

**COLORADO GENERAL ASSEMBLY
JOINT BUDGET COMMITTEE**



**FY 2013-14 STAFF BUDGET BRIEFING
DEPARTMENT OF HUMAN SERVICES**

(Executive Director's Office, Office of Information Technology Services, Office of Operations, and Mental Health and Alcohol and Drug Abuse Services)

**JBC Working Document - Subject to Change
Staff Recommendation Does Not Represent Committee Decision**

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DEPARTMENT OF HUMAN SERVICES

The Department of Human Services is responsible for the administration and supervision of all non-medical public assistance and welfare activities of the State, including assistance payments, the Supplemental Nutrition Assistance Program (food stamps), child welfare services, rehabilitation programs, alcohol and drug treatment programs, and programs for the aging. The Department is also responsible for inspecting and licensing child care facilities and for the care and treatment of the State's dependent citizens who are mentally ill, developmentally disabled, or juvenile offenders. The Department operates two mental health institutes, three regional centers for persons with developmental disabilities, and ten institutions for juvenile delinquents. The Department also provides funding for the care of indigent mentally ill people, contracts with community centered boards for services for persons with developmental disabilities, and contracts for the supervision and treatment of delinquent juveniles.

Department Overview

This Joint Budget Committee staff budget briefing document includes the following offices and agencies within the Department of Human Services:

- The Executive Director's Office serves as the central administrative office responsible for general office policy, budgeting, public information, human resources, internal audits, and outreach to county departments of human services (field administration). The Executive Director's 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, such as the Food Stamp Quality Assurance unit, the Administrative Review Division (responsible for federally-required case review and quality assurance for child welfare and some youth corrections placements), and the Juvenile Parole Board, among others. Some of these specialized programs within the Executive Director's Office are excluded from this packet and will be covered in other staff briefings;
- The Office of Information Technology Services (OITS) is responsible for developing and maintaining the major centralized computer systems of the Department, including systems that link to all 64 counties in the state. The Office supports centralized databases and provides support and training to users, including county staff and private social service providers. The Office also helps to set policies and strategic directions for decentralized information technology systems that are operated by individual divisions within the Department. OITS' staff resources were transferred to the Governor's Office of Information Technology (OIT) in FY 2010-11 as part of the consolidation of State executive branch agency information technology personnel resources in OIT. OITS staff continues to support the programs funded and administered by the Department of Human Services, while also leveraging a wide variety of information technology skills across State agencies;
- The Office of Operations provides Department-wide facility maintenance and management, accounting, payroll, contracting, purchasing, and field audits. The Office is organized into

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the following units: Division of Accounting, Division of Facilities Management, Division of Procurement, and the Division of Contract Management;

- The Division of Behavioral Health provides overall policy development, coordination of services, management and administrative oversight for the delivery of mental health and alcohol and drug abuse community services to Colorado's non-Medicaid eligible population. Additionally, the Division is designated as the State Mental Health Authority and the State Substance Abuse Authority. As such, it collects nearly \$30 million in block grant funding from the federal government; and
- The Mental Health Institute Division operates the State's two mental health institutes at Fort Logan and Pueblo. The institutes serve all indigent citizens in the State of Colorado who require inpatient services to manage serious mental illness. In addition, the Pueblo facility houses the only forensic psychiatric hospital in the state. The Institute for Forensic Psychiatry (IFP) dedicates 307 beds to adults who are found not guilty by reason of insanity or incompetent to proceed (defendants unable to assist in their own defense). IFP is also the clearinghouse for all criminal court-related evaluations for individuals across the state.

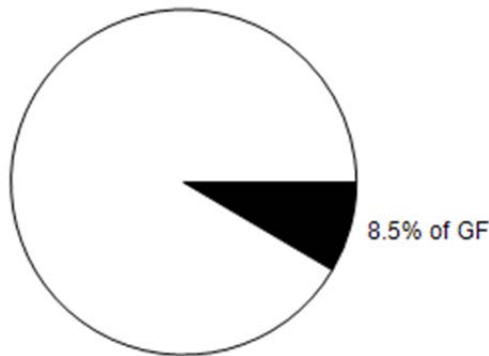
Department Budget: Recent Appropriations

Funding Source	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14 *
General Fund	\$623,196,849	\$619,593,123	\$642,011,487	\$680,113,157
Cash Funds	341,382,102	329,545,321	336,871,969	333,282,024
Reappropriated Funds	469,989,726	455,037,280	475,870,742	493,399,494
Federal Funds	<u>704,693,428</u>	<u>649,001,182</u>	<u>616,568,241</u>	<u>614,989,282</u>
Total Funds	\$2,139,262,105	\$2,053,176,906	\$2,071,322,439	\$2,121,783,957
Full Time Equiv. Staff	5,177.4	4,849.6	4,878.6	4,886.7

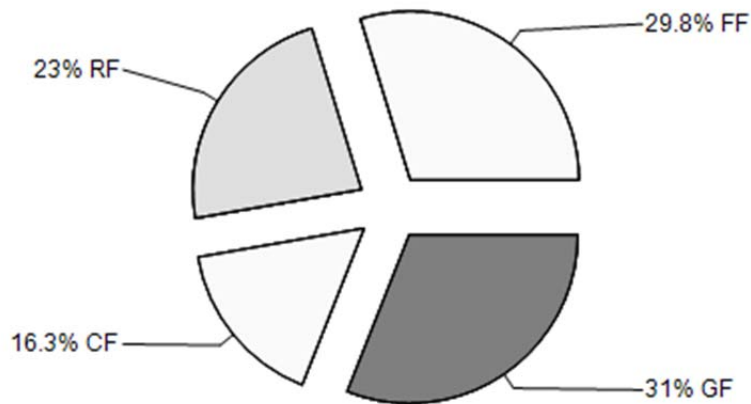
*Requested appropriation.

Department Budget: Graphic Overview

Department's Share of Statewide General Fund

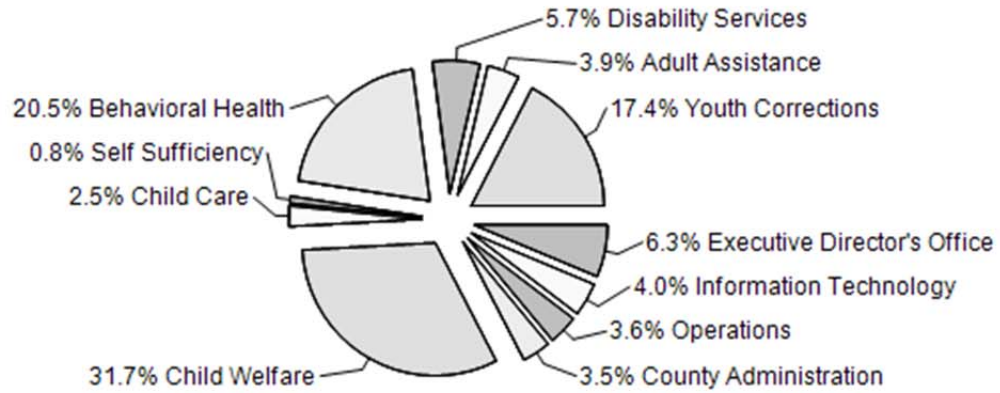


Department Funding Sources

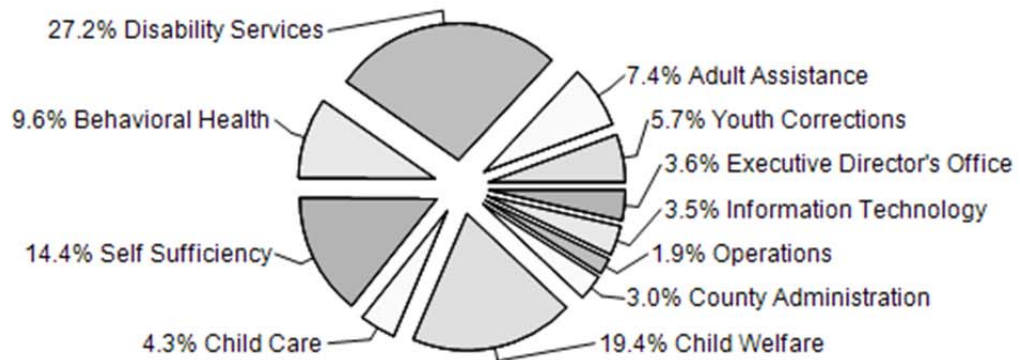


All charts are based on the FY 2012-13 appropriation.

Distribution of General Fund by Division



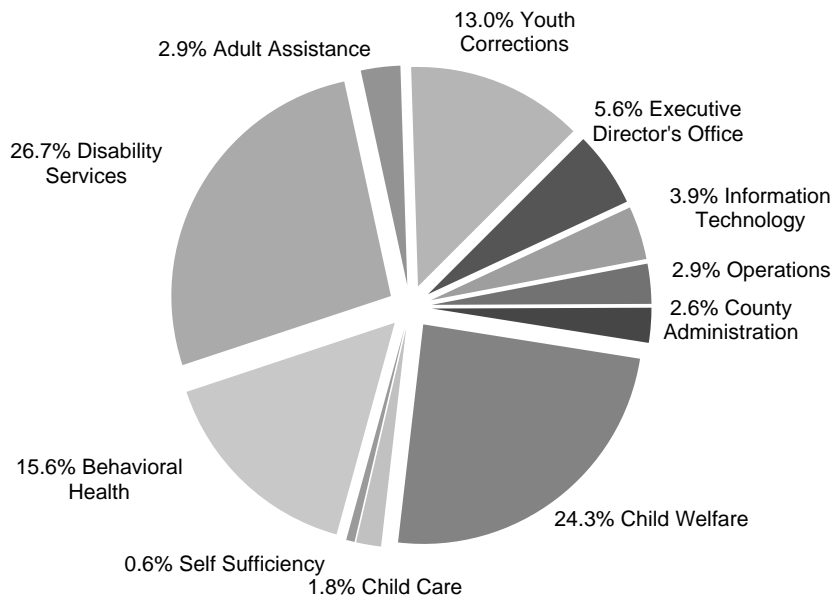
Distribution of Total Funds by Division



All charts are based on the FY 2012-13 appropriation.

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Distribution of Net General Fund* by Division
FY 2012-13 Appropriation = \$866.5 million



*Net General Fund includes General Fund appropriated to the Department of Human Services and General Fund appropriated to the Department of Health Care Policy and Financing for human services programs.

General Factors Driving the Budget

Executive Director's Office

The budget for the Executive Director's Office is largely driven by statewide common policy decisions, such as the cost of the State share for health life and dental benefits, funding required to support long-term solvency for the Public Employees Retirement Association, and the availability of funding for staff salary increases. Because of the large numbers of employees in the Department, funding shifts associated with Statewide common policies are often large. Legislative decisions to expand or reduce staffing for facilities may also affect funding required for staff benefits. Finally, legislative decisions periodically add or eliminate programs (the Child Welfare Ombudsman program was added in FY 2010-11) or adjust funding required for particular central functions such as human resources or administrative review of child welfare placements.

Office of Information Technology Services (OITS)

The budget for OITS is primarily driven by the personal, contracting, and operating expenses of the Colorado Benefits Management System (CBMS). CBMS is the computer system used to determine a citizen's eligibility for public assistance programs like Medicaid, the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and many others. CBMS is developed and maintained by the State for use by county social service organizations and various medical assistance sites throughout the state. The majority of employees assigned directly to CBMS reside in the Governor's Office of Information Technology.

OITS' FY 2012-13 appropriation for CBMS-related expenditures totaled \$39.9 million total funds (including \$17.6 million net General Fund), which equaled 54.9 percent of OITS' full FY 2012-13 appropriation of \$72.6 million. CBMS expenses are driven by standard operating costs, including contract services, personal services, postage, personal computers, hardware/software, network equipment, and printing supplies.

Additionally, H.B. 12-1339 (Becker/Lambert) appropriated funds in FY 2011-12 and FY 2012-13 for a project to modernize CBMS and implement a system of oversight for the project. The bill accounted for \$13.3 million total funds (including \$8.0 million net General Fund) of the \$39.9 million total funds (including \$17.6 million net General Fund) appropriation for FY 2012-13.

The Department's FY 2013-14 budget request seeks \$26.6 million total funds (including \$11.1 million net General Fund) for CBMS expenses. The reduction is due to the conclusion of the CBMS modernization project authorized and funded by H.B. 12-1339. *(Note, H.B. 12-1339, as well as all CBMS-related briefing discussions for FY 2013-14, will be addressed in Joint Budget Committee staff's budget briefing for the Governor's Office of Information Technology. This briefing is scheduled for December 10, 2013 at 3:00 pm.)*

CBMS is not the only system administered with moneys appropriated to OITS. The following tools support a variety of programs:

- Colorado TRAILS - a statewide system, operational since 2002, that supports activities in the Division of Child Welfare and the Division of Youth Corrections. It provides case management, financial tools, and other resources to users of the program.
- County Financial Management System (CFMS) - the system tracks expenditures by program, by funding source, by county, tracks and allocates administrative costs by program, and tracks expenditures that are estimated to count toward federal maintenance of effort requirements. The system manages over \$1.0 billion in payments annually.
- Child Care Automated Tracking System (CHATS) - a new information technology system for eligibility and payment for the Child Care Assistance Program. The program provides child care subsidies for low-income families, TANF families, and families transitioning from the Colorado Works program.

Office of Operations

The budget for the Office of Operations is driven by legislative decisions to open or close new Department facilities or units due to the Office's provision of facility housekeeping and maintenance services. This section is also affected by trends in utilities costs, Department efficiency initiatives, and by Statewide common policy decisions related to vehicle lease and leased space costs for buildings in the Capitol Complex.

Division of Behavioral Health – Mental Health

Within the Department's Office of Behavioral Health, the Division of Behavioral Health contracts with community mental health centers across the state to provide a variety of mental health treatments including inpatient, outpatient, emergency, and consultative and educational services to medically indigent individuals. Medically indigent individuals are defined as citizens whose income is less than 300.0 percent of the federal poverty level, are not eligible for Medicaid, and do not receive mental health services from any other system.

The contracts the Division enters into with the community mental health centers require the provision of services to a targeted number of indigent individuals across the following categories:

- Adults (18-59) and Older Adults (60+) with Serious and Persistent Mental Illness;
- Adults (18-59) and Older Adults (60+) with Serious Mental Illness;
- Children (0-11) with Serious Emotional Disturbances;
- Children (0-11) in need of Early Mental Health Intervention;
- Adolescents (12-17) with Serious Emotional Disturbances; and
- Individuals with Psychiatric Emergencies.

Each community mental health center provides a variety of services to targeted individuals in the above categories, including inpatient and outpatient assessment, case management, individual therapy, group therapy, and medication management.

The General Assembly and the Division have statutory authority to appropriate funds and administer contracts, respectively, for the provision of services to medically indigent individuals

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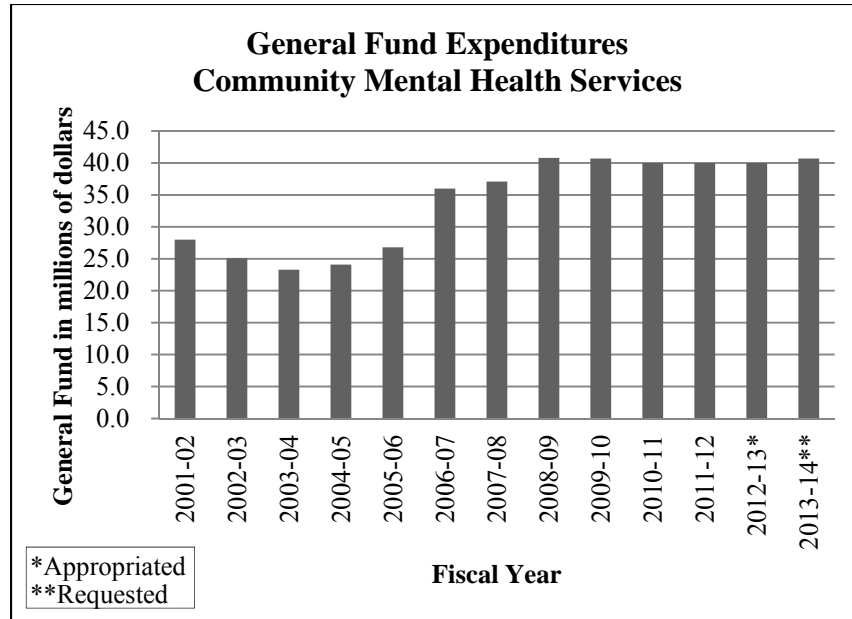
seeking mental health services. Unlike the Medicaid program, however, services for medically indigent individuals are not an entitlement. The appropriation made by the General Assembly each year for treatment services is not caseload driven, as it is with the Medicaid program. Instead, the amount of medically indigent individuals receiving mental health services is subject to the appropriation of discretionary moneys by the legislature. The number of targeted clients served through the Divisions’ contracts with community mental health centers has hovered around 10,000 individuals in recent fiscal years.

The General Assembly has regularly adjusted provider rates for the community mental health centers contracts to account for inflationary changes and to ensure that programs serving medically indigent individuals with mental health treatment needs are viable over the long-term. The rate changes are determined each year by the Joint Budget Committee as a Statewide, common policy decision. The table below shows the rate changes for community provider programs in the Division from FY 2006-07 through the FY 2013-14 Department request.

Changes in Community Provider Rates								
	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14*
Rate Change	3.25%	1.50%	1.50%	0.00%	-2.00%	0.00%	0.00%	1.50%

*Statewide provider rate increase request.

Historically, the General Assembly has adjusted appropriations to community mental health centers in addition to the provider rate common policy process. For example, in an effort to respond to a Statewide revenue shortfall, the FY 2003-04 appropriation included a decrease of \$3.6 million General Fund for community mental health center contracts and the elimination of various pilot programs designed to assist targeted populations. Conversely, the FY 2006-07 appropriation included an increase of \$4.4 million General Fund for community mental health center contracts and the FY 2007-08 appropriation included an increase of \$1.4 million General Fund for the same purpose. The chart on the following page summarizes General Fund spending by the Division for community mental health center contracts from FY 2001-02 through the FY 2013-14 budget request.



