

**COLORADO GENERAL ASSEMBLY
JOINT BUDGET COMMITTEE**



**SUPPLEMENTAL REQUESTS FOR FY 2013-14
AND FY 2014-15**

DEPARTMENT OF HUMAN SERVICES

(Behavioral Health Services Only)

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

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TABLE OF CONTENTS

	Narrative Page	Numbers Page
Department Overview	1	N.A.
Summary: FY 2013-14 Appropriation and Recommendation	1	N.A.
Summary: FY 2014-15 Appropriation and Recommendation	2	N.A.
Prioritized Supplementals in Department-assigned Order		
S2 – Mental Health Institute Treatment Unit	4	31
S12 – Mental Health Institutes Pharmaceutical Adjustment	10	33
S14 – Community Transition Services	12	34
S16 – Mental Health Institutes Revenue Adjustments	17	35
S19 – Sanity Evaluation Costs (<i>submitted January 15, 2015</i>)	21	37
Non-prioritized Supplementals		
JBC Staff-initiated supplemental #1 – SB 14-215 Appropriation Adjustment	24	38
Previously approved interim supplemental – Projected FY 2013-14 over-expenditures at the mental health institutes	29	N.A.
Appendices		
A: Numbers Pages	31	N.A.

DEPARTMENT OF HUMAN SERVICES

Department Overview

The Department of Human Services is responsible for the administration and supervision of most non-medical public assistance and welfare activities of the State. 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's FY 2014-15 appropriation represents 7.7 percent of statewide operating appropriations and 8.8 percent of statewide General Fund appropriations.

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

Summary: FY 2013-14 Appropriation and Recommendation

Department of Human Services: Recommended Changes for FY 2013-14						
	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FTE
FY 2013-14 Appropriation						
FY 2013-14 Appropriation	<u>\$207,007,555</u>	<u>\$141,910,159</u>	<u>\$15,277,390</u>	<u>\$14,680,377</u>	<u>\$35,139,629</u>	<u>1,235.7</u>
Current FY 2013-14 Appropriation	\$207,007,555	\$141,910,159	\$15,277,390	\$14,680,377	\$35,139,629	1,235.7
Recommended Changes						
Current FY 2013-14 Appropriation	\$207,007,555	141,910,159	\$15,277,390	\$14,680,377	\$35,139,629	1,235.7
June 2014 Emergency Supplemental for Institutes	<u>1,148,682</u>	<u>(58,609)</u>	<u>1,207,291</u>	<u>0</u>	<u>0</u>	<u>0.0</u>
Recommended FY 2013-14 Appropriation	\$208,156,237	\$141,851,550	\$16,484,681	\$14,680,377	\$35,139,629	1,235.7
Recommended Increase/(Decrease)	\$1,148,682	(\$58,609)	\$1,207,291	\$0	\$0	0.0
Percentage Change	0.6%	(0.0%)	7.9%	0.0%	0.0%	0.0%

JBC Staff Supplemental Recommendations: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Department of Human Services: Recommended Changes for FY 2013-14						
	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FTE
FY 2013-14 Executive Request	\$208,156,237	\$141,851,550	\$16,484,681	\$14,680,377	\$35,139,629	1,235.7
Request Above/(Below) Recommendation	\$0	\$0	\$0	\$0	\$0	0.0

Request/Recommendation Descriptions

June 2014 Emergency Supplemental for Institutes: The Committee approved this supplemental request in June 2014. The Department requested adjustments to five line item appropriations to avoid projected over expenditures by the two mental health institutes in FY 2013-14 and to align appropriations with projected revenues. The increase in cash funds reflects Medicare and Medicaid cost settlement paybacks received in the latter half of FY 2013-14.

