	<u>0</u>	<u>33</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0	0
Cash Funds	0	33	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Residential Placement of Children and Youth Pilot Program (S.B. 21-137)	<u>0</u>	<u>328,388</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0	0
Cash Funds	0	328,388	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
BH and SUD Treatment for Children, Youth, and Families (S.B. 21-137)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0	0
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Mental Health Awareness Campaign (S.B. 21-137)	<u>0</u>	<u>596,689</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0	0
Cash Funds	0	596,689	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

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	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
Statewide Care Coordination Infrastructure (S.B. 21-137)	0	578,139	0	0	0
General Fund	0	0	0	0	0
Cash Funds	0	578,139	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
County-based Behavioral Health Grant Program (S.B. 21-137)	0	231,721	0	0	0
General Fund	0	0	0	0	0
Cash Funds	0	231,721	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Behavioral Health-care Workforce Development Program (S.B. 21-137)	0	1,527,683	0	0	0
General Fund	0	0	0	0	0
Cash Funds	0	1,527,683	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
SUBTOTAL - (D) Integrated Behavioral Health Services	63,896,602	85,208,967	297,563,243	96,203,295	96,203,294
<i>FTE</i>	<u>2.3</u>	<u>2.3</u>	<u>14.3</u>	<u>13.8</u>	<u>6.3</u>
General Fund	40,830,143	52,997,150	50,420,742	57,866,309	57,866,308
Cash Funds	14,026,407	23,421,293	239,137,423	30,331,908	30,331,908
Reappropriated Funds	9,040,052	8,790,524	8,005,078	8,005,078	8,005,078
Federal Funds	0	0	0	0	0

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	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
(E) Indirect Cost Assessment					
Indirect Cost Assessment	<u>0</u>	<u>0</u>	<u>3,531,369</u>	<u>3,990,623</u>	<u>3,924,712</u> *
General Fund	0	0	0	0	0
Cash Funds	0	0	1,877,779	2,131,171	2,096,123
Reappropriated Funds	0	0	56,172	63,194	62,146
Federal Funds	0	0	1,597,418	1,796,258	1,766,443
SUBTOTAL - (E) Indirect Cost Assessment	0	0	3,531,369	3,990,623	3,924,712
<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	0	0	1,877,779	2,131,171	2,096,123
Reappropriated Funds	0	0	56,172	63,194	62,146
Federal Funds	0	0	1,597,418	1,796,258	1,766,443
TOTAL - (5) Behavioral Health Administration	201,546,279	233,224,355	473,824,485	271,469,822	269,972,489
<i>FTE</i>	<u>4.4</u>	<u>4.4</u>	<u>134.3</u>	<u>180.2</u>	<u>154.1</u>
General Fund	114,687,628	123,548,782	143,511,006	149,795,278	148,363,856
Cash Funds	25,118,351	43,447,411	277,024,634	67,842,837	67,807,789
Reappropriated Funds	11,702,925	10,101,617	10,594,858	10,591,270	10,590,222
Federal Funds	50,037,375	56,126,545	42,693,987	43,240,437	43,210,622

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	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
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(6) 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) Administration

Personal Services	<u>9,598,490</u>	<u>9,185,437</u>	<u>0</u>	<u>0</u>	<u>0</u>
FTE	85.1	85.1	0.0	0.0	0.0
General Fund	2,227,029	2,653,423	0	0	0
Cash Funds	623,089	1,479,231	0	0	0
Reappropriated Funds	1,118,740	213,734	0	0	0
Federal Funds	5,629,632	4,839,049	0	0	0
 OBH Administration	 <u>0</u>	 <u>0</u>	 <u>1,512,007</u>	 <u>719,199</u>	 <u>719,199</u>
FTE	0.0	0.0	4.0	4.0	4.0
General Fund	0	0	712,007	719,199	719,199
Cash Funds	0	0	800,000	0	0
 Electronic Health Record and Pharmacy System	 <u>2,522,190</u>	 <u>2,122,425</u>	 <u>2,403,802</u>	 <u>2,403,802</u>	 <u>2,403,802</u>
General Fund	2,522,190	2,122,425	2,403,802	2,403,802	2,403,802
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 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
Operating Expenses	<u>376,055</u>	<u>360,842</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	51,847	50,160	0	0	0
Cash Funds	42,501	44,821	0	0	0
Reappropriated Funds	9,353	6,122	0	0	0
Federal Funds	272,354	259,739	0	0	0
SUBTOTAL - (A) Administration	12,496,735	11,668,704	3,915,809	3,123,001	3,123,001
FTE	<u>85.1</u>	<u>85.1</u>	<u>4.0</u>	<u>4</u>	<u>4</u>
General Fund	4,801,066	4,826,008	3,115,809	3,123,001	3,123,001
Cash Funds	665,590	1,524,052	800,000	0	0
Reappropriated Funds	1,128,093	219,856	0	0	0
Federal Funds	5,901,986	5,098,788	0	0	0