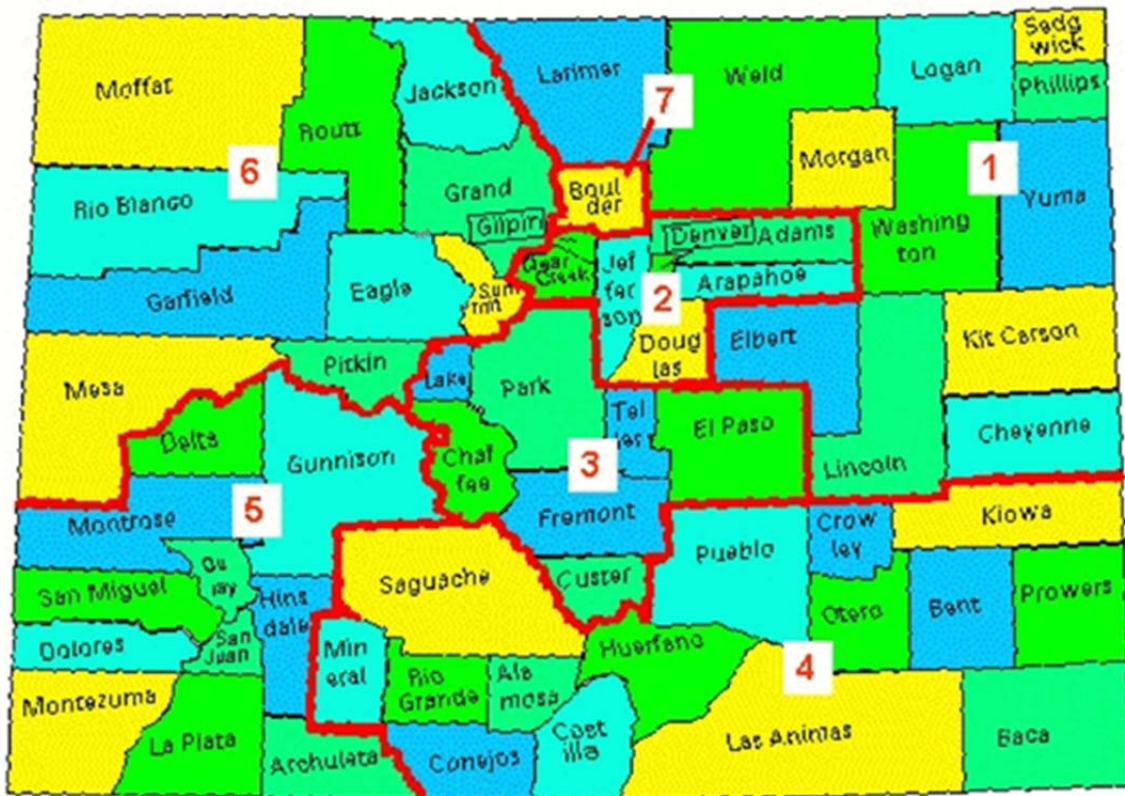
In addition to General Fund appropriations, the Division is appropriated cash funds and federal funds. As the designated "State Mental Health Authority," the Division receives federal funding from the Mental Health Services Block Grant administered by the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA). In FY 2012-13 the Block Grant provided the State with approximately \$6.5 million. The moneys are provided to community mental health centers for the provision of services, and appropriated to the Division for administrative purposes and research.

The Division receives cash funds from tobacco litigation settlement moneys for the provision of mental health services. The Offender Mental Health Services Fund receives 12 percent of tier two settlement moneys for the purchase of mental health services from community mental health centers for juvenile and adult offenders who have mental health problems and are involved in the criminal justice system. For FY 2012-13, the Division received an appropriation of \$3.4 million from the Offender Mental Health Services Fund for this purpose.

Division of Behavioral Health – Substance Use Disorder

Within the Department's Office of Behavioral Health, the Division of Behavioral Health established seven Sub-State Planning Areas (SSPAs) for the purpose of contracting for substance use disorder treatment and detoxification services. The map on the following page depicts the seven SSPAs that cover the state.

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For each SSPA, the Division contracts with a Managed Service Organization (MSO). MSOs, in turn, contract with over 40 local providers to deliver a variety of substance use disorder treatments including detoxification, Short Term Intensive Residential Remediation Treatment (STIRRT), and traditional services. Under this mode of care, MSOs are responsible for oversight, quality assurance, and contract compliance. The Division currently contracts with four MSOs:

- Boulder County Public Health (SSPA 7);
- Connect Care, Inc.(AspenPointe) (SSPA 3);
- Signal Behavioral Health Network, Inc. (SSPA 1, 2 and 4); and
- West Slope Casa, LLC. (SSPA 5 and 6).

The contracts the Division enters into with MSOs require the provision of services to all citizens in the state, with an emphasis on pregnant women, intravenous (IV) drug users, persons with HIV, and uninsured individuals. Similar to mental health services arranged by the Division in conjunction with community mental health centers, the General Assembly and the Division have statutory authority to appropriate funds and administer contracts, respectively, for the provision of services to individuals seeking substance use disorder treatment. Unlike the Medicaid program, however, substance use disorder treatment services contracted for by the Division are not an entitlement. The appropriation made by the General Assembly each year for treatment services is not caseload driven, as it is with the Medicaid program. Instead, the amount of individuals receiving services is subject to the appropriation of discretionary moneys by the

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legislature. Each year, funding is not sufficient to support free services, but clients seeking services are offered a sliding fee scale.

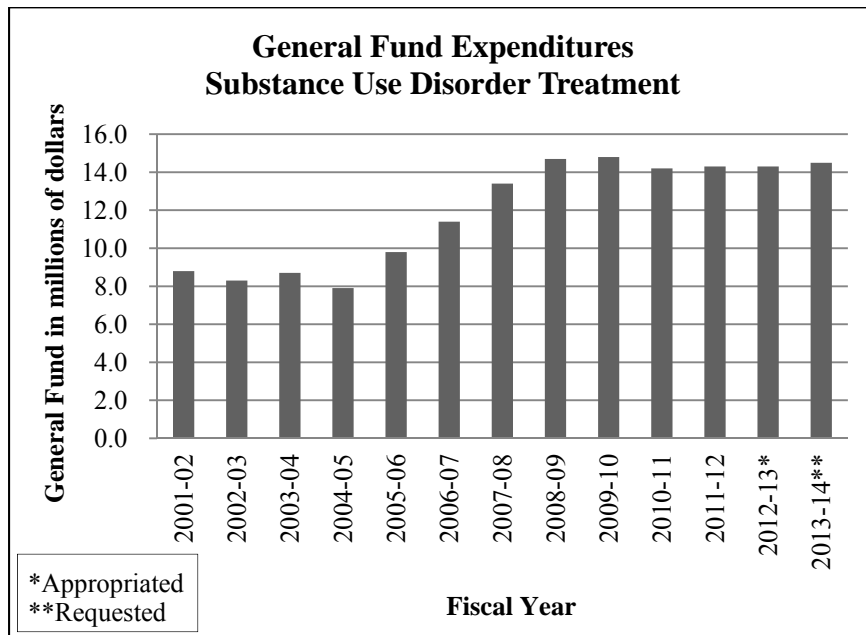
The General Assembly has regularly adjusted provider rates for the MSO contracts to account for inflationary changes and to ensure that programs serving medically indigent individuals with mental health treatment needs are viable over the long-term. The rate changes are determined each year by the Joint Budget Committee as a Statewide, common policy decision. The table below shows the rate changes for community provider programs in the Division from FY 2006-07 through the FY 2013-14 Department request.

Changes in Community Provider Rates								
	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14*
Rate Change	3.25%	1.50%	1.50%	0.00%	-2.00%	0.00%	0.00%	1.50%

*Statewide provider rate increase request.

Historically, the General Assembly has adjusted appropriations to MSOs in addition to the provider rate common policy process. For example, MSOs received increases in total General Fund appropriations in FY 2005-06 through FY 2008-09 due to the expansion of specialty programs, such as the Short-term Intensive Residential Rehabilitation Program (STIRRT), and the establishment of specialty programs, such as the Provider Performance Monitoring System.

Outside of inflationary provider rate increases, core substance use disorder treatments have not received General Fund increases in the past ten years. The table on the following page summarizes General Fund spending by the Division on substance usage disorders treatment services from FY 2001-02 through the FY 2013-14 budget request.



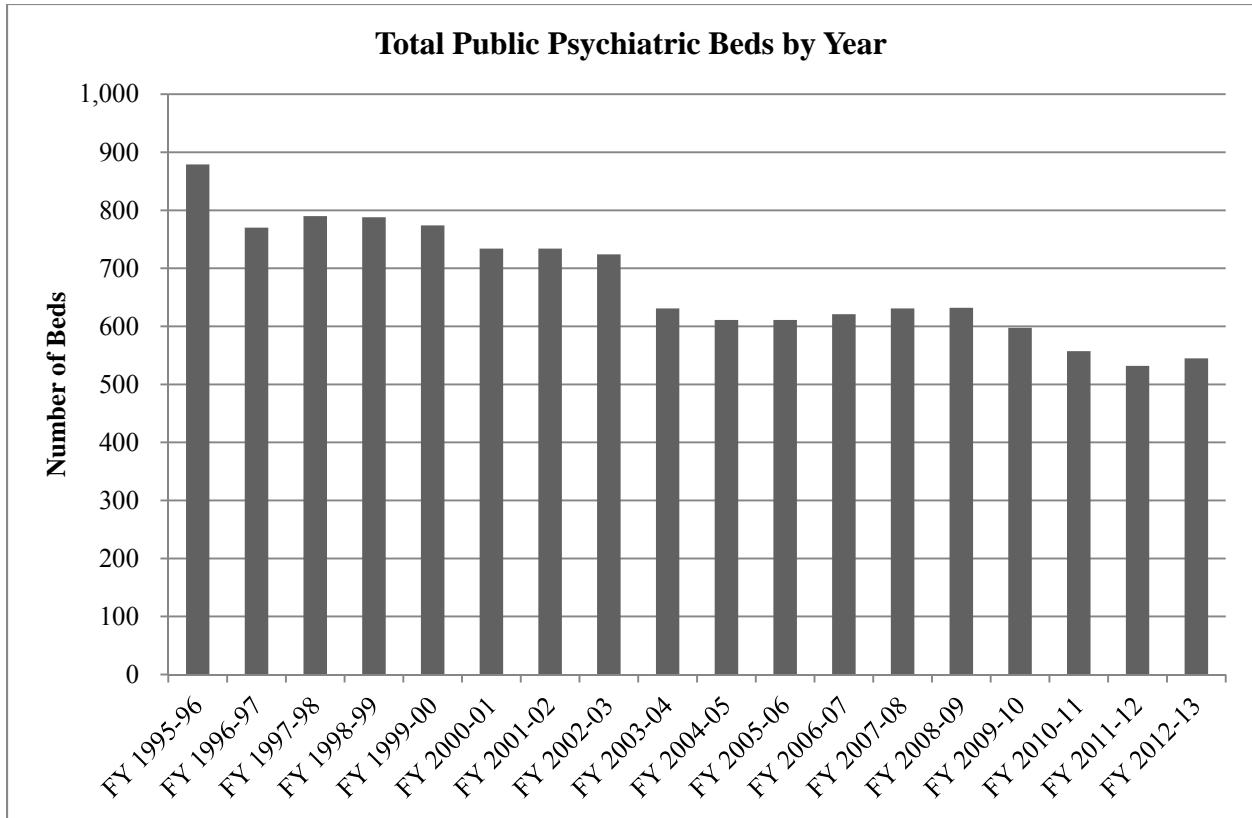
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In addition to General Fund appropriations for community-based substance use disorders, the Division is appropriated cash funds and federal funds. As the designated "State Substance Abuse Authority," the Division receives federal funding from the Substance Abuse Prevention and Treatment Block Grant administered by SAMHSA. In FY 2012-13 the Block Grant provided the State with approximately \$23.5 million. The moneys are provided to substance use disorders treatment and prevention service providers, and appropriated to the Division for administrative purposes and research.

The Division receives cash funds from tobacco litigation settlement moneys for the provision of substance abuse services. The Alcohol and Drug Abuse Community Prevention and Treatment Fund receives three percent of tier two settlement moneys for the purchase of community prevention and treatment services from community providers. For FY 2012-13, the Division received an appropriation of \$0.9 million from the Alcohol and Drug Abuse Community Prevention and Treatment Fund for this purpose.

Mental Health Institute Division

The Office of Behavioral Health's Mental Health Institute Division operates the State's two mental health institutes in Denver (Fort Logan) and Pueblo. The Colorado Mental Health Institute at Pueblo (Pueblo) opened as the Colorado State Insane Asylum in 1879 to provide services to 11 patients admitted from different counties across the state. By 1923, the census at the facility rose to over 2,000 patients and continued to grow until 1961 when the hospital had nearly 6,000 patients. Fort Logan was born as an Army post for the federal government in 1887. The fort consisted of officers' quarters, a headquarters building, hospital, enlisted men's barracks, stables, and warehouses. The fort was officially closed in 1946, and the United States Veterans Administration (VA) used the hospital temporarily while the new VA hospital was constructed in Denver. Over 300 acres of the fort land was deeded to the State of Colorado in 1960 to establish a State hospital, which became the Fort Logan Mental Health Center. Colorado was part of the nationwide deinstitutionalization movement in the mid-1960s, as individuals with mental illness were targeted for treatment in the community rather than treatment in a public psychiatric facility. The graph on the following page depicts the number of beds at the two institutes over the past 16 years as an example of the changes occurring in public bed counts in the state.



Pueblo and Fort Logan are both considered Institutions for Mental Disease (IMD) under federal law because both have more than 16 beds and are primarily engaged in providing diagnosis, treatment, or care of persons with mental health disorders, including medical attention, nursing care, and related services. Under the IMD exclusion, Medicaid will not reimburse the State for the inpatient hospitalization of an adult who is between 21 and 64-years-old at Fort Logan or Pueblo. Medicaid will pay for community mental health treatment services for an eligible adult between the ages of 21 and 64. However, when the same adult enters Fort Logan or Pueblo, the cost of his or her care is transferred entirely to the General Fund. Additionally, the 45-day Medicaid inpatient psychiatric benefit limit (implemented in FY 2003-04) has also put pressure on the institutes to reduce the length of stay for patients under age 21 and age 65 and over. In the absence of an alternative revenue stream, the care of patients age 21 and under and age 65 and over is covered by General Fund following the 45 -day limit.

Today, the average daily census across the two institutes is approximately 495 individuals (404 patients at Pueblo and 91 patients at Fort Logan). As is seen in the graph above, since FY 1995-96, the bed count across the institutes has decreased by 38.0 percent (334 beds). Of the 545 available beds in the institutes today, 307 are dedicated to the Institute for Forensic Psychiatry (IFP) at the Colorado Mental Health Institute at Pueblo. The IFP provides services to patients placed in the legal custody of DHS by the courts for competency evaluations and restoration to competency services. The forensics treatment division also provides services to individuals found not guilty by reason of insanity (NGRI). The table on the following page summarizes the

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number of beds per treatment division, the current occupancy rate, and the average annual cost per bed for the units at Pueblo and Fort Logan today.

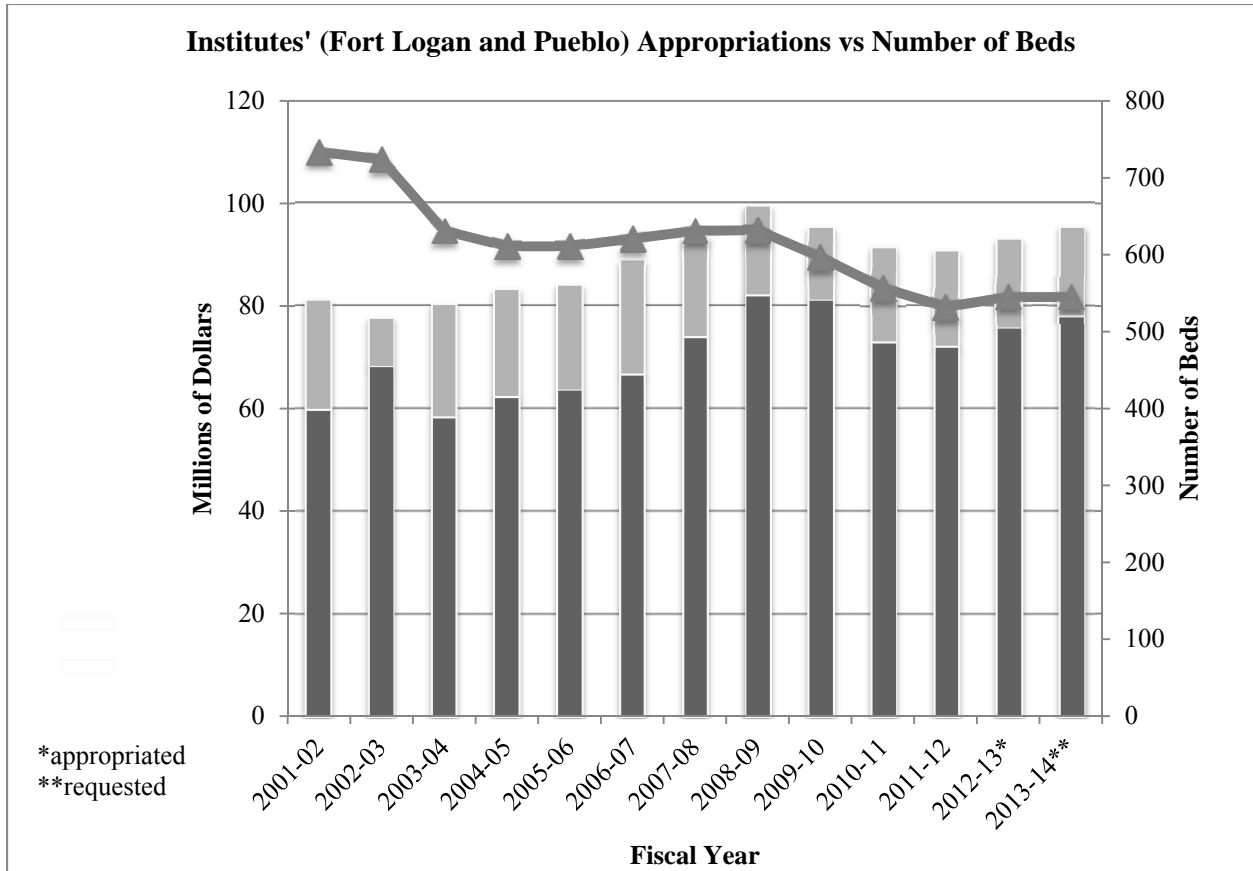
Current State Mental Health Institute Beds			
Institute	Number of Beds	Current Occupancy Rate	Average Annual Cost Per Bed
Fort Logan			
Adult	94	97.2%	\$277,035
Total	94	97.2%	
Pueblo			
Forensics	307	90.9%	\$217,949
Adolescents	20	41.5%	\$428,200
Geriatrics	40	97.3%	\$197,023
Adult	64	93.3%	\$200,980
Circle	20	90.7%	\$216,376
Total	451	89.6%	

During FY 2009-10, the General Assembly approved the closure of the childrens, adolescent, and geriatric treatment divisions at Fort Logan (59 beds). The division closures resulted in an ongoing savings of \$3.7 million General Fund across the Department of Human Services and the Department of Health Care Policy and Financing. As part of the closures, funds were appropriated to community providers for the provision of services for individuals displaced.

The Therapeutic Residential Childcare Facility (TRCCF) treatment division at Fort Logan was approved for closure in FY 2011-12. While the TRCCF served as a safety net for hard to serve children, it was feasible that individuals receiving services in the treatment division could receive similar services in the community. Closing the treatment division resulted in a General Fund savings of approximately \$0.6 million.

The graph on the following page represents the relationship between expenditures and the number of beds available in the State institutes from FY 2001-02 through the FY 2013-14 budget request.