Summary: FY 2014-15 Appropriation and Recommendation

Department of Human Services: Recommended Changes for FY 2014-15						
	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FTE
FY 2014-15 Appropriation						
HB 14-1336 (Long Bill)	\$243,876,116	\$177,077,005	\$15,825,917	\$15,741,517	\$35,231,677	1,241.2
Other legislation	<u>3,538,250</u>	<u>0</u>	<u>3,538,250</u>	<u>0</u>	<u>0</u>	<u>0.0</u>
Current FY 2014-15 Appropriation	\$247,414,366	\$177,077,005	\$19,364,167	\$15,741,517	\$35,231,677	1,241.2
Recommended Changes						
Current FY 2014-15 Appropriation	\$247,414,366	177,077,005	\$19,364,167	\$15,741,517	\$35,231,677	1,241.2
S2 Mental Health Institute Treatment Unit	0	0	0	0	0	0.0
S12 Mental Health Institutes Pharmaceutical Adjustment	795,194	795,194	0	0	0	0.0
S14 Community Transition Services	(1,388,163)	(1,388,163)	0	0	0	0.0
S16 Mental Health Institutes Revenue Adjustment	0	(102,240)	(812,872)	915,112	0	0.0
S19 Sanity Evaluation Costs	499,079	499,079	0	0	0	0.0
S-STF1 SB 14-215 Appropriation Adjustment	<u>(452,787)</u>	<u>0</u>	<u>(452,787)</u>	<u>0</u>	<u>0</u>	<u>0.0</u>
Recommended FY 2014-15 Appropriation	\$246,867,689	\$176,880,875	\$18,098,508	\$16,656,629	\$35,231,677	1,241.2
Recommended Increase/(Decrease)	(\$546,677)	(\$196,130)	(\$1,265,659)	\$915,112	\$0	0.0
Percentage Change	(0.2%)	(0.1%)	(6.5%)	5.8%	0.0%	0.0%

Department of Human Services: Recommended Changes for FY 2014-15						
	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FTE
FY 2014-15 Executive Request	\$249,550,339	\$179,104,755	\$18,551,295	\$16,662,612	\$35,231,677	1,271.8
Request Above/(Below) Recommendation	\$2,682,650	\$2,223,880	\$452,787	\$5,983	\$0	30.6

Request/Recommendation Descriptions

S2 Mental Health Institute Treatment Unit: The request includes an increase of \$2,415,911 General Fund and 30.6 FTE for a new security-enhanced treatment unit that was recently created at the Colorado Mental Health Institute at Pueblo (CMHIP). This new unit now houses patients that were previously transferred from CMHIP to a correctional facility for safety reasons. The recommendation does not include the requested funding.

S12 Mental Health Institutes Pharmaceutical Adjustment: The request includes a one-time increase of \$795,194 General Fund for CMHIP for the purchase of medications for patients. The recommendation includes the requested funding.

S14 Community Transition Services: The request includes a one-time reduction of \$1,388,163 General Fund for Community Transition Services to reflect continued delays in implementing a 2013 initiative. The recommendation includes the requested reduction.

S16 Mental Health Institutes Revenue Adjustments: The request includes adjustments to appropriations for the mental health institutes to reflect updated revenue estimates and to ensure both institutes have sufficient resources to cover operational expenses. The recommendation includes the requested adjustments, as well as additional adjustments to correct technical errors in the supplemental request and the underlying appropriations.

S19 Sanity Evaluation Costs: The request includes a one-time appropriation of \$499,079 General Fund to cover estimated expenses associated with sanity evaluations and related trial expenditures. The recommendation includes the requested funding.

S-STF1 SB 14-215 Appropriation Adjustment: The recommendation includes a \$452,787 reduction in the cash funds appropriation from the Marijuana Tax Cash Fund for Jail-based Behavioral Health Services to reflect actual allocations to sheriffs' departments to date. This reduction will reduce the \$6.4 million gap between actual marijuana tax revenues and FY 2014-15 appropriations, and it will mitigate the impact of the Department's proposal to discontinue marijuana tax revenue support for these services in FY 2015-16.

Prioritized Supplemental Requests

SUPPLEMENTAL REQUEST, DEPARTMENT PRIORITY #2 MENTAL HEALTH INSTITUTE TREATMENT UNIT

	Request	Recommendation
Total	<u>\$2,415,911</u>	<u>\$0</u>
FTE	30.6	0.0
General Fund	2,415,911	0
Cash Funds	0	0
Federal Funds	0	0

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]	NO
The Department has indicated that this request is the result of new data. JBC Staff disagrees and does not believe that this request meets supplemental criteria. For more information, see the Staff Analysis section below.	