(B) Mental Health Institute - Ft. Logan

Personal Services	<u>21,816,796</u>	<u>22,203,086</u>	<u>35,493,300</u>	<u>35,208,954</u>	<u>34,968,701</u> *
FTE	216.2	169.9	305.5	314.3	314.3
General Fund	20,148,750	20,584,895	30,124,072	5,428,782	1,930,778
Cash Funds	1,642,370	1,547,155	5,274,802	29,685,746	32,943,497
Reappropriated Funds	25,676	71,036	94,426	94,426	94,426
Federal Funds	0	0	0	0	0
Centrally Appropriated Costs for New Facility HB 22-1303	<u>0</u>	<u>0</u>	<u>930,184</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0	0
Cash Funds	0	0	930,184	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

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	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
Contract Medical Services	<u>596,058</u>	<u>1,310,537</u>	<u>1,880,765</u>	<u>815,297</u>	<u>815,297</u>
General Fund	596,058	1,310,537	815,297	815,297	815,297
Cash Funds	0	0	1,065,468	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Operating Expenses	<u>1,169,178</u>	<u>1,107,421</u>	<u>3,482,430</u>	<u>1,872,428</u>	<u>1,880,448</u>
General Fund	1,054,416	974,784	2,424,369	1,730,913	1,738,933
Cash Funds	114,762	108,734	1,034,158	117,612	117,612
Reappropriated Funds	0	23,903	23,903	23,903	23,903
Federal Funds	0	0	0	0	0
Capital Outlay	<u>107,948</u>	<u>117,883</u>	<u>478,716</u>	<u>112,916</u>	<u>112,916</u>
General Fund	107,948	117,883	112,916	112,916	112,916
Cash Funds	0	0	365,800	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Pharmaceuticals	<u>1,223,761</u>	<u>1,150,013</u>	<u>1,934,767</u>	<u>1,707,007</u>	<u>1,707,007</u>
General Fund	1,129,725	1,033,405	1,590,399	1,590,399	1,590,399
Cash Funds	94,036	94,036	321,796	94,036	94,036
Reappropriated Funds	0	22,572	22,572	22,572	22,572
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2023-24
Staff Working Document - Does Not Represent Committee Decision

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
SUBTOTAL - (B) Mental Health Institute - Ft.					
Logan	24,913,741	25,888,940	44,200,162	39,716,602	39,484,369
<i>FTE</i>	<u>216.2</u>	<u>169.9</u>	<u>305.5</u>	<u>314.3</u>	<u>314.3</u>
General Fund	23,036,897	24,021,504	35,067,053	9,678,307	6,188,323
Cash Funds	1,851,168	1,749,925	8,992,208	29,897,394	33,155,145
Reappropriated Funds	25,676	117,511	140,901	140,901	140,901
Federal Funds	0	0	0	0	0

(C) Mental Health Institute - Pueblo

Personal Services	<u>87,231,761</u>	<u>97,724,759</u>	<u>99,868,196</u>	<u>106,840,680</u>	<u>105,962,493</u> *
FTE	1,056.2	800.0	1,055.8	1,063.2	1,063.1
General Fund	76,400,255	86,773,192	88,321,826	63,146,792	4,006,619
Cash Funds	3,755,180	3,511,957	3,799,257	35,822,952	94,084,938
Reappropriated Funds	7,076,326	7,439,610	7,747,113	7,870,936	7,870,936
Federal Funds	0	0	0	0	0
Contract Medical Services	<u>2,033,942</u>	<u>2,729,032</u>	<u>2,784,664</u>	<u>2,784,664</u>	<u>2,784,664</u>
General Fund	2,033,942	2,729,032	2,784,664	2,784,664	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>7,196,400</u>	<u>8,005,815</u>	<u>8,294,051</u>	<u>8,302,528</u>	<u>8,310,548</u> *
General Fund	3,763,142	4,429,692	4,386,091	4,394,568	4,402,588
Cash Funds	399,905	395,155	399,905	399,905	399,905
Reappropriated Funds	3,033,353	3,180,968	3,508,055	3,508,055	3,508,055
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2023-24
Staff Working Document - Does Not Represent Committee Decision