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Summary: FY 2012-13 Appropriation & FY 2013-14 Request

Department of Human Services						
(Executive Director's Office, Office of Information Technology Services, Office of Operations, and Mental Health and Alcohol and Drug Abuse Services)						
	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FTE
FY 2012-13 Appropriation:						
HB 12-1335 (Long Bill)	\$369,926,101	\$216,732,049	\$26,665,405	\$51,547,864	\$74,980,783	1,811.4
Other legislation	<u>14,994,078</u>	<u>4,354,398</u>	<u>(1,019,382)</u>	<u>9,974,143</u>	<u>1,684,919</u>	<u>11.0</u>
TOTAL	\$384,920,179	\$221,086,447	\$25,646,023	\$61,522,007	\$76,665,702	1,822.4
FY 2013-14 Requested Appropriation:						
FY 2012-13 Appropriation	\$384,920,179	\$221,086,447	\$25,646,023	\$61,522,007	\$76,665,702	1,822.4
R-3A: Access to institute beds	2,063,438	2,063,438	0	0	0	0.9
R-3B: Improved community capacity	4,793,824	4,793,824	0	0	0	0.0
R-3C: Crisis response system	10,272,874	10,272,874	0	0	0	0.9
R-5: Provider rate increase	1,107,317	1,032,850	9,678	64,789	0	0.0
R-6: Funding request for utilities	1,330,752	1,330,752	0	0	0	0.0
R-7: Institute treatment modernization	911,865	911,865	0	0	0	6.4
R-9: Adult Protective Services system	250,000	0	250,000	0	0	0.0
R-10: Child care reporting module	131,620	0	0	0	131,620	0.0
R-11: Behavioral health data system	480,000	288,000	0	0	192,000	0.0
R-12: Technical changes	86,613	0	86,613	0	0	2.0
NPI-1: OIT enterprise management	85,737	43,826	1,078	1,532	39,301	0.0
NPI-2: Capitol Complex upgrades	92,709	42,472	4,983	5,408	39,846	0.0
NPI-3: Employee engagement survey	22,554	9,735	2,839	8,010	1,970	0.0
Centrally appropriated line items	13,029,369	8,857,648	41,215	2,014,351	2,116,155	0.0
Annualize prior year legislation	(13,531,695)	(3,697,551)	(191,323)	(8,332,349)	(1,310,472)	(0.1)
IT common policy adjustments	(1,946,243)	(960,650)	(25,648)	(16,326)	(943,619)	0.0
Annualize prior year funding	<u>(431,611)</u>	<u>0</u>	<u>0</u>	<u>(431,611)</u>	<u>0</u>	<u>0.0</u>
TOTAL	\$403,669,302	\$246,075,530	\$25,825,458	\$54,835,811	\$76,932,503	1,832.5
Increase/(Decrease)	\$18,749,123	\$24,989,083	\$179,435	(\$6,686,196)	\$266,801	10.1
Percentage Change	4.9%	11.3%	0.7%	(10.9%)	0.3%	0.6%

Description of Requested Changes

R-3A: Access to institute beds: The request seeks to increase Department appropriations by \$2.1 million General Fund and 0.9 FTE for FY 2013-14 to provide contract funding and oversight for the operation of a 20-bed, jail-based restoration program for defendants who have been determined by the court to be Incompetent to Proceed in their criminal cases. *For more information on this budget request, see staff's issue briefing in this document entitled "Increasing Access to Mental Health Civil Beds."*

R-3B: Improved community capacity: The request includes appropriation of \$4.8 million General Fund for FY 2013-14 to increase the delivery of community-based, emergency behavioral health stabilization services. Specifically, the initiative would provide additional Assertive Community Treatment services and intensive case management, additional beds in Enhanced Alternative Living Residence facilities, additional housing subsidies, and the placement of over 50 individuals in Adult Foster Care services. *For more information on this budget request, see staff's issue briefing in this document entitled "Improving Mental Health Services in the Community."*

R-3C: Crisis response system: The request seeks to increase Department appropriations by \$10.3 million General Fund and 0.9 FTE for FY 2013-14 to develop a collection of integrated, 24-hours/7 days-a-week services to respond to and assist individuals experiencing a behavioral health emergency. Specifically, the initiative would provide 24-Hour crisis telephone lines, walk-in crisis services, a crisis stabilization unit, and statewide marketing and communication. *For more information on this budget request, see staff's issue briefing in this document entitled "Creating a Behavioral Health Crisis Response System."*

R-5: Provider rate increase: For the divisions covered in this staff briefing document, the request includes the addition of \$1.1 million total funds (including \$1.0 million net General Fund) for FY 2013-14 to implement a 1.5 percent increase in community provider rates for community mental health centers and substance use disorder treatment providers.

R-6: Funding request for utilities: The request seeks \$1.3 million General Fund for FY 2013-14 to meet anticipated utility costs.

R-7: Institute treatment modernization: The request includes an increase of \$1.0 million General Fund and 6.4 FTE for FY 2013-14 to implement Trauma Informed Care (TIC) best practices at the State's two mental health institutes. The goal of the program is to reduce patient assaults, reduce the use of seclusion and restraint on patients, and improve treatment outcomes.

R-9: Adult Protective Services system: The request seeks an appropriation of \$250,000 cash funds from Old Age Pension (OAP) Fund for FY 2013-14 for the Department's Office of Information Technology Services to work in conjunction with the Governor's Office of Information Technology to purchase, implement, and maintain a new data system to manage protection and advocacy services for at-risk adults. *This request item will be addressed in a separate staff briefing for the Department's Adult Assistance programs scheduled for December 2, 2012.*

R-10: Child care reporting module: The request includes an appropriation of \$131,620 federal funds from Child Care Development Funds for FY 2013-14 for the Department's Office of Information Technology Services to work in conjunction with the Governor's Office of Information Technology to add an incident reporting module to the Colorado Child Care Licensing System (CCCLS). *This request item will be addressed in a separate staff briefing for the Department's Division of Child Care scheduled for December 17, 2012.*

R-11: Behavioral health data system: The request seeks an increase \$480,000 total funds (including \$280,000 General Fund) for FY 2013-14 for the Department's Office of Information Technology Services to work in conjunction with the Governor's Office of Information Technology to implement the Integrated Behavioral Health Services Data Collection System (IBHS). Currently, the State's mental health and substance use disorder data for clients are housed in separate databases that are unable to effectively communicate and yield information suitable for analysis. Since many clients participate in co-occurring (mental health and substance use disorder) treatment services, the providers that the Department enters into contracts with for the provision of the services would be able to better develop an integrated behavioral health treatment plans for clients if pertinent information was easily accessible.

R-12: Technical changes: For the divisions covered in this staff briefing document, the request includes the addition of \$86,613 cash funds for FY 2013-14 for the Office of Operations to align expenditures with appropriations. *This request item will be addressed in a separate staff briefing for the Department's Services for People with Disabilities Division scheduled for December 13, 2012.*

NPI-1: OIT enterprise management: The request includes an increase of \$85,737 total funds (including \$43,826 General Fund) for FY 2013-14 to fund the Department's share of an executive branch information technology asset management program and corresponding data system. *This request item will be addressed in a separate staff briefing for the Governor's Office of Information Technology scheduled for December 10, 2012.*

NPI-2: Capitol Complex upgrades: The request includes an increase of \$92,709 total funds (including \$42,472 General Fund) for FY 2013-14 to fund the Department's share of building maintenance and upgrades in the State's Capitol Complex. *This request item will be addressed in a separate staff briefing for the Department of Personnel and Administration scheduled for December 10, 2012.*

NPI-3: Employee engagement survey: The request includes an increase of \$22,554 total funds (including \$9,735 General Fund) for FY 2013-14 to fund the Department's share of a survey to gauge employees' attitudes towards their work, their work environment, overall satisfaction, and trends developing within the workforce. *This request item will be addressed in a separate staff briefing for the Department of Personnel and Administration scheduled for December 10, 2012.*

Centrally appropriated line items: The request includes adjustments to centrally appropriated line items for the following: state contributions for health, life, and dental benefits; short-term disability; supplemental state contributions to the Public Employees' Retirement Association

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(PERA) pension fund; shift differential; workers' compensation; administrative law judges; and payments to risk management and property funds. In addition, the request includes \$5.1 million total funds (including \$3.6 million General Fund) for salary survey and \$3.5 million for merit pay (including \$2.5 million net General Fund). *This request item will be addressed in a series of separate staff briefings for the Department of Personnel and Administration.*

Annualize prior year legislation: The request includes adjustments related to prior year legislation. For the divisions covered in this staff briefing document, the annualization of prior year legislation reduction in funding is primarily driven by the anticipated conclusion of the Colorado Benefits Management System (CBMS) modernization project authorized and funded for FY 2011-12 and FY 2013-14 by H.B. 12-1339 (Becker/Lambert).

IT common policy adjustments: The request includes adjustments to line items appropriated for: purchase of services from the computer center; multiuse network payments; management and administration of the Governor's Office of Information Technology (OIT); and communication services payments. *This request item will be addressed in a separate staff briefing for the Governor's Office of Information Technology scheduled for December 10, 2012.*

Annualize prior year funding: The request includes adjustments related to prior year budget actions. For the divisions covered in this staff briefing document, the annualization of prior year funding reduction is primarily driven by the conclusion of the Colorado Benefits Management System (CBMS) Electronic Database Management System project funded for FY 2012-13 Long Bill (H.B. 12-1335).

Issue: Overview of Department Budget Request

The Department of Human Services FY 2013-14 budget request represents an increase of \$50.5 million (2.4 percent) total funds and \$47.8 million (5.5 percent) net General Fund from the FY 2012-13 appropriation. The majority of the requested increase is for services for people with developmental disabilities, mental health services, and a provider rate increase of 1.5 percent for organizations that the Department contracts with for the provision of community-based services.

SUMMARY:

- The Department of Human Services' FY 2013-14 budget request for \$2.1 billion total funds (including \$913.7 million net General Fund) represents an increase of \$50.5 million total funds (including \$47.8 million net General Fund) over the FY 2012-13 appropriation;
- The FY 2013-14 budget requests a net addition of 8.1 FTE across the Department, with the majority of the increase occurring at the Colorado Mental Health Institutes at Pueblo and Fort Logan; and
- The major change requests in the Department's FY 2013-14 submittal include an increase in services for people with developmental disabilities, the development of new mental health services, a provider rate increase of 1.5 percent for organizations that the Department contracts with for the provision of community-based services, and an increase in centrally appropriated line items, including health, life, and dental, salary survey, and merit pay.

DISCUSSION:

Major Change Requests

The following six items represent the majority of the increases contained in the Department's FY 2013-14 budget request:

1. Strengthen Behavioral Health – The request includes an increase of \$17.1 million General Fund and 1.8 FTE for FY 2013-14 to implement three initiatives. First, the moneys would be used to enter into a contract for the operation of a 20-bed, jail-based restoration program for defendants who have been determined by the court to be Incompetent to Proceed in their criminal cases. Second, the moneys would be used to add additional Assertive Community Treatment services and intensive case management, add additional beds in Enhanced Alternative Living Residence facilities, additional housing subsidies, and place over 50 individuals in Adult Foster Care services. Third, the moneys would be used to develop a collection of integrated, 24-hours/7 days-a-week services to respond to and assist individuals experiencing a behavioral health emergency.
2. Community Provider Rate Increase – The Governor has requested a Statewide 1.5 percent increase in community provider rates to ensure that contractual arrangements are viable over the long-term. For the Department of Human Services, the request translates into an increase

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of \$15.5 million total funds (including \$9.1 net General Fund) for FY 2013-14 to raise the rates for providers of mental health services, substance use disorder services, services for persons with developmental disabilities, child welfare services, child care services, county administration, and contracted youth corrections services.

3. Developmental Disabilities Services for New Resources – The request includes an increase of \$13.1 million total funds (including \$6.5 million net General Fund) for FY 2013-14 to add 809 new Home and Community Based Services Medicaid waiver enrollments and associated targeted case management. The 809 enrollments include services for individuals transitioning out of the foster care system (50), turning 18 who exceed the maximum age limit of children’s support (38), requiring immediate residential services (40), in high-risk emergency situations (7), and dually-diagnosed (developmentally disabilities and mental health) in need of deinstitutionalization from the State’s mental health institutes (5). Additionally the request seeks funding to reduce the wait list for children (576) and high-risk adults (93).
4. Centrally appropriated line items – The request seeks \$13.0 million total funds (including \$9.8 million net General Fund) for FY 2013-14 to increase the State’s contribution to health, life, and dental to keep pace with the market, provide a 1.5 percent, across-the-board increase for employee salaries, and implement a merit pay-based system whereby a State employee’s individual performance and relative placement within their pay range are grounds for a pay increase (one-time or ongoing).
5. Additional Funding for County Administration – The request includes an increase of \$6.8 million total funds (including \$2.0 million General Fund) for FY 2013-14 for Food Assistance Administration to meet and sustain federal standards and adhere to current court ordered requirements through September 2013 for the timely and accurate processing of Food Assistance applications. A portion of the requested funds would also cover the administrative costs associated with a projected increase in Food Assistance caseload following implementation of the federal Affordable Health Care Act beginning in January 2014.
6. State Funding for Senior Services – The request seeks \$3.8 million total funds (including \$2.0 million General Fund) for FY 2013-14 to address the growing demand for senior services, including Meals on Wheels and transportation assistance, and provide a cost of living increase to Old Age Pension (OAP) recipients.

Note, the Governor’s transmittal letter summarizing the priorities of the FY 2013-14 includes a placeholder request of \$5.0 million General Fund to implement the recommendations of the Elder Abuse Task Force created in S.B. 12-078 (Hudak/Schafer). This amount is not included in the appropriation figures in the Department’s official request as it is anticipated that the moneys would be appropriated in a separate bill outside of the Long Bill process.

The table on the following page highlights all of the requested change items submitted by the Department in the FY 2013-14 budget request.

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Department of Human Services						
	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FTE
FY 2012-13 Appropriation:						
HB 12-1335 (Long Bill)	\$2,048,892,375	\$637,576,480	\$330,720,504	\$465,712,069	\$614,883,322	4,866.1
Other legislation	<u>22,430,064</u>	<u>4,435,007</u>	<u>6,151,465</u>	<u>10,158,673</u>	<u>1,684,919</u>	<u>12.5</u>
TOTAL	\$2,071,322,439	\$642,011,487	\$336,871,969	\$475,870,742	\$616,568,241	4,878.6
FY 2013-14 Requested Appropriation:						
FY 2012-13 Appropriation	\$2,071,322,439	\$642,011,487	\$336,871,969	\$475,870,742	\$616,568,241	4,878.6
R-1: New DD resources	13,055,339	0	0	13,055,339	0	0.0
R-2: Early intervention services	1,783,968	148,125	0	1,635,843	0	0.0
R-3A: Access to institute beds	2,063,438	2,063,438	0	0	0	0.9
R-3B: Improved community capacity	4,793,824	4,793,824	0	0	0	0.0
R-3C: Crisis response system	10,272,874	10,272,874	0	0	0	0.9
R-4: County admin increase	6,796,800	2,039,040	1,359,360	0	3,398,400	0.0
R-5: Provider rate increase	15,546,250	6,282,126	1,455,568	5,701,613	2,106,943	0.0
R-6: Funding request for utilities	1,330,752	1,330,752	0	0	0	0.0
R-7: Institute treatment modernization	911,865	911,865	0	0	0	6.4
R-8: Senior services	3,818,806	2,000,000	1,818,806	0	0	0.0
R-9: Adult Protective Services system	250,000	0	250,000	0	0	0.0
R-10: Child care reporting module	131,620	0	0	0	131,620	0.0
R-11: Behavioral health data system	480,000	288,000	0	0	192,000	0.0
R-12: Technical changes	0	0	0	0	0	0.0
NPI-1: OIT enterprise management	85,737	43,826	1,078	1,532	39,301	0.0
NPI-2: Capitol Complex Building	92,709	42,472	4,983	5,408	39,846	0.0
NPI-3: Employee engagement survey	22,554	9,735	2,839	8,010	1,970	0.0
Centrally appropriated line items	13,029,369	8,857,648	41,215	2,014,351	2,116,155	0.0
Annualize prior year legislation	(20,982,725)	(3,606,821)	(7,555,090)	(8,516,879)	(1,303,935)	(0.1)
IT common policy adjustments	(1,946,243)	(960,650)	(25,648)	(16,326)	(943,619)	0.0
Annualize prior year funding	<u>(1,075,419)</u>	<u>3,585,416</u>	<u>(943,056)</u>	<u>3,639,861</u>	<u>(7,357,640)</u>	<u>0.0</u>
TOTAL	\$2,121,783,957	680,113,157	\$333,282,024	\$493,399,494	\$614,989,282	4,886.7
Increase/(Decrease)	\$50,461,518	\$38,101,670	(\$3,589,945)	\$17,528,752	(\$1,578,959)	8.1
Percentage Change	2.4%	5.9%	(1.1%)	3.7%	(0.3%)	0.2%
<i>Informational item:</i>						
Elder Abuse Task Force	<u>5,000,000</u>	<u>5,000,000</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.0</u>
TOTAL	\$2,126,783,957	\$685,113,157	\$333,282,024	\$493,399,494	\$614,989,282	4,886.7
Increase/(Decrease)	\$55,461,518	\$43,101,670	(\$3,589,945)	\$17,528,752	(\$1,578,959)	8.1
Percentage Change	2.7%	6.7%	(1.1%)	3.7%	(0.3%)	0.2%

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Comparing FY 2012-13 Appropriations to FY 2013-14 Request by Division

The tables that follow summarize the relationship of the FY 2012-13 appropriation to the FY 2013-14 requested appropriation for the entire department and then by division.

Department of Human Services Appropriation Comparison by Fund Source							
	GF	CF	RF	FF	Total	NGF	FTE
FY 2012-13	\$642,011,487	\$336,871,969	\$475,870,742	\$616,568,241	\$2,071,322,439	\$865,909,836	4,878.6
FY 2013-14	\$680,113,157	\$333,282,024	\$493,399,494	\$614,989,282	\$2,121,783,957	\$913,665,369	4,886.7
Increase/Decrease	\$8,790,768	\$35,701	\$1,981,395	\$2,045,677	\$162,223,967	\$47,755,533	8.1
Percentage Change	5.9%	(1.1%)	3.7%	(0.3%)	2.4%	5.5%	0.2%

Division Appropriation Comparison by Fund Source							
	GF	CF	RF	FF	Total	NGF	FTE
EDO							
FY 2012-13	\$40,558,154	\$3,491,363	\$18,329,141	\$11,320,209	\$73,698,867	\$48,196,191	139.5
FY 2013-14	49,348,922	3,527,064	20,310,536	13,365,886	86,552,408	57,852,962	139.5
Increase/Decrease	\$8,790,768	\$35,701	\$1,981,395	\$2,045,677	\$12,853,541	\$9,656,771	-
Percentage Change	21.7%	1.0%	10.8%	18.1%	17.4%	20.0%	-
IT							
FY 2012-13	\$25,987,845	\$2,081,720	\$19,174,962	\$25,333,145	\$72,577,672	\$34,049,244	11.0
FY 2013-14	22,272,400	2,112,598	10,498,687	23,421,803	58,305,488	27,003,399	11.0
Increase/Decrease	(\$3,715,445)	\$30,878	(\$8,676,275)	(\$1,911,342)	(\$14,272,184)	(\$7,045,845)	-
Percentage Change	(14.3%)	1.5%	(45.2%)	(7.5%)	(19.7%)	(20.7%)	-
Operations							
FY 2012-13	\$23,090,644	\$3,208,611	\$9,317,279	\$4,576,356	\$40,192,890	\$25,502,907	441.9
FY 2013-14	24,532,886	3,311,789	9,325,343	4,708,822	41,878,840	26,942,618	443.9
Increase/Decrease	\$1,442,242	\$103,178	\$8,064	\$132,466	\$1,685,950	\$1,439,711	2.0
Percentage Change	6.2%	3.2%	0.1%	2.9%	4.2%	5.6%	0.5%
County Admin							
FY 2012-13	\$22,237,964	\$17,235,512	\$0	\$23,456,909	\$62,930,385	\$22,237,964	-
FY 2013-14	23,207,450	17,822,555	0	24,835,593	65,865,598	23,207,450	-
Increase/Decrease	\$969,486	\$587,043	\$0	\$1,378,684	\$2,935,213	\$969,486	-
Percentage Change	4.4%	3.4%	-	5.9%	4.7%	4.4%	-
Child Welfare							
FY 2012-13	\$203,614,951	\$71,520,310	\$14,426,342	\$111,965,414	\$289,673,568	\$210,828,122	57.0
FY 2013-14	212,006,546	72,657,667	14,640,741	107,908,849	407,213,803	219,326,917	57.0
Increase/Decrease	\$8,391,595	\$1,137,357	\$214,399	-\$4,056,565	\$117,540,235	\$8,498,795	-
Percentage Change	4.1%	1.6%	1.5%	(3.6%)	40.6%	4.0%	-
Child Care							
FY 2012-13	\$15,844,908	\$9,973,446	\$0	\$62,406,762	\$88,225,116	\$15,844,908	66.4
FY 2013-14	16,048,216	10,111,185	0	63,202,041	89,361,442	16,048,216	66.4
Increase/Decrease	\$203,308	\$137,739	\$0	\$795,279	\$1,136,326	\$203,308	-
Percentage Change	1.3%	1.4%	-	1.3%	1.3%	1.3%	-
Self Sufficiency							
FY 2012-13	\$5,376,412	\$29,314,308	\$33,951	\$264,232,306	\$299,047,977	\$5,393,388	245.2
FY 2013-14	5,376,412	29,314,308	33,951	264,232,306	298,956,977	5,393,388	245.2
Increase/Decrease	\$0	\$0	\$0	\$0	(\$91,000)	\$0	-