Department Request: The Department requests \$2,415,911 General Fund and 30.6 FTE for a new security-enhanced treatment unit that was recently created at the Colorado Mental Health Institute at Pueblo (CMHIP). This new unit now houses patients that were previously transferred from CMHIP to a correctional facility for safety reasons. Please note that the Department's November 2014 budget request for FY 2015-16 includes \$2,614,238 General Fund and 36.7 FTE for this purpose.

Staff Recommendation: Staff recommends denying the request because it does not meet supplemental criteria. Further, the fact that the Department elected to make a policy change, spend state funds to implement that policy change, and take actions that are not easily reversed prior to seeking authorization from the General Assembly is completely inconsistent with the legislature's plenary power over appropriations.

Staff Analysis:

Statutory Authorization to Transfer Patients and Inmates Between DHS and DOC

Current law authorizes the transfer of a patient from the Department of Human Services (DHS) to the Department of Corrections (DOC) if he or she is too dangerous to be safely confined at one of the DHS mental health institutes [see Section 17-23-103, C.R.S.]. This provision requires DOC to provide patients transferred to a correctional facility with psychiatric care and treatment substantially equivalent to that provided patients confined at the mental health institutes. As detailed in the following table, a total of eight patients have been transferred pursuant to this provision over the past five fiscal years.

JBC Staff Supplemental Recommendations: FY 2014-15
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CMHIP TO DOC	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
Number of Patients Transferred from CMHIP to DOC	2	1	1	3	1
The average length of stay (days) for patients at DOC	116	*	*	652	1,141

**Length of stay can only be calculated upon patients return.*

Current law also authorizes the DOC to transfer an inmate who has a mental illness and who cannot be safely confined in a correctional facility to a DHS mental health institute [see Section 17-23-101, C.R.S.]. As detailed in the following table, a total of 245 inmates have been transferred pursuant to this provision over the past five fiscal years.

DOC TO CMHIP	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
Number of Inmates Transferred from DOC to CMHIP	76	69	51	26	23
The average length of stay (days) for inmates on CMHIP Men's DOC unit	21.7	21.6	20.1	19.4	19.2

Finally, the following table summarizes the net impact of these two statutory provisions on the number of patients at CMHIP.

CENSUS	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
Average inpatient per day of DOC inmates at CMHIP Men's DOC Unit	17.4	14.3	8.2	5.1	5.8
Average inpatient per day of CMHIP patients at DOC	1.3	1.7	2.9	3.8	4.9
Net impact to census of returning CMHIP patients	(16.1)	(12.6)	(5.3)	(1.3)	(0.9)

Thus, based on FY 2013-14 transfer data, a decision to cease these transfers would have a small positive impact on CMHIP's census (freeing up about one bed). However, as described more fully below, based on the acuity level of the patients that were previously transferred to DOC, a decision to cease these transfers significantly increases the staffing resources required for CMHIP.

Recent Department Policy Changes and Actions

Policy Change. DHS, in coordination with DOC and the Governor's Office, evaluated the first provision cited above which allows individuals who have not been criminally convicted or sentenced to be transferred to a correctional facility. DHS determined that this practice is unacceptable and is potentially a violation of these individuals' civil rights. DHS states that while these individuals' due process rights were protected based on the statutory authority for the transfer, the transfers could have resulted in a lawsuit against the State. Action was taken to immediately cease these transfers and develop a more appropriate setting to provide treatment to these individuals.

Facility Modifications. DHS decided to repurpose an existing eight-bed treatment unit within a 24-bed wing in the Robert L. Hawkins High Security Forensic Institute building at CMHIP to house the CMHIP patients that had previously been transferred to DOC. There were six

individuals on that unit who had to be moved. The Department indicated that two inmates were returned from CMHIP back to DOC, and four patients were relocated to other units at CMHIP. These moves occurred from June 9 to June 23, 2014.