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
Capital Outlay	<u>324,815</u>	<u>275,911</u>	<u>327,788</u>	<u>324,068</u>	<u>324,068</u>
General Fund	324,815	275,911	327,788	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>4,711,043</u>	<u>4,617,619</u>	<u>4,714,182</u>	<u>4,714,182</u>	<u>4,714,182</u>
General Fund	4,477,561	4,384,137	4,480,700	4,480,700	4,480,700
Cash Funds	195,861	195,861	195,861	195,861	195,861
Reappropriated Funds	37,621	37,621	37,621	37,621	37,621
Federal Funds	0	0	0	0	0
Educational Programs	<u>122,846</u>	<u>153,943</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	64,510	95,582	205,308	205,308	205,308
Federal Funds	27,242	27,267	0	0	0
SUBTOTAL - (C) Mental Health Institute - Pueblo	101,620,807	113,507,079	116,225,283	123,202,524	122,332,357
<i>FTE</i>	<u>1,058.9</u>	<u>802.7</u>	<u>1,058.5</u>	<u>1,065.9</u>	<u>1,065.8</u>
General Fund	87,030,809	98,623,058	100,332,163	75,161,886	16,029,733
Cash Funds	4,350,946	4,102,973	4,395,023	36,418,718	94,680,704
Reappropriated Funds	10,211,810	10,753,781	11,498,097	11,621,920	11,621,920
Federal Funds	27,242	27,267	0	0	0

JBC Staff Figure Setting - FY 2023-24
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	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
(D) Forensic Services					
Forensic Services Administration	<u>253,209</u>	<u>988,331</u>	<u>1,167,746</u>	<u>1,361,491</u>	<u>1,366,301</u> *
FTE	13.9	13.9	14.3	16.2	16.2
General Fund	253,209	988,331	1,167,746	1,361,491	602,254
Cash Funds	0	0	0	0	764,047
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Forensic Support Team	<u>0</u>	<u>0</u>	<u>1,495,996</u>	<u>2,619,360</u>	<u>2,441,519</u> *
FTE	0.0	0.0	19.0	27.4	27.2
General Fund	0	0	1,495,996	2,619,360	999,600
Cash Funds	0	0	0	0	1,441,919
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Court Services	<u>8,392,309</u>	<u>9,462,682</u>	<u>7,018,403</u>	<u>9,051,797</u>	<u>8,279,764</u> *
FTE	77.1	77.1	58.1	65.5	65.4
General Fund	8,392,309	9,462,682	7,018,403	9,051,797	3,114,103
Cash Funds	0	0	0	0	5,165,661
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Forensic Community-based Services	<u>2,087,731</u>	<u>2,558,313</u>	<u>4,115,239</u>	<u>4,238,894</u>	<u>4,221,728</u> *
FTE	20.4	20.4	20.4	20.4	20.4
General Fund	2,087,731	2,558,313	4,115,239	4,238,894	2,983,938
Cash Funds	0	0	0	0	1,237,790
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2023-24
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	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
Jail-based Competency Restoration Program	<u>1,244,900</u>	<u>13,036,958</u>	<u>14,080,606</u>	<u>14,556,689</u>	<u>14,558,326</u> *
FTE	4.3	4.3	4.3	5.2	5.2
General Fund	1,244,900	13,036,958	14,080,606	14,556,689	14,558,326
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Purchased Psychiatric Bed Capacity	<u>3,238,130</u>	<u>3,260,977</u>	<u>31,975,768</u>	<u>3,515,710</u>	<u>3,515,710</u> *
FTE	1.0	1.0	1.0	1.0	1.0
General Fund	3,238,130	3,260,977	3,412,940	3,515,710	3,515,710
Cash Funds	0	0	28,562,828	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Outpatient Competency Restoration Program	<u>3,195,138</u>	<u>3,511,186</u>	<u>3,948,447</u>	<u>4,393,616</u>	<u>4,393,616</u> *
FTE	1.0	1.0	3.0	3.0	3.0
General Fund	3,195,138	3,511,186	3,948,447	4,393,616	4,393,616
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Quality Assurance	<u>0</u>	<u>0</u>	<u>0</u>	<u>371,716</u> 5.5	<u>397,671</u> 5.4 *
General Fund	0	0	0	371,716	397,671

JBC Staff Figure Setting - FY 2023-24
Staff Working Document - Does Not Represent Committee Decision

	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
SUBTOTAL - (D) Forensic Services	18,411,417	32,818,447	63,802,205	40,109,273	39,174,635
<i>FTE</i>	<u>117.7</u>	<u>117.7</u>	<u>120.1</u>	<u>144.2</u>	<u>143.8</u>
General Fund	18,411,417	32,818,447	35,239,377	40,109,273	30,565,218
Cash Funds	0	0	28,562,828	0	8,609,417
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

(E) Consent Decree Fines and Costs

Consent Decree Fines and Costs	<u>2,028,823</u>	<u>6,068,923</u>	<u>12,000,000</u>	<u>12,000,000</u>	<u>12,000,000</u>
General Fund	2,028,823	6,068,923	12,000,000	12,000,000	12,000,000
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

SUBTOTAL - (E) Consent Decree Fines and Costs	2,028,823	6,068,923	12,000,000	12,000,000	12,000,000
<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	2,028,823	6,068,923	12,000,000	12,000,000	12,000,000
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 2023-24
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	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
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(F) Residential Behavioral Health Beds