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Division Appropriation Comparison by Fund Source							
	GF	CF	RF	FF	Total	NGF	FTE
Percentage Change	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-
Behavioral Health							
FY 2012-13	\$131,449,804	\$16,864,329	\$14,700,625	\$35,435,992	\$198,450,750	\$135,363,578	1,230.0
FY 2013-14	149,921,322	16,874,007	14,701,245	35,435,992	216,932,566	153,850,967	1,238.1
Increase/Decrease	\$18,471,518	\$9,678	\$620	\$0	\$18,481,816	\$18,487,389	8.1
Percentage Change	14.1%	0.1%	0.0%	0.0%	9.3%	13.7%	0.7%
DD							
FY 2012-13	\$36,837,310	\$74,353,954	\$396,503,987	\$56,427,923	\$564,123,174	\$230,662,747	1,721.3
FY 2013-14	37,431,670	74,267,396	420,475,618	56,427,923	588,602,607	243,242,924	1,719.3
Increase/Decrease	\$594,360	(\$86,558)	\$23,971,631	\$0	\$24,479,433	\$12,580,177	(2.0)
Percentage Change	1.6%	(0.1%)	6.0%	0.0%	4.3%	5.5%	(0.1%)
Adult Assistance							
FY 2012-13	\$25,151,219	\$108,736,885	\$1,800	\$19,138,656	\$153,028,560	\$25,152,119	28.5
FY 2013-14	27,151,219	103,191,924	1,800	19,138,656	149,483,599	27,152,119	28.5
Increase/Decrease	\$2,000,000	(\$5,544,961)	\$0	\$0	(\$3,544,961)	\$2,000,000	-
Percentage Change	8.0%	(5.1%)	0.0%	0.0%	(2.3%)	8.0%	-
Youth Corrections							
FY 2012-13	\$111,862,276	\$91,531	\$3,382,655	\$2,274,569	\$117,611,031	\$112,678,668	937.8
FY 2013-14	112,816,114	91,531	3,411,573	2,311,411	118,630,629	113,644,409	937.8
Increase/Decrease	\$953,838	\$0	\$28,918	\$36,842	\$1,019,598	\$965,741	-
Percentage Change	0.9%	0.0%	0.9%	1.6%	0.9%	0.9%	-

Issue: Increasing Access to Mental Health Institute Civil Beds

The Department of Human Services FY 2013-14 budget request includes an increase of \$2.1 million General Fund and 0.9 FTE to contract for the operation of a 20-bed, jail-based restoration to competency to stand trial program. The goal of the program is to reduce the number of civil beds at the Colorado Mental Health Institute at Pueblo currently consumed by forensic patients in need of restoration to competency services.

SUMMARY:

- The Colorado Mental Health Institute at Pueblo has 64 beds dedicated to adults in need of intensive mental health services who are not involved in the criminal justice system and 307 forensic beds dedicated to individuals ordered by the courts to be evaluated for competency to stand trial, restored to competency to stand trial, or found not guilty by reason of insanity;
- Due to the terms of a lawsuit settlement agreement reached in April 2012 and an increase in the number of referrals from the courts to the Colorado Mental Health Institute at Pueblo, the Department's ability to provide timely services to individuals requiring restoration to competency to stand trial has been under stress;
- The Department has used civil beds in the adult treatment division at the Colorado Mental Health Institute at Pueblo to meet the increased demand for timely restoration services; and
- The FY 2013-14 budget request includes an increase of \$2.1 million General Fund and 0.9 FTE to contract for the operation of a 20-bed, jail-based restoration to competency to stand trial program. The goal of the program is to increase the number of civil beds available by diverting certain forensic patients to a community-based program.

RECOMMENDATION:

Staff recommends that the Committee work with the Department to implement a 20-bed, jail-based restoration to competency program in the Denver metro area to ensure that community mental health centers have access to their allocated adult civil beds at the Colorado Mental Health Institute at Pueblo.

DISCUSSION:

Background

The Colorado Mental Health Institute at Pueblo (CMHIP) is a 451 bed psychiatric hospital providing inpatient services in four civil treatment units (adolescents, geriatrics, adults, and co-occurring mental health and substance use disorders) and a forensics treatment unit for individuals involved in the criminal justice system requiring a competency evaluation and/or restoration to competency. The forensics treatment division also provides services to individuals found not guilty of a criminal charge by reason of insanity. Of the civil beds at CMHIP, the state's community mental health centers are allocated the 64 beds in the adult treatment unit and

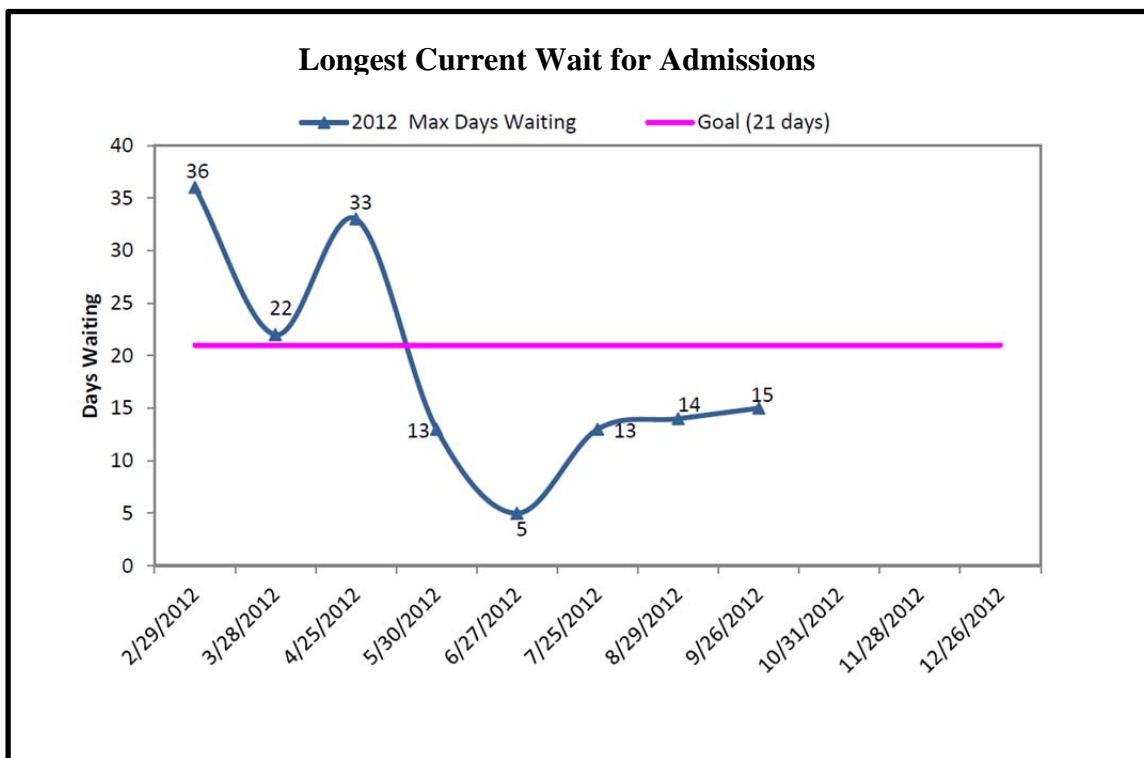
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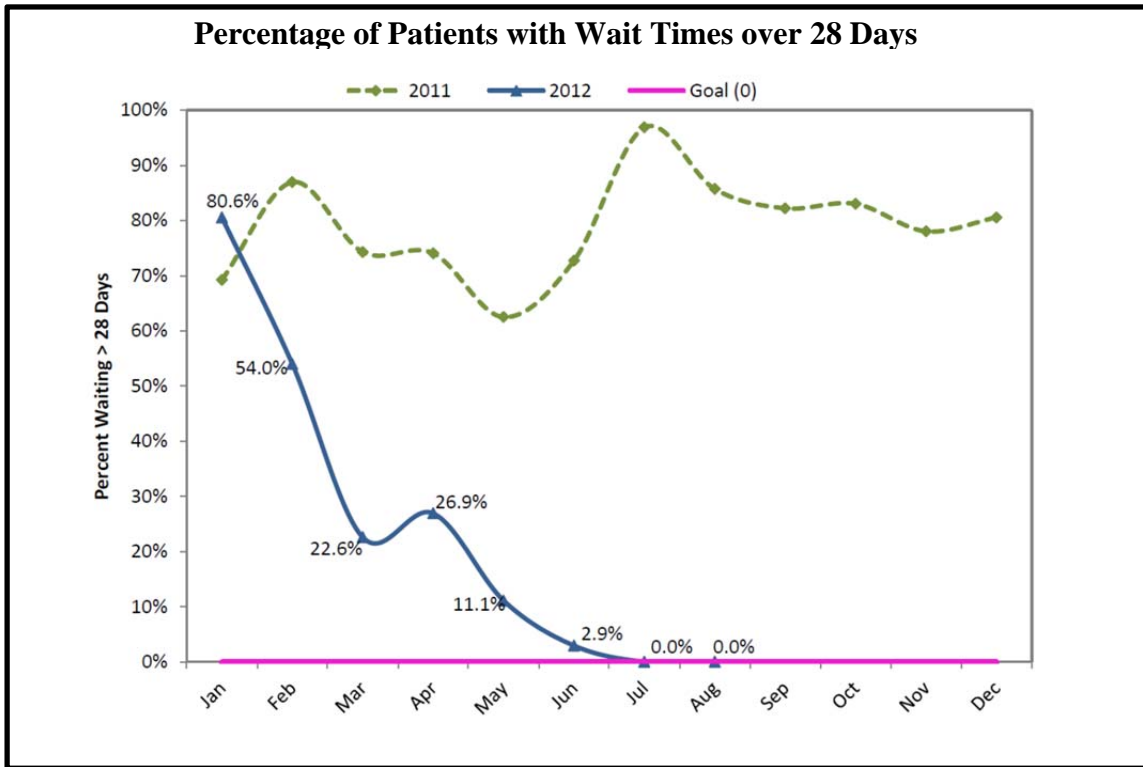
the 40 beds in the geriatric treatment unit. The 307 beds in the forensic treatment unit are open to patients from all regions of the state, as CMHIP is the only State facility with the pre and post-trial service offerings.

A lawsuit filed in United States District Court in 2011 against the Department alleged that CMHIP was causing patients unconstitutional (federal) delays (in some cases, up to six months) in receiving court-ordered competency evaluations and restoration to competency services. The plaintiff and the Department entered into a settlement agreement in April 2012. The agreement indicates that:

- The Department must admit a pretrial detainee to CMHIP within 28 days of a court making the determination that the detainee must undergo an evaluation or restorative treatment;
- The Department must maintain a monthly average admission of 24 days for all pretrial detainees ordered to CMHIP by a court to undergo an evaluation or restorative treatment;
- Competency evaluations performed in county jails must be completed within 30 days;
- The agreement is in place for 10 years, and is enforceable by the United States District Court; and
- The Department and the plaintiff will work together to educate stakeholders in the criminal justice system to improve the timely evaluation and treatment of mentally ill, pretrial detainees.

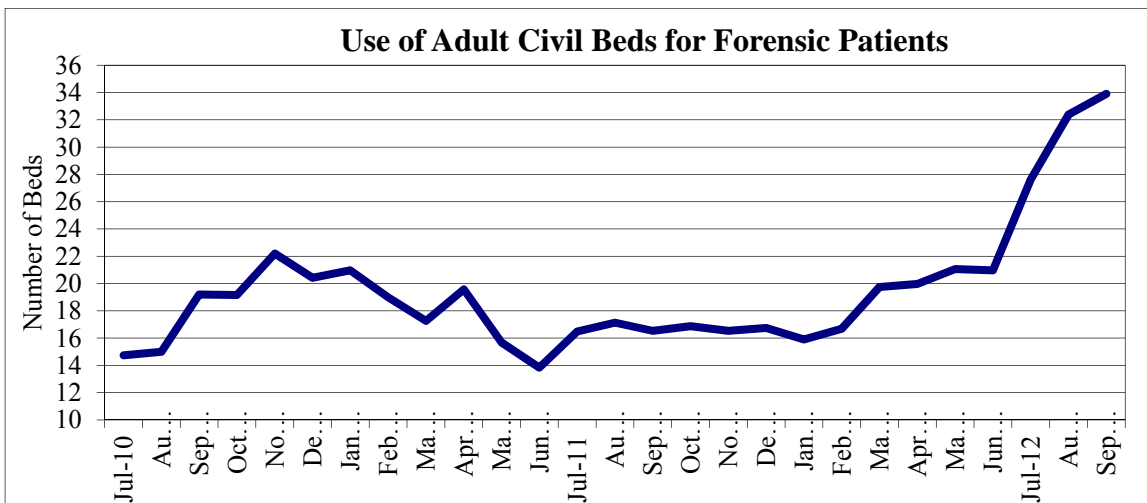
As part of its strategic plan, the Department has implemented a performance measure similar to the settlement agreement terms (28 day max for admission, 24 day average for admission). The graphs below and on the following page summarize the Department's progress toward meeting the performance goals outlined in the strategic plan.





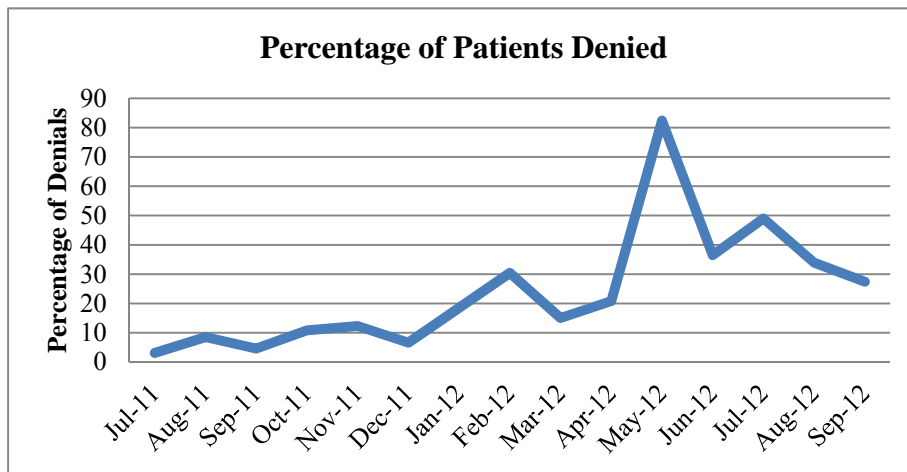
Issue

The Department provides competency evaluations and restoration services to pretrial detainees at its forensic treatment unit, which operates at an occupancy rate of over 90 percent. Referrals to CMHIP for these services have increased by 34 percent from FY 2007-08 to FY 2011-12. The increase in referrals from the courts, coupled with the terms of the settlement agreement reached in April 2012, has placed stress on the ability of the Department to provide timely services. As a result, CMHIP has used civil beds to manage the population. The table below illustrates this trend as it appears in the adult civil treatment unit that is home to 64 beds.



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Community mental health centers have experienced challenges in accessing the beds allocated to them because over 50 percent of the adult civil beds at CMHIP are currently consumed by forensic patients. Several community mental health centers have not been able to use an adult civil bed at CMHIP for almost six months, while others report not being able to access a bed in more than a year. The table below summarizes the percentage of referrals from the community mental health centers to the CMHIP adult civil treatment division that were denied over the past year.



The centers turn to a series of alternative treatment options to compensate for the inability to access their allocated beds:

- Pay for private hospital beds;
- Borrow beds at the Colorado Mental Health Institute at Fort Logan from other community mental health centers;
- Rely on community residential treatment;
- Place patients in an Acute Treatment Unit (ATU); and/or
- Participate in hospital diversion programs that include community case management and wrap-around services.

Proposed Solution

The Department’s FY 2013-14 budget request includes a proposal to contract with a community mental health center or another private firm to operate a 20-bed, jail-based restoration program. The goal of the solution is to reduce the number of incompetent to proceed patients occupying hospital beds at CMHIP that are allocated for civil use to the community mental health centers. Sheriff Grayson Robinson has indicated a willingness to locate the program in the Arapahoe County Jail.

The program would cater to pretrial detainees from jails in Broomfield, Denver, Jefferson, Arapahoe, Adams, Douglas, Weld, Larimer, and Boulder Counties. These counties admitted 155 individuals to CMHIP for restoration in FY 2011-12, equaling 64 percent of the total number of restoration service admissions to CMHIP. The Department assumes that 116 of the 155 referrals (75 percent) from these counties could qualify for a jail-based restoration program. 116

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restorations in the jail-based program represent 48 percent of the individuals admitted annually to CMHIP for restoration services.

Proposed Budget

The FY 2013-14 budget request for the jail-based restoration program is an increase of \$2.1 million General Fund and 0.9 FTE. The request includes \$2.0 million General Fund for contract services to operate the program and \$0.1 million General and 0.9 FTE to employ a psychologist to provider oversight, training, and support to the program. The program annualizes to \$2.5 million General Fund and 1.0 FTE in FY 2014-15. The breakdown of costs for the two years is found in the table below.

Requested Appropriation for 20-bed, Jail-based Restoration Program				
	FTE	FY 2013-14	FTE	FY 2014-15
Personal Services	0.9	\$75,285	1.0	\$82,319
Operating Expenses		5,653		950
Contract Costs		1,982,500		2,372,500
Total	0.9	\$2,063,438	1.0	\$2,455,769

The Department explored an alternative possibility to open a 20-bed unit at CMHIP to provide restoration services. The cost of the alternative is approximately \$3.5 million General Fund, and includes the addition of 49.0 FTE.

Analysis

The increase in referrals to CMHIP by the courts for competency evaluations and restoration services and the limited number of public and private psychiatric beds in the state have combined to place stress on the State’s resources for individuals with severe mental health treatment needs. The data indicate that individuals requiring competency evaluations and restoration services are receiving services in a timely manner at the expense of patients requiring mental health services in a hospital setting that are not involved in the criminal justice system.

Community mental health centers have been able to cobble together a host of alternative treatment options to provide services to individuals who traditionally require a stay in one of the State’s mental health institutes. In certain cases, however, the treatment options do not give the patient the best opportunity to attain positive health outcomes and are not cost effective. For example, non-hospital alternatives result in patients receiving lower levels of care before they are ready, increasing the risk of readmission or interaction with the criminal justice system.