With respect to the transfers of inmates from DOC to CMHIP, the Department notes in its request that "the transfer of DOC offenders to the MHIs will need to be more tightly managed until a safe, viable, long-term solution is implemented, as the Institutes have neither the bed capacity, staffing, nor the correct Treatment Units available to accommodate both [patients previously transferred from CMHIP to DOC and inmates transferred from DOC to CMHIP]". Thus, this policy change is likely to affect the resources available to DOC to manage certain inmates with mental illness.

In order to facilitate a safe return of these patients, the Department paid a contractor to make modifications to the existing eight-bed treatment unit at CMHIP. This unit is "hardened", meaning it consists of brick walls, institutional grade doors and windows, and enhanced security monitoring systems. However, the unit needed to be modified to ensure that the space was appropriate to house the individuals that were previously transferred to DOC for safety reasons (*e.g.*, installing additional window framing and shatterproof glass in patient rooms, installing cameras and audio equipment in patient rooms; integrating the fire extinguisher box into a concrete wall; creating a fully padded room for individuals in the midst of a total psychotic state to deescalate; modifying doors on patient rooms for a pass through tray slot; etc.). These unit modifications were completed by September 2014 at a cost of \$183,086.

Finally, please note that the Department indicates that while the new security-enhanced treatment unit ("E2") can accommodate this patient population in the short-term, it does have structural limitations, such as not having a restroom in each patient room. This requires two additional safety officers to escort a patient for restroom breaks, in addition to any other movement within the unit.

Transfer of Patients from DOC. Between September 23 and October 3, 2014, five patients (including four patients who are civil commitments and one who is a legal commitment of "not guilty by reason of insanity") were transferred from the DOC's San Carlos Correctional Facility back to CMHIP. These five patients were transferred from CMHIP to DOC in 2007, 2008, 2010, and 2013. The E2 milieu is based on Dialectical Behavioral Therapy, which is designed to increase coping and problem-solving skills and stabilize psychiatric disorders. As patients in E2 progress, they will have the opportunity to be transferred to other less restrictive units at CMHIP. The E2 unit has an enhanced staffing ratio as the patient population is highly acute, assaultive, and aggressive. The Department's request indicates that posting and hiring for the newly required positions occurred from June to September of 2014.

JBC Staff Supplemental Recommendations: FY 2014-15
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Department Request for FY 2014-15

For FY 2014-15, the Department requests \$2,415,911 General Fund and 30.6 FTE to operate the new E2 treatment unit at CMHIP. The request is based on the following additional staff:

- four public safety officers per shift for three shifts;
- three nursing staff (including one health care technician to watch eight newly installed cameras in each E2 patient room) per shift for three shifts;
- one psychologist; and
- one half-time contract psychiatrist.

The request is based on a shift relief factor of 1.7, meaning that for each 1.0 FTE on a shift, 5.1 FTE are requested to provide 24/7 coverage. Thus, the request includes a total of 20.4 FTE public safety officers (4.0 FTE per shift X 3 shifts X 1.7 = 20.4). Similarly, the request includes a total of 15.3 FTE nursing staff (3.0 FTE per shift X 3 shifts X 1.7 = 15.3). In addition, the request includes funding for shift differential for those staff working the swing (3:00 to 11:00 pm) and overnight (11:00 pm to 7:00 am) shifts. The FY 2014-15 request includes 10/12 of the annual funding based on the August 2014 start date and the paydate shift. The following table details the components of the Department's supplemental request.

Exhibit A		
Treatment Unit Summary		
Office of Behavioral Health (OBH)	FY 2014-15	FTE
Personal Services	\$2,135,414	30.6
Operating Expenses	\$94,449	
Division of Facilities Management (DFM)		
Building renovation cost	\$183,087	
DFM: Housekeeping and maintenance (annual cost)	\$2,961	
GRAND TOTAL	\$2,415,911	30.6
Additional Details:		
	FY 2014-15	FTE
Personal Services		
Public Safety FTE	\$1,003,255	17.0
Nursing FTE	\$873,939	12.8
Program FTE	\$74,101	0.8
Shift Differential	\$96,152	
Contract Services (Psychiatrist)	\$87,966	
Total Personal Services	\$2,135,414	30.6
Operating Expenses	\$97,410	

Mental Health System Study

The Department's Office of Behavioral Health is conducting a comprehensive study to assess the current and future behavioral health needs of the state. The Western Interstate Commission for Higher Education (WICHE) was selected through a competitive bid process to conduct this study. The Office indicates that a preliminary report is anticipated in March 2015, with the full report scheduled to be completed April 23, 2015.