Residential Bed Program	<u>0</u>	<u>0</u>	<u>39,854,179</u>	<u>0</u>	<u>0</u>
FTE	0.0	0.0	7.0	0.0	0.0
General Fund	0	0	0	0	0
Cash Funds	0	0	39,854,179	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

SUBTOTAL - (F) Residential Behavioral Health					
Beds	0	0	39,854,179	0	0
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>7.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	0	0	0	0	0
Cash Funds	0	0	39,854,179	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

(G) Indirect Cost Assessment

Indirect Cost Assessment	<u>7,066,222</u>	<u>5,709,747</u>	<u>3,366,483</u>	<u>3,805,940</u>	<u>3,743,106</u> *
General Fund	0	0	0	0	0
Cash Funds	6,055,221	3,177,648	1,870,813	2,123,262	2,088,344
Reappropriated Funds	92,907	1,519,464	1,495,670	1,682,678	1,654,762
Federal Funds	918,094	1,012,635	0	0	0

JBC Staff Figure Setting - FY 2023-24
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	FY 2020-21 Actual	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2023-24 Recommendation
SUBTOTAL - (G) Indirect Cost Assessment	7,066,222	5,709,747	3,366,483	3,805,940	3,743,106
<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	6,055,221	3,177,648	1,870,813	2,123,262	2,088,344
Reappropriated Funds	92,907	1,519,464	1,495,670	1,682,678	1,654,762
Federal Funds	918,094	1,012,635	0	0	0
TOTAL - (6) Office of Behavioral Health	166,537,745	195,661,840	283,364,121	221,957,340	219,857,468
<i>FTE</i>	<u>1,477.9</u>	<u>1,175.4</u>	<u>1,495.1</u>	<u>1,528.4</u>	<u>1,527.9</u>
General Fund	135,309,012	166,357,940	185,754,402	140,072,467	67,906,275
Cash Funds	12,922,925	10,554,598	84,475,051	68,439,374	138,533,610
Reappropriated Funds	11,458,486	12,610,612	13,134,668	13,445,499	13,417,583
Federal Funds	6,847,322	6,138,690	0	0	0
TOTAL - Department of Human Services	368,084,024	428,886,195	757,188,606	493,427,162	489,829,957
<i>FTE</i>	<u>1,482.3</u>	<u>1,179.8</u>	<u>1,629.4</u>	<u>1,708.6</u>	<u>1,682.0</u>
General Fund	249,996,640	289,906,722	329,265,408	289,867,745	216,270,131
Cash Funds	38,041,276	54,002,009	361,499,685	136,282,211	206,341,399
Reappropriated Funds	23,161,411	22,712,229	23,729,526	24,036,769	24,007,805
Federal Funds	56,884,697	62,265,235	42,693,987	43,240,437	43,210,622

February 27, 2023

Dear Joint Budget Committee,

As Chair of the Department of Psychiatry at the University of Colorado Anschutz Medical Campus, I am writing to confirm that the Department is pleased to support the Colorado Department of Human Services "Contract Increase at State Hospitals" budget request, which will provide additional funding for salaries for the psychiatrists, nurse practitioners, and physician assistants at the Colorado Mental Health Hospitals.

We are proud to partner with the Office of Civil and Forensic Mental Health to support the Colorado Mental Health Hospitals to change the way civil and forensic psychiatry care is delivered. **Approval of this critically needed pay request would enhance the Hospitals' ability to recruit and retain medical and behavioral health service providers during a psychiatric provider emergency.** At present moment, we are short 14 medical and psychiatric MDs and Advanced Practice Providers positions between the two Mental Health Hospitals.

The mission of the University of Colorado Anschutz Medical Campus is to lead with innovation, agility, and excellence, so that we can improve humanity by preventing illness, saving lives, educating health professionals and scientists, advancing science, and serving our communities. We value providing the finest team-based healthcare, science, and education in the world by being collaborative architects that respond quickly to the changing needs of society and engage and honor the community around us through lenses of diversity, equity, and inclusivity. The Colorado Mental Health Hospitals at Pueblo and Fort Logan have long-standing reputations for responding to the civil and forensic needs across the state of Colorado. This project aligns with those priorities, and we are proud to partner with the Office of Civil and Forensic Mental Health to collaborate on this proposal.

The University of Colorado School of Medicine, Department of Psychiatry on the Anschutz Medical Campus are confident that the Office of Civil and Forensic Mental Health has the proven ability to effectively lead and manage project implementation and fiscal oversight. We fully support this request and urge you to give it full and fair consideration.

Sincerely,



C. Neill Epperson, M.D.

Robert Freedman Endowed Professor and Chair | Department of Psychiatry

Professor | Department of Family Medicine

Executive Director | Helen and Arthur E. Johnson Depression Center

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