Colorado is not the only state in the country grappling with the issue of reducing wait times to provide evaluation and restoration services in State mental health institutes. The State of California established a pilot program in the San Bernardino County Jail to provide competency restoration services to pretrial detainees at the jail instead of at a State hospital to reduce the backlog of detainees requiring competency restoration services. Through a competitive bidding process, the State entered into a contract with Liberty Healthcare Corporation to operate 20 beds at the jail to perform intensive psychiatric treatment, acute stabilization services, and court-mandated services.

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According to the non-partisan California Legislative Analyst's Office January 2012 report, data from the first nine months (January 2011 to September 2011) of the pilot program's operation indicates that treatment in the jail begins much sooner than in the State hospital system, is completed for a detainee in average time of 54 days (versus six to seven months in the State hospital system), and is effective in the sense that none of the individuals brought to competency have returned to an incompetent status once returned to the courts. From a fiscal perspective, the report found that counties were saving money because they no longer detained individuals for long periods of time while awaiting admission into the State hospital system. Additionally, the State achieved savings by working with a vendor who had more flexibility than the State in hiring contract psychiatrists paid on the specific number of hours of care they provided. As a treatment location of last resort, in many instances, State hospitals must be staffed at a level that anticipates the most severe mental health treatment needs, which does not lend itself well to flexibility in hiring and compensation strategies.

The proposal submitted by the Department to take an approach similar to the one taken by California represents a strategy that data indicate has the potential to reduce the number of forensic patients occupying civil beds at CMHIP. Staff recommends that the Committee work with the Department to implement a 20-bed, jail-based restoration service to lower the stressors on community mental health centers that result in sub-optimal patient health outcomes and increased costs across the system.

RELEVANCE OF BRIEFING ISSUE TO THE DEPARTMENT'S STRATEGIC PLAN:

The Department's FY 2013-14 program and budget proposal is tied to the strategic plan goal of promoting quality and effective behavioral health practices to strengthen the health, resiliency and recovery of Coloradans.

Issue: Improving Mental Health Community Capacity

The Department of Human Services FY 2013-14 budget request includes an increase of \$4.8 million General Fund to increase capacity in the community to appropriately address the needs of individuals who are medically indigent and voluntarily or involuntarily committed to the State’s behavioral health treatment system. The goal of the investment is to decrease the contact individuals have with emergency rooms, the State’s two mental health institutes, and the criminal justice system due to mental illness.

SUMMARY:

- Many individuals receive services after exhibiting severe symptoms of mental illness and arriving at an emergency room for treatment and evaluation known as a “mental health hold;”
- The Department of Human Services estimates that 16 percent of all mental health holds occurring in FY 2011-12 involved individuals considered medically indigent (citizens whose income is less than 300.0 percent of the federal poverty level, are not eligible for Medicaid, and do not receive mental health services from any other system);
- Individuals who do not access mental health services present themselves in costly settings, such as hospitals, or inappropriate settings, such as jails; and
- The FY 2013-14 budget request includes an increase of \$4.8 million General Fund to appropriately address the needs of individuals who are medically indigent and voluntarily or involuntarily committed to the State’s behavioral health treatment system.

RECOMMENDATION:

Staff recommends that the Committee begin a dialogue with the Department on long-term plans to address the unmet mental health treatment need of over 50,000 Colorado citizens with incomes less than 300 percent of the federal poverty level. Specifically, staff recommends that the Committee work with the Department to develop a plan to target State moneys for community mental health treatment capacity building in a post-health care reform era whereby the number of insured individuals is projected to increase.

DISCUSSION:

Background

Mental health services are delivered to individuals via numerous modes, in a variety of public and private settings, and at a wide range of costs. Many individuals receive services after exhibiting severe symptoms of mental illness and arriving at an emergency room for treatment and evaluation. Under Colorado statute, a certified peace officer, a professional person (certified to practice medicine or a psychology in the state), a registered professional nurse, a licensed marriage and family therapist, or a licensed clinical social worker may order a 72-hour treatment and evaluation of an individual, often referred to as a “72-hour hold” or “mental health hold.”

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Many times this scenario occurs after a family member or nearby individual witnesses the behavior, worries about the safety of all involved, and notifies the local police department.

In FY 2011-12, 13,418 mental health holds were implemented in Colorado. State statute requires an individual to be released, referred for further care and treatment on a voluntary basis, or certified for short-term treatment within the 72-hour time-frame of the hold. Nearly 75 percent of all mental health holds in FY 2011-12 resulted in release or voluntary referral to further care and treatment.

Issue

It is estimated that 16 percent of all mental health holds that occurred in FY 2011-12 involved individuals who did not have private insurance and did not qualify for Medicaid. The lack of insurance presents a barrier for these individuals to access appropriate behavioral health services and, consequently, less likely to manage their mental health illnesses. An untreated mental health issue is likely to result in an individual decompensating and coming into contact with emergency care or the criminal justice system. Emergency rooms provide an appropriate level of care with a high price tag (\$2,400 a day), while jails provide an inexpensive option (\$65 a day) in a less appropriate setting to receive treatment services. The State attempts to mitigate the financial impact of the uninsured on the health care and criminal justice systems by investing in mental health services in the community for ongoing prevention and treatment for the uninsured.

The Department contracts with community mental health centers across the state to provide a variety of mental health treatments to medically indigent individuals (citizens whose income is less than 300.0 percent of the federal poverty level, are not eligible for Medicaid, and do not receive mental health services from any other system). The goal of the State investment in mental health services for medically indigent individuals is to fill the gap that exists between those insured through the State's public plan (Medicaid) and those insured by private companies. The Colorado Population in Need 2009 report, written by the Western Interstate Commission for Higher Education (WICHE), estimated that over 59,000 individuals with an income of less than 300.0 percent of the federal poverty level required, but did not receive, mental health services in FY 2006-07. The Department's budget for mental health services for medically indigent individuals provided moneys for approximately 10,000 citizens.

In addition to untreated individuals presenting in costly (emergency rooms) and/or inappropriate (jails) treatment environments that do not foster long-term recovery, the State's two mental health institutes keep individuals in custody too long due to a lack of proper resources in the community to treat these individuals. This presents two problems: first, the federal Supreme Court ruled that the Americans with Disabilities Act may require states to provide community-based services rather than institutional placements for individuals with disabilities, including mental illness. Second, the longer an individual capable of receiving treatment in a community setting is in the custody of a State mental health institute, the longer a bed is unavailable to other individuals in need of the intensive services that only the State mental health institutes can provide.

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Proposed Solution

The Department’s FY 2013-14 budget request includes a proposal to increase capacity in the community to appropriately address the needs of individuals who are medically indigent and voluntarily or involuntarily committed to the State’s behavioral health treatment system. The goal of the proposal is to decrease the contact individuals have with emergency rooms, the State’s two mental health institutes, and the criminal justice system. Specifically, the request proposes capacity building in the treatment areas of Assertive Community Treatment (ACT), intensive case management, Assisted Living Residences (ALR), housing subsidies, and Adult Foster Care (AFC).

- ACT is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness such as schizophrenia. The Department proposes funding to increase ACT capacity by 429 clients;
- Intensive case management services include assisting clients and communities in managing the transition from hospitalization to less restrictive treatment alternatives. The Department proposes funding to add seven behavioral health transition specialists. It is assumed that the added specialists would help with benefit acquisition and service coordination on behalf of an individual;
- ALR treatment beds serve a population requiring protective oversight and personal services in a residential setting. Specifically, ALRs provider room and board, regular supervision available on a 24-hour basis to ensure safety and well-being, assistance with activities of daily living such as bathing, dressing and laundry, medication management, and arrangements for transportation. The Department proposes funding to add two 15-bed ALR facilities in the highest populated areas of the state;
- The Department proposes funding to add housing subsidies for 107 individuals who are on the waitlist for federally funded vouchers or do not qualify for federal vouchers. The Department of Local Affairs’ Division Housing would be responsible for the administration of the requested moneys; and
- AFC homes are residential settings that provide 24-hour personal care, protection, and supervision to individuals who cannot live alone, but who do not need continuous nursing care. The Department proposes funding to 52 individuals with AFC.

Proposed Budget

The FY 2013-14 budget request includes an increase of \$4.8 million General Fund to add capacity in the community to appropriately address the needs of individuals who are medically indigent. The Department estimates that it will be feasible to contract for the services by January 1, 2014 due to ramp-up time associated with RFP development, contract timing, and capacity development issues. The added capacity annualizes to \$9.6 million General Fund in FY 2014-15. The breakdown of costs for the two years is found in the table below.

Requested Appropriation for Increasing Community Capacity				
	Clients Served	Annual Rate	FY 2013-14	FY 2014-15
Assertive Community Treatment	429	\$9,000 per client	\$1,930,500	\$3,861,000
Alternative Living Residence	120	\$124,100 per bed	1,985,600	3,971,200
Housing Subsidy	107	\$5,400 per client	288,900	577,800

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Requested Appropriation for Increasing Community Capacity				
	Clients Served	Annual Rate	FY 2013-14	FY 2014-15
Case Management Specialists	429	\$70,000 annual salary	245,000	490,000
Adult Foster Care	52	\$13,224 per client	343,824	687,648
Total			\$4,793,824	\$9,587,648

Analysis

The Colorado Population in Need 2009 report quantitatively defines the issue that is happening in Colorado: there are more people in the state whose income is less than 300.0 percent of the federal poverty level, are not eligible for Medicaid, and are in need of mental health services citizens than there is funding to provide services. The result is that a number of individuals in this category do not receive services, decompensate in condition, and present themselves in costly and/or inappropriate treatment settings, such as emergency rooms, jails, or one of the State’s two mental health institutes.

The funding that the Department has requested for FY 2013-14 and beyond would pay for a variety of community services to 429 citizens. This does not represent a realistic plan for making even a small dent in lowering the total number of individuals with an unmet need for mental health services. What the Department has submitted, however, is a plan that addresses a series of solvable issue for a vulnerable population and builds the foundation for future community capacity building. By slowly building additional capacity in the community, the Department proposes a path leading to long-term individual recovery, decreased costs to local communities (hospitals and jails), increased access to State mental health institute beds, and compliance with federal law.

RELEVANCE OF BRIEFING ISSUE TO THE DEPARTMENT'S STRATEGIC PLAN:

The Department’s FY 2013-14 program and budget proposal is tied to the strategic plan goal of promoting quality and effective behavioral health practices to strengthen the health, resiliency and recovery of Coloradans.

Issue: Creating a Behavioral Health Crisis Response System

The Department of Human Services FY 2013-14 budget request includes an increase of \$10.3 million General Fund and 0.9 FTE to create the foundation for a coordinated, statewide, behavioral health crisis care system. The goal of the proposal is to improve access to the most appropriate supports and resources to individuals as early as possible to decrease the use of hospital emergency rooms, jails, and prisons.

SUMMARY:

- The role of behavioral health crisis services in improving patient health outcomes, reducing system costs, and protecting public safety has come into question as behavioral health care leaders study the system as a whole and analyze gaps in service delivery;
- Access to and availability of behavioral health crisis services has been identified by community providers, law enforcement officials, hospital administrators, and the General Assembly as a complex gap in Colorado’s behavioral health system;
- The Department of Human Services’ FY 2013-14 budget request includes a funding request of \$10.3 million General and 0.9 FTE to create the foundation for a behavioral health crisis care system including regional 24-hour a day crisis telephone lines, walk-in crisis services, and marketing and communication to increase awareness of behavioral health illnesses; and
- The goal of the Department’s proposal is to improve access to the most appropriate supports and resources to individuals as early as possible to decrease the use of hospital emergency rooms, jails, and prisons.

DISCUSSION:

Background

Recent tragic occurrences have served as focusing events, drawing attention to the current status of the public mental health system in Colorado. The role of behavioral health crisis services, in particular, has come into question as health care leaders study the system as a whole and analyze gaps in service delivery. Crisis services are defined as a collection of integrated services that are available 24 hours a day, seven days a week to respond to and assist an individual in the midst of a behavioral health emergency.

For the individual experiencing a behavioral health emergency episode, it is important that the crisis response system provide timely and accessible aid, stabilization options, the ability to remain in the community, and a treatment plan that includes a network of community and natural supports. A 2005 report from Technical Assistance Collaborative, Inc., entitled “A Community-Based Comprehensive Psychiatric Crisis Response Service,” indicates that successful crisis response systems have been shown to improve health outcomes, reduce inpatient hospital stays

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and costs, facilitate access to other necessary mental health services and supports, and protect public safety.

Issue

Colorado, like many other states in the country, relies on limited hospital emergency room beds and jails to provide the majority of its behavioral health crisis care. Care at these two entry points does not represent a treatment delivery that is in the patient's best interest for long-term recovery, cost effective, or a wise use of limited space in hospital emergency rooms and county jails.

The use of hospital emergency rooms to manage psychiatric crises has severe limitations, including admissions that do not require the level of care provided at an emergency room, the release of patients without the necessary follow-up, and missed opportunities to link the patient with appropriate community resources to manage their behavioral health issue. The use of jail facilities to provide behavioral health crisis care signals that a patient has already reached a severity level that required police intervention to mitigate physical harm to themselves or the general public. In addition, once a person is involved in the criminal justice system they may have difficulty obtaining housing and/or employment, both of which contribute to an individual's ability to effectively manage a behavioral health illness.

Proposed Solution

The Department's FY 2013-14 budget request includes a proposal to create the foundation for a coordinated, statewide, behavioral health crisis care system. The goal of the proposal is to improve access to the most appropriate supports and resources to individuals as early as possible to decrease the use of hospital emergency rooms, jails, and prisons. Specifically, the request proposes the implementation of three interrelated core components in five different regions of the state. The three core components are crisis telephone lines, walk-in crisis services, and marketing and communication.

- For a person in crisis (or someone in the person's family or support system), the telephone is often the first point of contact with the behavioral health services. The Department proposes 24-hour a day crisis telephone lines staffed by skilled professionals to provide assessment, screening, triage, preliminary counseling, information, and referral services. The Department also envisions the use of "warm lines" as part of the crisis telephone lines. Warm telephone lines are staffed by peers who are current or former consumers of services and are trained to provide non-crisis supportive counseling to callers;
- Walk-in crisis services are urgent care services in a community that include screening and assessment, crisis stabilization (including medication), brief treatment, and linkage to needed services. The Department also envisions the creation of crisis stabilization units to assist individuals in psychiatric crises that require a safe, secure environment for a stay of up to five days; and
- Statewide marketing and communication is proposed to increase awareness of behavioral illness through increased presence in all forms of media (e.g. print, radio, internet, etc.).

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The provision of the services for each region would be awarded to vendors via the State’s competitive bidding process.

Proposed Budget

The FY 2013-14 budget request includes an increase of \$10.3 million General Fund and 0.9 FTE to create the foundation for a behavioral health care crisis care system. The request includes \$10.2 million General Fund for contract services to operate regional crisis response systems and \$0.1 million General and 0.9 FTE to employ a State program coordinator to oversee program quality, client safety, accountability of contractors, system alignment, and on-going system innovation and improvement. The program annualizes to \$12.4 million General Fund and 1.0 FTE in FY 2014-15. The breakdown of costs for the two years is found in the table below.

Requested Appropriation for Crisis Response System				
	FY 2013-14		FY 2014-15	
	FTE	Appropriation	FTE	Appropriation
Department of Human Services Administration				
Personal Services	0.9	\$67,280	1.0	\$73,402
Operating Expenses	<u>0.0</u>	<u>5,653</u>	<u>0.0</u>	<u>950</u>
Total	0.9	\$72,933	1.0	\$74,352
24/7 Telephone Lines				
Personal Services*	10.0	\$330,496	10.0	\$440,661
Operating Expenses	0.0	14,265	0.0	9,020
Start-up Costs	<u>0.0</u>	<u>64,574</u>	<u>0.0</u>	<u>0</u>
Total (single region)	10.0	\$409,335	10.0	\$459,681
Total (five regions)	50.0	\$2,046,675	50.0	\$2,298,405
Walk-in Crisis Services / Crisis Stabilization Unit				
Personal Services*	4.0	\$1,188,753	24.0	\$1,585,003
Operating Expenses	0.0	221,900	0.0	295,867
Start-up Costs	<u>0.0</u>	<u>100,000</u>	<u>0.0</u>	<u>0</u>
Total (single region)	24.0	\$1,510,653	24.0	\$1,880,870
Total (five regions)	120.0	\$7,553,265	120.0	\$9,404,350
Marketing and Communications				
Statewide	0.0	\$600,000	0.0	\$600,000
Total - Crisis Response System Request	0.9	\$10,272,873	1.0	\$12,377,107

*Shown for information purposes only as estimates of contractor hiring needs.

Analysis

While no system of interrelated behavioral health crisis services can prevent a tragedy from occurring in communities, the State can take measures to improve the delivery of treatment to ensure that it is in the patient’s best interest for long-term recovery, cost effective, and a wise use of limited space in hospital emergency rooms and county jails. The plan presented by the Department to address the state’s gap in behavioral health crisis services and meet these goals is based on best practices developed and reported on by Technical Assistance, Inc. and recognized by the federal United States Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration.

It is staff’s opinion that it is beneficial to the state from a fiscal and public safety perspective to offer citizens in crisis access points to treatment that are more timely than using hospital emergency rooms and county jails. Once an individual has entered treatment in these two

environments, they may have already harmed themselves or others to a degree from which recovery is not an option. Staff believes that the approach outlined by the Department will build a foundation for replacing the cyclical, reactive approach of behavioral health crisis care with a system that is focused on providing individuals access to appropriate services before a personal or societal tragedy occurs.

RELEVANCE OF BRIEFING ISSUE TO THE DEPARTMENT'S STRATEGIC PLAN:

The Department's FY 2013-14 program and budget proposal is tied to the strategic plan goal of promoting quality and effective behavioral health practices to strengthen the health, resiliency and recovery of Coloradans.

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Appendix A: Number Pages

	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	Request vs. Appropriation
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DEPARTMENT OF HUMAN SERVICES
Reggie Bicha, Executive Director

(1) EXECUTIVE DIRECTOR'S OFFICE

The primary function of this division is general department administration, which includes overall department supervision and policy direction, budget, human resources, quality assurance, and public outreach. This section also includes central appropriations for staff benefits and other department-wide costs and for various special purpose entities that provide an independent oversight or quality assurance function.

(A) General Administration

Personal Services	<u>1,964,345</u>	<u>1,746,306</u>	<u>2,020,380</u>	<u>1,895,788</u>
FTE	18.0	15.0	21.4	21.4
General Fund	(802,371)	(99,798)	673,772	611,955
Cash Funds	433,744	651,279	97,523	97,523
Reappropriated Funds	534,333	111,205	356,567	293,792
Federal Funds	1,798,639	1,083,620	892,518	892,518
Health, Life, and Dental	<u>21,781,484</u>	<u>22,901,617</u>	<u>26,884,290</u>	<u>29,397,388</u> *
General Fund	13,930,869	14,477,939	16,065,044	17,856,193
Cash Funds	356,110	466,125	498,681	621,394
Reappropriated Funds	4,595,103	4,921,946	6,830,706	6,946,060
Federal Funds	2,899,402	3,035,607	3,489,859	3,973,741
Short-term Disability	<u>337,461</u>	<u>365,224</u>	<u>361,908</u>	<u>401,536</u> *
General Fund	211,284	221,234	217,869	247,468
Cash Funds	5,148	7,531	6,602	9,367
Reappropriated Funds	72,047	82,194	81,382	81,817
Federal Funds	48,982	54,265	56,055	62,884

*This line item contains a decision item.