This study is expected to achieve a number of objectives, including assessing the need for both civil and forensic beds at both mental health institutes. The Department indicates that the study will assist it in determining the most appropriate long-term solution for patients deemed too dangerous for other units at the institutes, jail admission patients, and DOC offenders. The Department indicates that initial discussions have identified a potential long-term solution could include expanding the high security forensics building at CMHIP to include a 21-bed unit, including two eight-bed units for jail admission patients and DOC offenders, and one five-bed unit for patients deemed too dangerous for other units at CMHIP. Preliminary estimates indicate that this would take 18-24 months for planning and design, and cost \$3.5 million for construction. The Department anticipates requesting funding for facilities and operational program plans next year for FY 2016-17, and then submitting a capital construction request in November 2016 so that construction could begin in July 2017.

Staff Recommendation

Staff recommends denying this request because it does not meet supplemental criteria. The Department's request includes the following description of the supplemental criteria that applies to this request:

"This supplemental and budget amendment request is based on a review and policy decision to discontinue the practice of the transferring individuals from CMHIP to SCCF pursuant to Section 17-23-101 C.R.S. (2014). The transfers were determined to be unacceptable and potentially a violation of these individuals' civil rights. As a result, the Department in coordination with the Governor's Office and DOC, determined that this practice was unacceptable and should be eliminated. The parties also agreed that it was of utmost importance for the individuals at San Carlos to be transferred back to the Mental Health Institutes as they have not been criminally convicted or sentenced. While their due process rights were protected based on the statutory authority for the transfer at Section 17-23-103 C.R.S. (2014), the transfers could have resulted in a lawsuit against the State. The potential violation of these individual's civil rights coupled with the risk of civil action against the State created an environment that necessitated urgent action."

Staff asked the Department to identify which of the four specific supplemental criteria apply to this request. The Department indicated that the request was "as a result of data that was not available when the original appropriation was made as a result of a thorough review of the practice of transferring individuals from CMHIP to SCCF pursuant to Section 17-23-101 C.R.S., (2014)".

The Department has indicated that it ceased the transfer of patients to DOC on May 1, 2014, it began the process of making facility modifications and hiring additional staff in June 2014, and it completed the transfer of five patients back from DOC by October 3, 2014. The Department did not provide any information to the General Assembly about this policy change until November 3, 2014, when it submitted a request for funding for FY 2015-16 to implement this policy change. The Department did not indicate that it would be seeking funding for FY 2014-15 to cover the cost of implementing this policy change until mid-December when it submitted its response to a direct question from the Joint Budget Committee.

The criterion of "data that was not available when the original appropriation was made" generally applies to data that directly affects expenditures but is not wholly within the Department's control (*e.g.*, the number of students enrolled in public schools, the number of individuals enrolled in the Medicaid program and their utilization of medical services, or the number of court-ordered sanity evaluations CMHIP is required to conduct). If this criterion were to apply to any instance when a department elects to make a policy change, it would not impose any meaningful limitation on the number and nature of supplemental requests received by the General Assembly.

Further, the fact that the Department elected to make a policy change, spend state funds to implement that policy change, and take actions that are not easily reversed (*e.g.*, hiring staff, making facility modifications, and relocating patients) prior to seeking authorization from the General Assembly is completely inconsistent with the legislature's plenary power over appropriations. The Department's actions have placed the General Assembly in a catch-22 situation: (1) Approve the request and condone the Department's actions; or (2) Deny the request and force the Department to either reverse its actions (directly impacting the five patients who were recently transferred and the staff who were recently hired) or continue to operate the new unit with existing resources (again, a situation likely to directly impact patients and staff).

If the Committee intends to support this policy change and provide appropriations to cover the implementation costs incurred to date as well as the costs of sustaining this policy change, staff recommends considering the following:

- The Department has indicated publicly that it intends to seek legislation to prohibit the transfer of institute patients to DOC. A bill would provide an opportunity for the General Assembly to fully vet the merits of the Department's policy change, including providing an opportunity for public testimony. If the General Assembly supports this policy change and the proposed statutory change, the bill could include appropriations to address the costs of implementation.
- The Department's request does not appear to provide a full analysis of the statewide fiscal impact of the policy change. First, in response to direct questions from the Committee, the DOC acknowledged that, "All of the patients that came to the DOC were of significant mental and functional disability that exceeded that of any DOC offender." However, the DOC indicated that there are "no savings" associated with the transfer of the five patients back to CMHIP, because the beds were filled with offenders with acute mental illness [see DOC hearing responses dated January 6, 2015, pages 16 and 18]. Staff finds it hard to

imagine that if a bill were introduced that was anticipated to result in five new offenders being sentenced to DOC, and these inmates would have the same profile as the patients recently transferred back to CMHIP, the DOC would indicate that such a bill had no fiscal impact. It seems reasonable to believe that the loss of these five patients has had a positive fiscal impact on DOC. In addition, the DHS policy change is likely to have a negative impact on DOC, because it has reduced CMHIP's capacity to accept mentally ill inmates from DOC. This fiscal impact should also be taken into account.

Second, the five patients that were transferred from DOC to CMHIP will require a longer length of stay than the patients that were previously treated on that unit. Thus, this policy change will reduce DHS' capacity to meet the needs of other civil and forensic patients in the future.

Third, staff has learned that the Department is responsible for paying for legal counsel for patients for the administrative hearings that occur prior to a patient's transfer from the Institute to DOC. In response to a staff inquiry, CMHIP has indicated that it has incurred expenditures totaling \$12,413 for this purpose over the last five fiscal years. Thus, the requested funding should be offset by a reduction in these expenses.

- If the Committee approves this request, staff recommends that any funding that is provided for centrally appropriated line items (*e.g.*, health, life and dental insurance, short-term disability insurance, and supplemental PERA payments for amortization equalization disbursement) be appropriated to the corresponding line item rather than to the CMHIP Personal Services line item, as requested. In addition, the mid-year adjustments should be offset by a reduction of \$2,483 to the CMHIP Personal Services line item to reflect the reduction in costs associated with providing legal counsel to patients.

SUPPLEMENTAL REQUEST, DEPARTMENT PRIORITY #12
MENTAL HEALTH INSTITUTES PHARMACEUTICAL ADJUSTMENT

	Request	Recommendation
Total	<u>\$795,194</u>	<u>\$795,194</u>
FTE	0.0	0.0
General Fund	795,194	795,194
Cash Funds	0	0
Federal Funds	0	0

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]	YES
JBC staff and the Department agree that this request is the result of new data.	

Department Request: The Department requests an increase of \$795,194 General Fund for CMHIP for the purchase of medications for patients.

Staff Recommendation: Staff recommends approving the request.

Staff Analysis:

The Pharmaceuticals line item appropriation for each mental health institute covers the cost of purchasing medications for institute patients, including psychiatric medications, over-the-counter medications, and medications for specific medical conditions. The Department indicates that pharmaceutical expenses are difficult to forecast due to variability in: the needs and acuity level of patients; utilization of medications; prescription drug prices; the availability of generic medications; and whether the medication is administered by pill or injection.

The Department is requesting an increase of \$795,194 to cover higher than anticipated pharmaceutical expenses at CMHIP. The Department indicates that the increase in expenditures is driven by both the utilization and costs of name brand and generic formulations. With respect to utilization, the Department provided data from "medication count days" that occurred in November 2012 and November 2014. This data captures the total number of doses of all types of medication that are administered on a single day. A comparison of the two data sets reveals that the total number of doses increased by 28 percent, and the number of doses per patient increased by 19 percent (from 11.5 to 13.6). The Department also provided expenditure data for four select medications that account for a little over one-third of pharmaceutical expenditures (Abilify, Invega Sustenna, Invega, and Latuda). From the first quarter of FY 2013-14 to the first quarter of FY 2014-15, total expenditures for these drugs increased by 59.3 percent.