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	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	Request vs. Appropriation
S.B. 04-257 Amortization Equalization Disbursement	<u>4,831,721</u>	<u>5,613,157</u>	<u>6,809,879</u>	<u>7,768,377</u>	*
General Fund	3,032,825	3,388,549	3,831,830	4,791,548	
Cash Funds	76,042	91,975	333,480	178,577	
Reappropriated Funds	1,063,454	1,306,019	1,587,989	1,603,654	
Federal Funds	659,400	826,614	1,056,580	1,194,598	
S.B. 06-235 Supplemental Amortization Equalization Disbursement	<u>3,363,894</u>	<u>4,561,313</u>	<u>5,840,867</u>	<u>7,013,115</u>	*
General Fund	2,104,035	2,782,092	3,295,403	4,325,702	
Cash Funds	53,274	73,184	276,955	161,215	
Reappropriated Funds	743,529	1,042,450	1,361,229	1,447,743	
Federal Funds	463,056	663,587	907,280	1,078,455	
Salary Survey	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,136,272</u>	
General Fund	0	0	0	3,142,889	
Cash Funds	0	0	0	132,157	
Reappropriated Funds	0	0	0	1,099,151	
Federal Funds	0	0	0	762,075	
Merit Pay	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,516,831</u>	
General Fund	0	0	0	2,122,174	
Cash Funds	0	0	0	83,797	
Reappropriated Funds	0	0	0	753,373	
Federal Funds	0	0	0	557,487	

*This line item contains a decision item.

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	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	Request vs. Appropriation
Shift Differential	<u>3,761,311</u>	<u>3,259,235</u>	<u>4,089,727</u>	<u>4,107,732</u>	
General Fund	2,554,941	2,179,629	2,724,230	2,718,535	
Cash Funds	0	0	6,158	0	
Reappropriated Funds	1,199,546	1,074,975	1,353,364	1,389,197	
Federal Funds	6,824	4,631	5,975	0	
Workers' Compensation	<u>9,659,080</u>	<u>9,986,978</u>	<u>12,601,993</u>	<u>12,374,088</u>	
General Fund	4,700,320	5,452,845	6,509,067	6,391,285	
Cash Funds	935,767	906,288	999,887	978,518	
Reappropriated Funds	3,509,713	3,091,254	4,508,946	4,432,371	
Federal Funds	513,280	536,591	584,093	571,914	
Operating Expenses	<u>377,010</u>	<u>162,906</u>	<u>495,280</u>	<u>495,280</u>	
General Fund	377,010	162,906	139,181	139,181	
Cash Funds	0	0	119,393	119,393	
Reappropriated Funds	0	0	160,504	160,504	
Federal Funds	0	0	76,202	76,202	
Legal Services	<u>1,352,869</u>	<u>1,361,615</u>	<u>1,424,413</u>	<u>1,424,413</u>	
General Fund	1,220,676	1,225,527	1,183,252	1,185,157	
Cash Funds	132,193	136,088	174,606	173,227	
Reappropriated Funds	0	0	13,611	13,503	
Federal Funds	0	0	52,944	52,526	
Administrative Law Judge Services	<u>792,374</u>	<u>773,370</u>	<u>922,776</u>	<u>715,666</u>	
General Fund	744,364	729,255	558,703	433,306	
Cash Funds	48,010	44,115	55,810	43,284	
Federal Funds	0	0	308,263	239,076	

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	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	Request vs. Appropriation
Payment to Risk Management and Property Funds	<u>517,365</u>	<u>1,159,905</u>	<u>1,392,061</u>	<u>1,465,866</u> *	
General Fund	304,691	651,843	1,105,264	1,144,227	
Cash Funds	52,170	62,553	24,824	31,168	
Reappropriated Funds	76,584	136,717	178,771	193,299	
Federal Funds	83,920	308,792	83,202	97,172	
Staff Training	<u>3,054</u>	<u>475</u>	<u>31,870</u>	<u>31,870</u>	
General Fund	(1,995)	0	0	0	
Cash Funds	5,049	475	31,870	31,870	
Injury Prevention Program	<u>105,245</u>	<u>104,217</u>	<u>105,970</u>	<u>105,970</u>	
General Fund	105,245	104,217	0	0	
Reappropriated Funds	0	0	105,970	105,970	
SUBTOTAL - (A) General Administration	48,847,213	51,996,318	62,981,414	75,850,192	20.4%
FTE	<u>18.0</u>	<u>15.0</u>	<u>21.4</u>	<u>21.4</u>	0.0%
General Fund	28,481,894	31,276,238	36,303,615	45,109,620	24.3%
Cash Funds	2,097,507	2,439,613	2,625,789	2,661,490	1.4%
Reappropriated Funds	11,794,309	11,766,760	16,539,039	18,520,434	12.0%
Federal Funds	6,473,503	6,513,707	7,512,971	9,558,648	27.2%

(B) Special Purpose

Employment and Regulatory Affairs	<u>4,684,422</u>	<u>4,798,592</u>	<u>4,951,881</u>	<u>4,946,848</u>	
FTE	62.2	64.2	66.1	66.1	
General Fund	1,870,447	1,790,833	1,821,861	1,816,828	
Cash Funds	280,791	268,453	270,442	270,442	
Reappropriated Funds	700,039	680,940	685,312	685,312	
Federal Funds	1,833,145	2,058,366	2,174,266	2,174,266	

*This line item contains a decision item.

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	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	Request vs. Appropriation
Administrative Review Unit	<u>2,172,174</u>	<u>1,972,125</u>	<u>2,123,816</u>	<u>2,113,612</u>	
FTE	23.7	22.1	24.2	24.2	
General Fund	1,393,948	1,316,794	1,381,250	1,371,046	
Federal Funds	778,226	655,331	742,566	742,566	
Records and Reports of Child Abuse or Neglect	<u>493,520</u>	<u>515,324</u>	<u>577,448</u>	<u>577,448</u>	
FTE	7.6	7.9	7.5	7.5	
Cash Funds	493,520	515,324	577,448	577,448	
Child Protection Ombudsman Program	<u>241,695</u>	<u>849,015</u>	<u>370,000</u>	<u>370,000</u>	
General Fund	241,695	369,170	370,000	370,000	
Cash Funds	0	479,845	0	0	
Juvenile Parole Board	<u>245,332</u>	<u>227,524</u>	<u>247,281</u>	<u>247,281</u>	
FTE	3.0	2.9	3.0	3.0	
General Fund	199,564	183,491	202,200	202,200	
Reappropriated Funds	45,768	44,033	45,081	45,081	
Developmental Disabilities Council	<u>709,160</u>	<u>655,935</u>	<u>742,847</u>	<u>742,847</u>	
FTE	4.0	4.7	6.0	6.0	
Federal Funds	709,160	655,935	742,847	742,847	
Colorado Commission for the Deaf and Hard of Hearing	<u>1,059,230</u>	<u>1,069,453</u>	<u>1,113,442</u>	<u>1,113,442</u>	
FTE	5.5	4.1	6.3	6.3	
General Fund	126,519	124,654	127,091	127,091	
Reappropriated Funds	872,711	866,618	986,351	986,351	
Federal Funds	60,000	78,181	0	0	

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	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	Request vs. Appropriation
Colorado Commission for Individuals who are Blind or Visually Impaired					
FTE	88,392	81,915	0	0	
Reappropriated Funds	0.9	0.9	0.0	0.0	
	88,392	81,915	0	0	
Health Insurance Portability and Accountability Act of 1996 - Security Remediation					
FTE	336,085	350,902	374,505	374,505	
General Fund	1.0	1.0	1.0	1.0	
Cash Funds	229,383	255,832	277,931	277,931	
Reappropriated Funds	0	0	334	334	
Federal Funds	81,274	72,437	73,358	73,358	
	25,428	22,633	22,882	22,882	
CBMS Emergency Processing Unit					
FTE	120,525	146,363	216,233	216,233	
General Fund	2.0	3.0	4.0	4.0	
Cash Funds	59,650	47,935	74,206	74,206	
Federal Funds	(1,011)	(1,776)	17,350	17,350	
	61,886	100,204	124,677	124,677	
SUBTOTAL - (B) Special Purpose	10,150,535	10,667,148	10,717,453	10,702,216	(0.1%)
FTE	109.9	110.8	118.1	118.1	0.0%
General Fund	4,121,206	4,088,709	4,254,539	4,239,302	(0.4%)
Cash Funds	773,300	1,261,846	865,574	865,574	0.0%
Reappropriated Funds	1,788,184	1,745,943	1,790,102	1,790,102	0.0%
Federal Funds	3,467,845	3,570,650	3,807,238	3,807,238	0.0%

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	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	Request vs. Appropriation
TOTAL - (1) Executive Director's Office	58,997,748	62,663,466	73,698,867	86,552,408	17.4%
<i>FTE</i>	<u>127.9</u>	<u>125.8</u>	<u>139.5</u>	<u>139.5</u>	<u>0.0%</u>
General Fund	32,603,100	35,364,947	40,558,154	49,348,922	21.7%
Cash Funds	2,870,807	3,701,459	3,491,363	3,527,064	1.0%
Reappropriated Funds	13,582,493	13,512,703	18,329,141	20,310,536	10.8%
Federal Funds	9,941,348	10,084,357	11,320,209	13,365,886	18.1%

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	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	Request vs. Appropriation
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(2) OFFICE OF INFORMATION TECHNOLOGY SERVICES

The primary function of this division is to develop and maintain the Department's information technology systems, including Colorado Trails and the Colorado Benefits Management System. It also contains appropriations for the Department's use of certain centralized programs that are operated in the Governor's Office of Information Technology.

Operating Expenses	<u>373,328</u>	<u>331,787</u>	<u>349,399</u>	<u>349,399</u>
General Fund	297,606	265,167	278,324	278,324
Reappropriated Funds	15,477	13,790	14,474	14,474
Federal Funds	60,245	52,830	56,601	56,601
Microcomputer Lease Payments	<u>424,271</u>	<u>520,048</u>	<u>539,344</u>	<u>539,344</u>
General Fund	301,832	301,832	301,832	301,832
Cash Funds	5,745	49,753	15,466	15,466
Reappropriated Funds	63,563	75,064	128,647	128,647
Federal Funds	53,131	93,399	93,399	93,399
County Financial Management System	<u>1,494,227</u>	<u>1,469,811</u>	<u>1,494,325</u>	<u>1,494,325</u>
General Fund	770,740	770,740	770,740	770,740
Federal Funds	723,487	699,071	723,585	723,585
Client Index Project	<u>16,247</u>	<u>15,503</u>	<u>17,698</u>	<u>17,698</u>
General Fund	10,154	10,154	10,154	10,154
Federal Funds	6,093	5,349	7,544	7,544
Colorado Trails	<u>4,884,808</u>	<u>4,923,468</u>	<u>4,970,392</u>	<u>4,970,392</u>
General Fund	2,693,335	2,780,973	2,683,461	2,683,461
Federal Funds	2,191,473	2,142,495	2,286,931	2,286,931

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	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	Request vs. Appropriation
National Aging Program Information System	<u>93,113</u>	<u>92,329</u>	<u>93,114</u>	<u>93,114</u>	
General Fund	23,278	23,082	23,278	23,278	
Federal Funds	69,835	69,247	69,836	69,836	
Child Care Automated Tracking System	<u>2,070,430</u>	<u>2,095,363</u>	<u>2,709,933</u>	<u>2,709,933</u>	
Federal Funds	2,070,430	2,095,363	2,709,933	2,709,933	
Health Information Management System	<u>337,995</u>	<u>336,900</u>	<u>339,168</u>	<u>339,168</u>	
General Fund	211,290	211,290	211,290	211,290	
Reappropriated Funds	126,705	125,610	127,878	127,878	
Colorado Benefits Management System, DHS Personal Services	<u>0</u>	<u>3,557,635</u>	<u>4,548,315</u>	<u>4,548,315</u>	
General Fund	0	891,072	1,110,026	1,110,026	
Cash Funds	0	119,170	211,327	211,327	
Reappropriated Funds	0	1,260,707	1,685,215	1,685,215	
Federal Funds	0	1,286,686	1,541,747	1,541,747	
Colorado Benefits Management System, HCPF Personal Services	<u>0</u>	<u>448,288</u>	<u>443,283</u>	<u>443,283</u>	
General Fund	0	110,482	108,087	108,087	
Cash Funds	0	16,081	20,604	20,604	
Reappropriated Funds	0	159,343	164,244	164,244	
Federal Funds	0	162,382	150,348	150,348	

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	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	Request vs. Appropriation
Colorado Benefits Management System, Centrally					
Appropriated Items	<u>0</u>	<u>517,133</u>	<u>517,134</u>	<u>517,134</u>	
General Fund	0	127,116	126,879	126,879	
Cash Funds	0	18,562	23,969	23,969	
Reappropriated Funds	0	184,537	191,598	191,598	
Federal Funds	0	186,918	174,688	174,688	
Colorado Benefits Management System, HCPF Only	<u>0</u>	<u>812,400</u>	<u>611,520</u>	<u>611,520</u>	
Reappropriated Funds	0	812,400	611,520	611,520	
Colorado Benefits Management System, Operating					
Expenses	<u>0</u>	<u>19,498,206</u>	<u>19,437,529</u>	<u>18,803,009</u>	
General Fund	0	4,580,299	4,772,010	4,772,010	
Cash Funds	0	636,645	1,056,309	1,056,309	
Reappropriated Funds	0	7,593,710	7,013,346	6,378,826	
Federal Funds	0	6,687,552	6,595,864	6,595,864	
CBMS SAS-70 Audit	<u>137,975</u>	<u>149,000</u>	<u>149,000</u>	<u>149,000</u>	
General Fund	33,635	38,451	36,558	36,558	
Cash Funds	5,906	4,629	6,906	6,906	
Reappropriated Funds	50,545	50,849	55,204	55,204	
Federal Funds	47,889	55,071	50,332	50,332	
CBMS Modernization, Contract Expenses	<u>0</u>	<u>0</u>	<u>12,279,762</u>	<u>0</u>	
General Fund	0	0	2,950,265	0	
Cash Funds	0	0	182,116	0	
Reappropriated Funds	0	0	7,894,467	0	
Federal Funds	0	0	1,252,914	0	

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	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	Request vs. Appropriation
CBMS Modernization, DHS Operating Expenses	<u>0</u>	<u>0</u>	<u>64,797</u>	<u>10,451</u>	
General Fund	0	0	24,610	3,967	
Cash Funds	0	0	2,245	363	
Reappropriated Funds	0	0	23,913	3,857	
Federal Funds	0	0	14,029	2,264	
CBMS Modernization, DHS Personal Services	<u>0</u>	<u>0</u>	<u>825,118</u>	<u>707,245</u>	
FTE	0.0	0.0	11.0	11.0	
General Fund	0	0	313,380	268,612	
Cash Funds	0	0	28,582	24,499	
Reappropriated Funds	0	0	304,510	261,009	
Federal Funds	0	0	178,646	153,125	
CBMS Modernization, HCPF Personal Services, Operating Expenses, and Centrally Appropriated Expenses	<u>0</u>	<u>0</u>	<u>997,655</u>	<u>810,858</u>	
General Fund	0	0	378,909	307,964	
Cash Funds	0	0	34,559	28,088	
Reappropriated Funds	0	0	368,184	299,247	
Federal Funds	0	0	216,003	175,559	
Purchase of Services from Computer Center	<u>12,857,124</u>	<u>14,212,169</u>	<u>17,510,871</u>	<u>15,508,909</u>	*
General Fund	6,816,428	7,281,088	8,950,994	7,860,376	
Cash Funds	116,124	181,756	220,180	193,352	
Reappropriated Funds	196,976	220,113	313,022	274,882	
Federal Funds	5,727,596	6,529,212	8,026,675	7,180,299	

*This line item contains a decision item.

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	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	Request vs. Appropriation
Multiuse Network Payments	<u>2,895,996</u>	<u>3,093,056</u>	<u>2,475,101</u>	<u>2,791,945</u>	
General Fund	1,996,762	2,034,331	1,627,897	1,836,288	
Cash Funds	4,262	26,750	21,405	24,145	
Reappropriated Funds	169,236	270,623	216,556	244,278	
Federal Funds	725,736	761,352	609,243	687,234	
Management and Administration of OIT	<u>1,615,982</u>	<u>1,660,209</u>	<u>440,909</u>	<u>410,608</u>	
General Fund	1,248,984	1,263,001	335,421	312,369	
Cash Funds	28,230	26,430	7,019	6,537	
Reappropriated Funds	95,688	134,466	35,711	33,257	
Federal Funds	243,080	236,312	62,758	58,445	
Communication Services Payments	<u>187,760</u>	<u>201,019</u>	<u>185,474</u>	<u>172,007</u>	
General Fund	159,596	172,326	159,001	147,456	
Reappropriated Funds	28,164	28,693	26,473	24,551	
COFRS Modernization	<u>0</u>	<u>0</u>	<u>1,577,831</u>	<u>1,577,831</u>	
General Fund	0	0	814,729	814,729	
Cash Funds	0	0	251,033	251,033	
Federal Funds	0	0	512,069	512,069	
Adult Protective Data System	<u>0</u>	<u>0</u>	<u>0</u>	<u>250,000</u> *	
Cash Funds	0	0	0	250,000	
Integrated Behavioral Health Services Data Collection	<u>0</u>	<u>0</u>	<u>0</u>	<u>480,000</u> *	
General Fund	0	0	0	288,000	
Federal Funds	0	0	0	192,000	

*This line item contains a decision item.

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	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	Request vs. Appropriation
Office of Information Technology, Colorado Benefits					
Management System	<u>23,684,287</u>	<u>0</u>	<u>0</u>	<u>0</u>	
General Fund	5,739,952	0	0	0	
Cash Funds	964,313	0	0	0	
Reappropriated Funds	8,544,120	0	0	0	
Federal Funds	8,435,902	0	0	0	
CBMS Client Services Improvement Project	<u>2,211,200</u>	<u>0</u>	<u>0</u>	<u>0</u>	
General Fund	537,641	0	0	0	
Cash Funds	86,724	0	0	0	
Reappropriated Funds	795,719	0	0	0	
Federal Funds	791,116	0	0	0	
TANF-Specific CBMS Changes	<u>495,763</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Federal Funds	495,763	0	0	0	
TOTAL - (2) Office of Information Technology					
Services	53,780,506	53,934,324	72,577,672	58,305,488	(19.7%)
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>11.0</u>	<u>11.0</u>	<u>0.0%</u>
General Fund	20,841,233	20,861,404	25,987,845	22,272,400	(14.3%)
Cash Funds	1,211,304	1,079,776	2,081,720	2,112,598	1.5%
Reappropriated Funds	10,086,193	10,929,905	19,174,962	10,498,687	(45.2%)
Federal Funds	21,641,776	21,063,239	25,333,145	23,421,803	(7.5%)

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	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	Request vs. Appropriation
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(3) OFFICE OF OPERATIONS

This section contains appropriations for various central departmental functions including accounting, auditing, contracting, purchasing, vehicle leases, and facilities management.

(A) Administration

Personal Services	<u>22,553,842</u>	<u>21,636,210</u>	<u>22,487,542</u>	<u>22,527,408</u>	*
FTE	431.7	433.1	432.8	434.8	
General Fund	11,426,220	11,175,363	12,702,958	12,673,254	
Cash Funds	2,416,311	2,425,826	1,947,505	2,026,990	
Reappropriated Funds	5,629,391	5,414,949	5,945,930	5,936,015	
Federal Funds	3,081,920	2,620,072	1,891,149	1,891,149	
Operating Expenses	<u>3,402,170</u>	<u>3,224,151</u>	<u>3,370,651</u>	<u>3,377,779</u>	*
General Fund	2,803,970	2,744,398	2,454,829	2,454,829	
Cash Funds	17,274	16,720	4,294	11,422	
Reappropriated Funds	465,839	417,610	711,909	711,909	
Federal Funds	115,087	45,423	199,619	199,619	
Vehicle Lease Payments	<u>1,051,421</u>	<u>997,039</u>	<u>1,147,433</u>	<u>1,147,433</u>	
General Fund	685,449	649,591	598,128	598,128	
Cash Funds	60,448	59,313	82,850	82,850	
Reappropriated Funds	228,564	218,022	284,676	284,676	
Federal Funds	76,960	70,113	181,779	181,779	

*This line item contains a decision item.

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	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	Request vs. Appropriation
Leased Space	<u>2,230,524</u>	<u>2,244,852</u>	<u>2,410,915</u>	<u>2,410,915</u>	
General Fund	600,733	582,907	588,759	588,759	
Cash Funds	9,855	9,059	37,416	37,416	
Reappropriated Funds	0	0	22,527	22,527	
Federal Funds	1,619,936	1,652,886	1,762,213	1,762,213	
Capitol Complex Leased Space	<u>1,246,413</u>	<u>1,275,856</u>	<u>1,260,108</u>	<u>1,568,312</u> *	
General Fund	1,246,413	1,255,768	577,277	718,471	
Cash Funds	0	0	67,728	84,293	
Reappropriated Funds	0	20,088	73,507	91,486	
Federal Funds	0	0	541,596	674,062	
Utilities	<u>7,756,203</u>	<u>8,308,325</u>	<u>7,766,210</u>	<u>9,096,962</u> *	
General Fund	6,221,740	6,854,118	6,168,693	7,499,445	
Cash Funds	0	0	50,000	50,000	
Reappropriated Funds	1,534,463	1,454,207	1,547,517	1,547,517	
SUBTOTAL - (A) Administration	38,240,573	37,686,433	38,442,859	40,128,809	4.4%
FTE	<u>431.7</u>	<u>433.1</u>	<u>432.8</u>	<u>434.8</u>	0.5%
General Fund	22,984,525	23,262,145	23,090,644	24,532,886	6.2%
Cash Funds	2,503,888	2,510,918	2,189,793	2,292,971	4.7%
Reappropriated Funds	7,858,257	7,524,876	8,586,066	8,594,130	0.1%
Federal Funds	4,893,903	4,388,494	4,576,356	4,708,822	2.9%

(B) Special Purpose

Buildings and Grounds Rental	<u>447,999</u>	<u>407,267</u>	<u>1,018,818</u>	<u>1,018,818</u>
FTE	4.8	3.4	6.5	6.5
Cash Funds	447,999	407,267	1,018,818	1,018,818

*This line item contains a decision item.

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	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	Request vs. Appropriation
State Garage Fund	<u>708,287</u>	<u>711,386</u>	<u>731,213</u>	<u>731,213</u>	
FTE	3.0	2.1	2.6	2.6	
Reappropriated Funds	708,287	711,386	731,213	731,213	
SUBTOTAL - (B) Special Purpose	1,156,286	1,118,653	1,750,031	1,750,031	0.0%
FTE	<u>7.8</u>	<u>5.5</u>	<u>9.1</u>	<u>9.1</u>	<u>(0.0%)</u>
Cash Funds	447,999	407,267	1,018,818	1,018,818	0.0%
Reappropriated Funds	708,287	711,386	731,213	731,213	0.0%
TOTAL - (3) Office of Operations	39,396,859	38,805,086	40,192,890	41,878,840	4.2%
FTE	<u>439.5</u>	<u>438.6</u>	<u>441.9</u>	<u>443.9</u>	<u>0.5%</u>
General Fund	22,984,525	23,262,145	23,090,644	24,532,886	6.2%
Cash Funds	2,951,887	2,918,185	3,208,611	3,311,789	3.2%
Reappropriated Funds	8,566,544	8,236,262	9,317,279	9,325,343	0.1%
Federal Funds	4,893,903	4,388,494	4,576,356	4,708,822	2.9%

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	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	Request vs. Appropriation
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(8) MENTAL HEALTH AND ALCOHOL AND DRUG ABUSE SERVICES

This section includes funding for non-Medicaid mental health community programs, the State's two mental health institutes, non-Medicaid alcohol and drug abuse programs, co-occurring behavioral health services, and the central administration of these programs.

(A) Administration

The Administration section contains appropriations for the administration of behavioral health programs for adults and children. The cash funds in this section are from the State's tobacco settlement moneys and patient revenues collected by the State's two mental health institutes. The reappropriated funds are Medicaid dollars transferred from the Department of Health Care Policy and Financing. The primary sources of federal funds are the Substance Abuse Prevention and Treatment Block Grant and the Mental Health Services Block Grant.

Personal Services	<u>4,108,711</u>	<u>4,051,579</u>	<u>4,412,956</u>	<u>4,473,646</u>
FTE	48.2	48.7	55.9	56.7
General Fund	1,047,842	1,144,889	1,215,248	1,282,158
Cash Funds	307,500	219,449	305,206	305,206
Reappropriated Funds	745,530	703,343	810,274	804,054
Federal Funds	2,007,839	1,983,898	2,082,228	2,082,228
Operating Expenses	<u>274,615</u>	<u>280,142</u>	<u>291,668</u>	<u>297,321</u>
General Fund	25,847	17,360	18,729	24,382
Cash Funds	24,687	33,286	38,962	38,962
Reappropriated Funds	15,824	15,823	16,266	16,266
Federal Funds	208,257	213,673	217,711	217,711
Indirect Cost Assessment	<u>349,077</u>	<u>500,152</u>	<u>270,861</u>	<u>270,861</u>
Cash Funds	3,280	3,280	3,280	3,280
Federal Funds	345,797	496,872	267,581	267,581

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	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	Request vs. Appropriation
Federal Programs and Grants	<u>399,452</u>	<u>146,793</u>	<u>2,525,646</u>	<u>2,525,646</u>	
FTE	2.1	1.1	6.0	6.0	
Federal Funds	399,452	146,793	2,525,646	2,525,646	
Other Federal Grants	<u>303,669</u>	<u>189,849</u>	<u>457,383</u>	<u>457,383</u>	
FTE	0.0	2.0	0.0	0.0	
Federal Funds	303,669	189,849	457,383	457,383	
Supportive Housing and Homeless Program	<u>19,055,978</u>	<u>0</u>	<u>0</u>	<u>0</u>	
FTE	15.8	0.0	0.0	0.0	
Federal Funds	19,055,978	0	0	0	
SUBTOTAL - (A) Administration	24,491,502	5,168,515	7,958,514	8,024,857	0.8%
FTE	<u>66.1</u>	<u>51.8</u>	<u>61.9</u>	<u>62.7</u>	<u>1.3%</u>
General Fund	1,073,689	1,162,249	1,233,977	1,306,540	5.9%
Cash Funds	335,467	256,015	347,448	347,448	0.0%
Reappropriated Funds	761,354	719,166	826,540	820,320	(0.8%)
Federal Funds	22,320,992	3,031,085	5,550,549	5,550,549	0.0%

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	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	Request vs. Appropriation
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(B) Mental Health Community Programs

This section funds mental health services for the medically indigent population, which is defined as individuals with an income is less than 300.0 percent of the federal poverty level, who are not eligible for Medicaid, and who do not receive mental health services from any other system. Cash funds sources include tobacco settlement moneys and local funds from treatment providers. The reappropriated funds are primarily Medicaid funds that are transferred from the Department of Health Care Policy and Financing. The majority of the federal funds are from the Mental Health Services Block Grant.

(I) Mental Health Services for the Medically Indigent

Services for Indigent Mentally Ill Clients	<u>39,274,337</u>	<u>39,177,821</u>	<u>39,170,328</u>	<u>39,661,951</u>	*
General Fund	32,774,850	32,774,830	32,774,850	33,266,473	
Reappropriated Funds	0	0	161,909	161,909	
Federal Funds	6,499,487	6,402,991	6,233,569	6,233,569	
Medications for Indigent Mentally Ill Clients	<u>1,713,993</u>	<u>1,713,993</u>	<u>1,713,993</u>	<u>1,739,703</u>	*
General Fund	1,713,993	1,713,993	1,713,993	1,739,703	
Early Childhood Mental Health Services	<u>1,135,359</u>	<u>1,143,107</u>	<u>1,146,676</u>	<u>1,163,876</u>	*
General Fund	1,135,359	1,143,107	1,146,676	1,163,876	
Assertive Community Treatment Programs	<u>1,290,400</u>	<u>1,290,400</u>	<u>1,290,400</u>	<u>1,309,756</u>	*
General Fund	645,200	645,200	645,200	654,878	
Cash Funds	645,200	645,200	645,200	654,878	
Alternatives to Inpatient Hospitalization at a Mental Health Institute	<u>3,138,615</u>	<u>3,138,615</u>	<u>3,138,615</u>	<u>3,185,694</u>	*
General Fund	3,138,615	3,138,615	3,138,615	3,185,694	
Mental Health Services for Juvenile and Adult Offenders	<u>3,794,185</u>	<u>3,482,992</u>	<u>3,308,768</u>	<u>3,308,768</u>	
Cash Funds	3,794,185	3,482,992	3,308,768	3,308,768	

*This line item contains a decision item.

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Family Advocacy Demonstration Sites	<u>156,923</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Cash Funds	156,923	0	0	0	
SUBTOTAL - (I) Mental Health Services for the Medically Indigent					
	50,503,812	49,946,928	49,768,780	50,369,748	1.2%
<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	39,408,017	39,415,745	39,419,334	40,010,624	1.5%
Cash Funds	4,596,308	4,128,192	3,953,968	3,963,646	0.2%
Reappropriated Funds	0	0	161,909	161,909	0.0%
Federal Funds	6,499,487	6,402,991	6,233,569	6,233,569	0.0%
(II) Residential Treatment for Youth					
Residential Treatment for Youth (H.B. 99-1116)	<u>862,519</u>	<u>1,018,777</u>	<u>976,994</u>	<u>987,149</u> *	
General Fund	414,673	517,234	560,154	568,556	
Cash Funds	300,000	384,704	300,000	300,000	
Reappropriated Funds	147,846	116,839	116,840	118,593	
SUBTOTAL - (II) Residential Treatment for Youth					
	862,519	1,018,777	976,994	987,149	1.0%
<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	414,673	517,234	560,154	568,556	1.5%
Cash Funds	300,000	384,704	300,000	300,000	0.0%
Reappropriated Funds	147,846	116,839	116,840	118,593	1.5%

*This line item contains a decision item.

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SUBTOTAL - (B) Mental Health Community					
Programs	51,366,331	50,965,705	50,745,774	51,356,897	1.2%
<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	39,822,690	39,932,979	39,979,488	40,579,180	1.5%
Cash Funds	4,896,308	4,512,896	4,253,968	4,263,646	0.2%
Reappropriated Funds	147,846	116,839	278,749	280,502	0.6%
Federal Funds	6,499,487	6,402,991	6,233,569	6,233,569	0.0%

(C) Mental Health Institutes

The Department operates two State mental health institutes providing inpatient hospitalization for individuals with serious mental illnesses. The Colorado Mental Health Institute at Fort Logan (Fort Logan), located in southwest Denver, has an adult treatment division with 94 total beds. The Colorado Mental Health Institute at Pueblo (CMHIP) is organized into five treatment divisions (adolescent, adult, geriatric, co-occurring mental illness and substance abuse disorders, and forensics) with 451 total beds.

Mental Health Institute - Ft. Logan	<u>19,928,717</u>	<u>19,254,908</u>	<u>0</u>	<u>0</u>
FTE	237.7	223.0	0.0	0.0
General Fund	15,928,541	16,237,767	0	0
Cash Funds	3,338,261	2,740,522	0	0
Reappropriated Funds	661,915	276,619	0	0
 Mental Health Institute - Pueblo	 <u>70,721,000</u>	 <u>71,020,056</u>	 <u>0</u>	 <u>0</u>
FTE	944.4	951.1	0.0	0.0
General Fund	56,819,134	55,830,058	0	0
Cash Funds	6,097,123	7,855,072	0	0
Reappropriated Funds	7,804,743	7,334,926	0	0

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Mental Health Institute - Ft. Logan Personal Services	<u>0</u>	<u>0</u>	<u>18,047,742</u>	<u>18,074,275</u>	*
FTE	0.0	0.0	214.6	216.4	
General Fund	0	0	15,297,904	15,324,437	
Cash Funds	0	0	2,504,284	2,504,284	
Reappropriated Funds	0	0	245,554	245,554	
Mental Health Institute - Ft. Logan Operating Expenses	<u>0</u>	<u>0</u>	<u>1,056,212</u>	<u>1,080,718</u>	*
General Fund	0	0	896,929	921,435	
Cash Funds	0	0	123,601	123,601	
Reappropriated Funds	0	0	35,682	35,682	
Mental Health Institute - Ft. Logan Pharmaceuticals	<u>0</u>	<u>0</u>	<u>1,155,027</u>	<u>1,155,027</u>	
General Fund	0	0	1,017,128	1,017,128	
Cash Funds	0	0	107,007	107,007	
Reappropriated Funds	0	0	30,892	30,892	
Mental Health Institute - Pueblo Personal Services	<u>0</u>	<u>0</u>	<u>63,454,588</u>	<u>65,681,971</u>	*
FTE	0.0	0.0	950.8	956.3	
General Fund	0	0	50,857,496	53,084,879	
Cash Funds	0	0	5,672,298	5,672,298	
Reappropriated Funds	0	0	6,924,794	6,924,794	
Mental Health Institute - Pueblo Operating Expenses	<u>0</u>	<u>0</u>	<u>4,797,363</u>	<u>4,891,281</u>	*
General Fund	0	0	3,924,161	4,018,079	
Cash Funds	0	0	403,362	403,362	
Reappropriated Funds	0	0	469,840	469,840	

*This line item contains a decision item.

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Mental Health Institute - Pueblo Pharmaceuticals	<u>0</u>	<u>0</u>	<u>4,349,683</u>	<u>4,349,683</u>	
General Fund	0	0	3,705,994	3,705,994	
Cash Funds	0	0	297,405	297,405	
Reappropriated Funds	0	0	346,284	346,284	
Mental Health Institute - Pueblo Educational Programs	<u>716,289</u>	<u>480,537</u>	<u>138,640</u>	<u>138,640</u>	
FTE	5.4	2.7	2.7	2.7	
General Fund	100,190	44,024	19,667	19,667	
Cash Funds	27,277	0	0	0	
Reappropriated Funds	216,998	104,947	118,973	118,973	
Federal Funds	371,824	331,566	0	0	
SUBTOTAL - (C) Mental Health Institutes	91,366,006	90,755,501	92,999,255	95,371,595	2.6%
FTE	<u>1187.5</u>	<u>1176.8</u>	<u>1168.1</u>	<u>1175.4</u>	<u>0.6%</u>
General Fund	72,847,865	72,111,849	75,719,279	78,091,619	3.1%
Cash Funds	9,462,661	10,595,594	9,107,957	9,107,957	0.0%
Reappropriated Funds	8,683,656	7,716,492	8,172,019	8,172,019	0.0%
Federal Funds	371,824	331,566	0	0	0.0%

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(D) Alcohol and Drug Abuse Division

This section contains appropriations for alcohol and drug abuse prevention, intervention, and treatment services. Treatment, prevention, and detoxification services are provided primarily through six managed care service organizations, each of which is responsible for managing the provision of services within a specific geographic area. Cash fund sources include moneys in the Drug Offender Surcharge Fund, the Law Enforcement Assistance Fund, and the Persistent Drunk Driver Cash Fund. The Substance Abuse Prevention and Treatment Block Grant is the primary source of federal funds.

(I) Treatment Services

Treatment and Detoxification Contracts	<u>23,127,530</u>	<u>22,800,002</u>	<u>23,179,819</u>	<u>23,349,884</u>	*
General Fund	11,309,025	11,326,670	11,337,648	11,507,713	
Cash Funds	1,209,820	1,125,385	331,218	331,218	
Reappropriated Funds	275,706	0	1,163,006	1,163,006	
Federal Funds	10,332,979	10,347,947	10,347,947	10,347,947	
Case Management for Chronic Detoxification Clients	<u>369,311</u>	<u>369,311</u>	<u>369,311</u>	<u>369,347</u>	*
General Fund	2,428	2,428	2,428	2,464	
Federal Funds	366,883	366,883	366,883	366,883	
Short-term Intensive Residential Remediation and Treatment (STIRRT)	<u>3,128,717</u>	<u>3,240,091</u>	<u>3,340,683</u>	<u>3,390,794</u>	*
General Fund	2,935,993	2,957,367	2,957,367	3,001,728	
Cash Funds	192,724	282,724	0	0	
Reappropriated Funds	0	0	383,316	389,066	
High Risk Pregnant Women Program	<u>1,191,166</u>	<u>1,126,309</u>	<u>1,999,146</u>	<u>2,029,133</u>	*
Reappropriated Funds	1,191,166	1,126,309	1,999,146	2,029,133	

*This line item contains a decision item.

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	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	Request vs. Appropriation
SUBTOTAL - (I) Treatment Services	27,816,724	27,535,713	28,888,959	29,139,158	0.9%
<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	14,247,446	14,286,465	14,297,443	14,511,905	1.5%
Cash Funds	1,402,544	1,408,109	331,218	331,218	0.0%
Reappropriated Funds	1,466,872	1,126,309	3,545,468	3,581,205	1.0%
Federal Funds	10,699,862	10,714,830	10,714,830	10,714,830	0.0%
(II) Prevention and Intervention					
Prevention Contracts	<u>3,702,449</u>	<u>3,829,412</u>	<u>3,886,951</u>	<u>3,886,951</u>	
General Fund	33,649	33,649	33,649	33,649	
Cash Funds	5,000	15,000	27,072	27,072	
Federal Funds	3,663,800	3,780,763	3,826,230	3,826,230	
Persistent Drunk Driver Programs	<u>1,251,268</u>	<u>1,439,436</u>	<u>1,670,823</u>	<u>1,670,823</u>	
Cash Funds	1,251,268	1,439,436	1,670,823	1,670,823	
Law Enforcement Assistance Fund Contracts	<u>168,559</u>	<u>135,633</u>	<u>255,000</u>	<u>255,000</u>	
Cash Funds	168,559	135,633	255,000	255,000	
SUBTOTAL - (II) Prevention and Intervention	5,122,276	5,404,481	5,812,774	5,812,774	0.0%
<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	33,649	33,649	33,649	33,649	0.0%
Cash Funds	1,424,827	1,590,069	1,952,895	1,952,895	0.0%
Federal Funds	3,663,800	3,780,763	3,826,230	3,826,230	0.0%
(III) Other Programs					
Federal Grants	<u>2,276,054</u>	<u>3,403,072</u>	<u>2,625,422</u>	<u>2,625,422</u>	
Reappropriated Funds	0	0	0	0	
Federal Funds	2,276,054	3,403,072	2,625,422	2,625,422	

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Balance of Substance Abuse Block Grant Programs	<u>8,642,456</u>	<u>8,774,622</u>	<u>6,671,360</u>	<u>6,674,150</u> *	
General Fund	175,442	185,967	185,968	188,758	
Federal Funds	8,467,014	8,588,655	6,485,392	6,485,392	
Community Prevention and Treatment	<u>888,082</u>	<u>813,771</u>	<u>782,400</u>	<u>782,400</u>	
Cash Funds	888,082	813,771	782,400	782,400	
Gambling Addiction Counseling Services	<u>71,129</u>	<u>68,417</u>	<u>57,949</u>	<u>0</u>	
Reappropriated Funds	71,129	68,417	57,949	0	
Rural Substance Abuse Prevention and Treatment	<u>0.0</u>	<u>88,436</u>	<u>88,443</u>	<u>88,443</u>	
Cash Funds	0	88,436	88,443	88,443	
SUBTOTAL - (III) Other Programs	11,877,721	13,148,318	10,225,574	10,170,415	(0.5%)
<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	175,442	185,967	185,968	188,758	1.5%
Cash Funds	888,082	902,207	870,843	870,843	0.0%
Reappropriated Funds	71,129	68,417	57,949	0	(100.0%)
Federal Funds	10,743,068	11,991,727	9,110,814	9,110,814	0.0%
SUBTOTAL - (D) Alcohol and Drug Abuse Division	44,816,721	46,088,512	44,927,307	45,122,347	0.4%
<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	14,456,537	14,506,081	14,517,060	14,734,312	1.5%
Cash Funds	3,715,453	3,900,385	3,154,956	3,154,956	0.0%
Reappropriated Funds	1,538,001	1,194,726	3,603,417	3,581,205	(0.6%)
Federal Funds	25,106,730	26,487,320	23,651,874	23,651,874	0.0%

*This line item contains a decision item.

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(E) Co-occurring Behavioral Health Services

This section was created by H.B. 10-1284 to fund mental health and substance abuse services for juveniles and adults at risk of becoming or currently involved in the criminal justice system. Reappropriated funds are transferred from the Judicial Department for substance use disorder offender services.

Behavioral Health Services for Juveniles and Adults at Risk or Involved in the Criminal Justice System (H.B.

10-1284)	<u>329,080</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	329,080	0	0	0

Substance Use Disorder Offender Services (H.B.

10-1352)	<u>0</u>	<u>1,118,134</u>	<u>1,819,900</u>	<u>1,847,199</u> *
Reappropriated Funds	0	1,118,134	1,819,900	1,847,199

Community Transition Services

General Fund	<u>0</u>	<u>0</u>	<u>0</u>	<u>4,865,731</u> *
	0	0	0	4,865,731

Crisis Response System

General Fund	<u>0</u>	<u>0</u>	<u>0</u>	<u>10,343,940</u> *
	0	0	0	10,343,940

SUBTOTAL - (E) Co-occurring Behavioral Health Services	329,080	1,118,134	1,819,900	17,056,870	837.2%
<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	329,080	0	0	15,209,671	0.0%
Reappropriated Funds	0	1,118,134	1,819,900	1,847,199	1.5%

*This line item contains a decision item.

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TOTAL - (8) Mental Health and Alcohol and Drug					
Abuse Services	212,369,640	194,096,367	198,450,750	216,932,566	9.3%
<i>FTE</i>	<u>1253.6</u>	<u>1228.6</u>	<u>1230.0</u>	<u>1238.1</u>	<u>0.7%</u>
General Fund	128,529,861	127,713,158	131,449,804	149,921,322	14.1%
Cash Funds	18,409,889	19,264,890	16,864,329	16,874,007	0.1%
Reappropriated Funds	11,130,857	10,865,357	14,700,625	14,701,245	0.0%
Federal Funds	54,299,033	36,252,962	35,435,992	35,435,992	0.0%
TOTAL - EDO-OITS-OPS-MHADAD					
<i>FTE</i>	<u>1821.0</u>	<u>1793.0</u>	<u>1822.4</u>	<u>1832.5</u>	<u>0.6%</u>
General Fund	204,958,719	207,201,654	221,086,447	246,075,530	11.3%
Cash Funds	25,443,887	26,964,310	25,646,023	25,825,458	0.7%
Reappropriated Funds	43,366,087	43,544,227	61,522,007	54,835,811	(10.9%)
Federal Funds	90,776,060	71,789,052	76,665,702	76,932,503	0.3%

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	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	Request vs. Appropriation
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DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
Sue Birch, Executive Director

(6) DEPARTMENT OF HUMAN SERVICES MEDICAID-FUNDED PROGRAMS

Primary functions: This division reflects the Medicaid funding used by the Department of Human Services. The Medicaid dollars appropriated to that Department are first appropriated in this division and then transferred to the Department of Human Services. See the Department of Human Services for additional details about the line items contained in this division.

(A) Executive Director's Office - Medicaid Funding

Executive Director's Office - Medicaid Funding	<u>12,070,429</u>	<u>11,608,558</u>	<u>15,276,073</u>	<u>17,007,403</u>
General Fund	5,632,925	5,804,279	7,638,037	8,504,040
Federal Funds	6,437,504	5,804,279	7,638,036	8,503,363

SUBTOTAL - (A) Executive Director's Office - Medicaid Funding	12,070,429	11,608,558	15,276,073	17,007,403	11.3%
<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	5,632,925	5,804,279	7,638,037	8,504,040	11.3%
Federal Funds	6,437,504	5,804,279	7,638,036	8,503,363	11.3%

(B) Office of Information Technology Services - Medicaid Funding

Colorado Benefits Management System	<u>8,547,537</u>	<u>9,447,008</u>	<u>9,040,363</u>	<u>8,405,843</u>
General Fund	4,242,887	4,147,409	4,489,039	4,173,836
Cash Funds	19,715	550,920	14,481	13,660
Reappropriated Funds	0	25,562	20,577	18,809
Federal Funds	4,284,935	4,723,117	4,516,266	4,199,538

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CBMS SAS-70 Audit	<u>50,545</u>	<u>50,850</u>	<u>55,204</u>	<u>55,204</u>	
General Fund	25,114	25,294	27,416	27,416	
Cash Funds	65	53	89	89	
Reappropriated Funds	132	112	119	119	
Federal Funds	25,234	25,391	27,580	27,580	
Colorado Benefits Management System, HCPF Only	<u>0</u>	<u>812,400</u>	<u>611,520</u>	<u>611,520</u>	
General Fund	0	107,460	0	0	
Cash Funds	0	298,740	305,760	305,760	
Federal Funds	0	406,200	305,760	305,760	
CBMS Modernization	<u>0</u>	<u>0</u>	<u>7,591,074</u>	<u>564,113</u>	
General Fund	0	0	3,287,514	280,262	
Cash Funds	0	0	10,708	2,394	
Federal Funds	0	0	4,292,852	281,457	
Other Office of Information Technology Services line items	<u>540,941</u>	<u>555,484</u>	<u>500,820</u>	<u>484,931</u>	
General Fund	220,082	277,742	250,410	242,465	
Federal Funds	320,859	277,742	250,410	242,466	
CBMS Client Services Improvement Project	<u>795,719</u>	<u>0</u>	<u>0</u>	<u>0</u>	
General Fund	396,274	0	0	0	
Cash Funds	456	0	0	0	
Reappropriated Funds	2,972	0	0	0	
Federal Funds	396,017	0	0	0	

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SUBTOTAL - (B) Office of Information Technology					
Services - Medicaid Funding	9,934,742	10,865,742	17,798,981	10,121,611	(43.1%)
<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	4,884,357	4,557,905	8,054,379	4,723,979	(41.3%)
Cash Funds	20,236	849,713	331,038	321,903	(2.8%)
Reappropriated Funds	3,104	25,674	20,696	18,928	(8.5%)
Federal Funds	5,027,045	5,432,450	9,392,868	5,056,801	(46.2%)

***E+Office of Operations - Medicaid Funding**

Office of Operations - Medicaid Funding	<u>4,573,767</u>	<u>4,082,810</u>	<u>4,824,525</u>	<u>4,819,463</u>	
General Fund	1,859,383	2,041,406	2,412,263	2,409,732	
Federal Funds	2,714,384	2,041,404	2,412,262	2,409,731	

SUBTOTAL - *E+Office of Operations - Medicaid Funding					
Funding	4,573,767	4,082,810	4,824,525	4,819,463	(0.1%)
<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	1,859,383	2,041,406	2,412,263	2,409,732	(0.1%)
Federal Funds	2,714,384	2,041,404	2,412,262	2,409,731	(0.1%)

(F) Mental Health and Alcohol and Drug Abuse Services - Medicaid Funding

Administration	<u>283,757</u>	<u>287,245</u>	<u>388,784</u>	<u>388,784</u>	
General Fund	141,878	143,623	194,392	194,392	
Federal Funds	141,879	143,622	194,392	194,392	
Residential Treatment for Youth (H.B. 99-1116)	<u>147,846</u>	<u>201,542</u>	<u>116,840</u>	<u>118,593</u>	
General Fund	62,164	100,771	58,420	59,297	
Federal Funds	85,682	100,771	58,420	59,296	

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	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Appropriation	FY 2013-14 Request	Request vs. Appropriation
Mental Health Institutes	<u>4,622,208</u>	<u>4,755,640</u>	<u>5,322,778</u>	<u>5,322,778</u>	
General Fund	1,868,406	2,377,820	2,661,389	2,661,389	
Federal Funds	2,753,802	2,377,820	2,661,389	2,661,389	
Alcohol and Drug Abuse Division, High Risk Pregnant Women Program	<u>1,191,166</u>	<u>1,126,310</u>	<u>1,999,146</u>	<u>2,029,133</u>	
General Fund	489,860	563,155	999,573	1,014,567	
Federal Funds	701,306	563,155	999,573	1,014,566	
Alcohol and Drug Abuse Division, Administration	<u>53,557</u>	<u>0</u>	<u>0</u>	<u>0</u>	
General Fund	26,778	0	0	0	
Federal Funds	26,779	0	0	0	
SUBTOTAL - (F) Mental Health and Alcohol and Drug Abuse Services - Medicaid Funding	6,298,534	6,370,737	7,827,548	7,859,288	0.4%
<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	2,589,086	3,185,369	3,913,774	3,929,645	0.4%
Federal Funds	3,709,448	3,185,368	3,913,774	3,929,643	0.4%

Appendix B: **Recent Legislation Affecting Department Budget**

2011 Session Bills

S.B. 11-076 (PERA contribution rates): For the 2011-12 state fiscal year only, reduces the employer contribution rate for the State and Judicial divisions of the Public Employees' Retirement Association (PERA) by 2.5 percent and increases the member contribution rate for these divisions by the same amount. In effect, continues the FY 2010-11 PERA contribution adjustments authorized through S.B. 10-146 for one additional year. Reduces the Department's total appropriation by \$5,248,580 total funds, of which \$3,034,793 is General Fund, \$204,655 is cash funds, \$1,196,670 is reappropriated funds, and \$812,462 is federal funds.

S.B. 11-209 (Long Bill): General appropriations act for FY 2011-12.

H.B. 11-1043 (medical marijuana provisions): Clarifies a number of provisions in the Colorado Medical Marijuana Code for licensure, licensee operations, sales and use taxes, access to records, patients, physicians and caregivers, research and development, and disposition of marijuana. For FY 2011-12, reduces General Fund appropriations by \$1,000,000 for co-occurring behavioral health services and increases General Fund appropriations by \$1,000,000 and 14.5 FTE for the Colorado Mental Health Institute at Pueblo's Circle Treatment Program. Additionally, the bill appropriates \$7,696 for FY 2011-12 to the Department of Revenue's Information Technology Division and reappropriates the amount to the Governor's Office of Information Technology for programming services.

H.B. 11-1230 (consolidate housing assistance): Consolidates housing assistance programs in the Department of Human Services into the Department of Local Affairs. The bill specifies that the consolidation is to occur no later than July 1, 2011. The bill transfers \$20,101,143 federal funds and 19.5 FTE from the Department of Human Services to the Department of Local Affairs.

2012 Session Bills

H.B. 12-1186 (Supplemental Bill): Supplemental appropriations to modify the Department's FY 2011-12 appropriations.

H.B. 12-1246 (reverse payroll date shift): Eliminates payroll date shift for certain General Fund employees. Increases appropriations to the Department by \$984,145 total funds (including \$726,924 General Fund). For additional information on this bill, see the "Recent Legislation" section in the Department of Personnel.

H.B. 12-1310 (criminal proceedings omnibus changes): Addresses criminal justice matters in several areas including drug offenses, sentencing, court proceedings, sex offenses, probation, and parole. For the Department of Human Services, the bill makes a technical change to eliminate the direct appropriation of cash funds for treatment and detoxification services and short-term

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intensive residential remediation treatment (STIRRT) to the Department and instead reappropriates the same moneys from the Judicial Department. For more information on H.B. 12-1310, please see the "Recent Legislation" section in the Department of Corrections section of this document.

H.B. 12-1335 (Long Bill): General appropriations act for FY 2012-13.

HB 12-1339 (CBMS project): Appropriates moneys for the Colorado Benefits Management System (CBMS) improvement and modernization project, and outlines the Governor's Office of Information Technology's reporting requirements for quarterly project status updates.

- Requires the Governor's Office of Information Technology to monitor the project and provide quarterly reports to the Joint Budget Committee;
- Defines the required elements to be included in each quarterly report to the Joint Budget Committee;
- Appropriates \$9.0 million (including \$5.7 million General Fund) for contracting and equipment expenditures associated with the project in FY 2011-12 and FY 2012-13 for the Governor's Office of Information Technology, the Department of Health Care Policy and Financing, and the Department of Human Services; and;

CBMS Improvement and Modernization Project FY 2011-12 Appropriation By Agency						
Agency/Expense	<u>Total</u>	<u>GF</u>	<u>CF</u>	<u>RF</u>	<u>FF</u>	<u>FTE</u>
Governor's Office of Information Technology (OIT)						
Contract/Equipment Costs	\$8,950,260	\$0	\$0	\$8,950,260	\$0	0.0
Health Care Policy and Financing (HCPF)						
Transfer to DHS	3,654,755	1,820,992	8,521	0	1,825,242	0.0
Human Services (DHS)						
Contract/Equipment Costs	8,950,260	3,845,866	199,942	3,654,755	1,249,697	0.0
Total FY 2011-12 Appropriation*	\$8,950,260	\$5,666,858	\$208,463	n/a	\$3,074,939	0.0

*Reappropriated funds are not included in the total to avoid double counting. All reappropriated funds shown in the DHS are derived from HCPF and all reappropriated funds shown in OIT are derived from the DHS.

- Appropriates \$13.3 million (including \$7.0 million General Fund) and 22.0 FTE for use in FY 2012-13 for the Governor's Office of Information Technology, the Department of Health Care Policy and Financing, and the Department of Human Services for contracting, operating, and personnel costs associated with the project.

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CBMS Improvement and Modernization Project FY 2012-13 Appropriation By Agency						
Agency/Expense	<u>Total</u>	<u>GF</u>	<u>CF</u>	<u>RF</u>	<u>FF</u>	<u>FTE</u>
Governor's Office of Information Technology (OIT)						
Contract/Equipment Costs	\$12,279,762	\$0	\$0	\$12,279,762	\$0	0.0
Total OIT	12,279,762	0	0	12,279,762	0	0.0
Health Care Policy and Financing (HCPF)						
Personal Services	825,119	0	0	825,119	0	11.0
Operating Expenses	64,796	0	0	64,796	0	
Centrally Appropriated	107,740	0	0	107,740	0	0.0
Transfer to DHS	7,630,836	3,307,395	10,708	0	4,312,733	0.0
Total HCPF	8,628,491	3,307,395	10,708	997,655	4,312,733	11.0
Human Services (DHS)						
Personal Services	825,118	313,380	28,582	304,510	178,646	11.0
Operating Expenses	64,797	24,610	2,245	23,913	14,029	0.0
Centrally Appropriated	107,740	40,919	3,732	39,762	23,327	0.0
Contract/Equipment Costs	12,279,762	2,950,265	182,116	7,894,467	1,252,914	0.0
Transfer to HCPF	997,655	378,909	34,559	368,184	216,003	0.0
Total DHS	14,275,072	3,708,083	251,234	8,630,836	1,684,919	11.0
Total FY 2012-13 Appropriation*	\$13,275,072	\$7,015,478	\$261,942	n/a	\$5,997,652	22.0

*Reappropriated funds are not included in the total to avoid double counting. All reappropriated funds shown in DHS are derived from HCPF and all reappropriated funds shown in OIT are derived from the DHS.

Appendix C:

Update on Long Bill Footnotes & Requests for Information

Long Bill Footnotes

- 1** **Department of Corrections, Management, Executive Director's Office Subprogram; Department of Human Services, Mental Health and Alcohol and Drug Abuse Services, Alcohol and Drug Abuse Division; and Division of Youth Corrections; Judicial Department, Probation and Related Services; and Department of Public Safety, Division of Criminal Justice; and Colorado Bureau of Investigation** -- 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 Drug Offender Surcharge Fund, the Offender Identification Fund, the Sex Offender Surcharge Fund, the Persistent Drunk Driver Cash Fund, and the Alcohol and Drug Driving Safety Program Fund, among other programs.

Comment: The Correction Treatment Board submitted the FY 2013-14 budget request. The Department of Human Services' requests \$1.3 million cash funds from drug offender surcharge revenue and \$1.8 million from the savings generated by the sentencing changes put into law via H.B. 10-1352 (Massey/Steadman & Mitchell).

- 27** **Department of Human Services, Mental Health and Alcohol and Drug Abuse Services, Mental Health Institutes** -- The Department may transfer up to 5.0 percent of the total appropriation between the Mental Health Institute – Ft. Logan Personal Services, Mental Health Institute – Ft. Logan Operating Expenses, and Mental Health Institute – Ft. Logan Pharmaceuticals line items. Additionally, the Department may transfer up to 5.0 percent of the total appropriation between the Mental Health Institute – Pueblo Personal Services, Mental Health Institute – Pueblo Operating Expenses, and Mental Health Institute – Pueblo Pharmaceuticals line items.

Comment: The Department indicates that a plan to transfer moneys between the line items has not been implemented as of today. It is anticipated that a plan may be created and available for review in January during the Committee's FY 2012-13 supplemental appropriation consideration phase.

Appendix D: Change Requests' Relationship to Performance Measures

This appendix shows how the Department of Human Services indicates each change request ranks in relation to the Department's top priorities and what performance measures the Department is using to measure success of the request.

Change Requests' Relationship to Performance Measures			
R	Change Request Description	Goals / Objectives	Performance Measures
3A	Increase Access to Mental Health Institute Civil Beds	To promote quality and effective behavioral health practices to strengthen the health, resiliency and recovery of Coloradans.	Average Days on Waiting List – Pueblo Percent of Patients Ready for Discharge – Pueblo Percent of Patients Ready for Discharge – Fort Logan
3B	Improved Community Capacity	To promote quality and effective behavioral health practices to strengthen the health, resiliency and recovery of Coloradans.	The request is linked to the performance measures for the State's mental health institutes.
3C	Crisis Response System	To promote quality and effective behavioral health practices to strengthen the health, resiliency and recovery of Coloradans.	The request is linked to the performance measures for the State's mental health institutes and community-based behavioral health services. If the request is funded, it is anticipated that the Department will develop a new series of performance measures more closely aligned with the goals of the crisis response system.
5	1.5% Community Provider Rate Increase	N/A	N/A
6	Funding Request for Utilities	N/A	N/A
7	Modernize Treatment Services at the Colorado Mental Health Institutes	To promote quality and effective behavioral health practices to strengthen the health, resiliency and recovery of Coloradans.	Rate of seclusion and restraint at each Institute. Number of patient to patient and patient to staff assaults at each Institute.
11	Integrated Behavioral Health Services Data Collection System	To promote quality and effective behavioral health practices to strengthen the health, resiliency and recovery of Coloradans.	The Department is in the process of creating new performance measures focused on the overall health of behavioral health clients served.