The request is generally based on actual expenditures for the first five months of FY 2014-15, using a straight line projection for the remaining seven months of the fiscal year. The request also includes \$70,349 to cover expenditures incurred in the first quarter of FY 2014-15 for a very high cost prescription for one patient's medical condition. This patient has been discharged. The request also includes \$48,212 to provide a 15 percent contingency to cover unanticipated increases. The Department has not requested that this increase be sustained for FY 2015-16. It plans to monitor pharmaceutical costs and request additional funding through a supplemental next year, if necessary.

Staff Recommendation

The following table, prepared by the Department, identifies actual CMHIP pharmaceutical expenses for the last five fiscal years, along with a projection for FY 2014-15. As indicated in the table, these expenditures have ranged from \$2.9 million in FY 2012-13 to \$3.9 million in FY 2010-11.

CMHIP Pharmaceutical Expenditures by Fiscal Year		
Fiscal Year (FY)	Total Expenditures	% Change from Prior FY
FY 2009-10	\$3,451,687	NA
FY 2010-11	\$3,876,074	12%
FY 2011-12	\$3,577,260	-8%
FY 2012-13	\$2,930,668	-18%
FY 2013-14	\$3,303,280	13%
FY 2014-15*	\$3,927,303	19%

*FY 2014-15 is projected full year expenditures

The Department's projection for FY 2014-15 appears reasonable in the context of historical expenditures, particularly in light of the increased utilization that has occurred since 2012. The request for \$48,212 in contingency funding also seems reasonable given the historical variability in expenditures. Staff thus recommends making the requested adjustments to ensure that the CMHIP have sufficient funding to cover pharmaceutical expenditures.

SUPPLEMENTAL REQUEST, DEPARTMENT PRIORITY #14 COMMUNITY TRANSITION SERVICES

	Request	Recommendation
Total	<u>(\$1,388,163)</u>	<u>(\$1,388,163)</u>
FTE	0.0	0.0
General Fund	(1,388,163)	(1,388,163)
Cash Funds	0	0
Federal Funds	0	0

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]	YES
JBC staff and the Department agree that this request is the result of new data.	

Department Request: The Department requests a one-time reduction of \$1,388,163 General Fund for Community Transition Services to reflect continued delays in implementing a 2013 initiative.

Staff Recommendation: Staff recommends approving the request.

Staff Analysis:

History of Funding for Community Transition Services

During the 2013 legislative session, the General Assembly took several actions to strengthen Colorado's behavioral health system, including the expansion of community mental health centers' capacity to deliver behavioral health stabilization services to individuals who would otherwise require treatment at a mental health institute. In response to a budget request from the Department, a new line item titled "Community Transition Services" was first included in the FY 2013-14 Long Bill. The General Assembly initially appropriated a total of \$4.4 million General Fund to provide six months of intensive behavioral health services and supports for individuals with serious mental illness who transition from a mental health institute to the community. Due to implementation delays for three of the four services, this appropriation was reduced to \$3.0 million. The FY 2014-15 appropriation covers a full 12 months of services for all four components.

Community Transition Services Funding Components					
Description	FY 2013-14		FY 2014-15		
	Initial Appropriation	Final Appropriation	Initial Appropriation 1/	Requested Adjustment	Adjusted Appropriation
Assertive community treatment	\$1,974,981	\$1,974,981	\$4,048,711	\$0	\$4,048,711
Alternative living residences/ Money follows the individual	2,031,350	678,964	4,164,268	(1,388,163)	2,776,105
Intensive case management	245,000	183,750	502,250	0	502,250
Wrap-around services	192,845	128,544	395,332	0	395,332
Total General Fund	\$4,444,176	\$2,966,239	\$9,110,561	(\$1,388,163)	\$7,722,398

1/ Amounts for FY 2014-15 provide a full 12 months of funding and include a 2.5 percent provider rate increase.

Each of the components of this line item is described below:

- *Assertive Community Treatment (ACT):* ACT is an evidence-based service delivery model for providing comprehensive community-based treatment to adults with serious and persistent mental illness. The ACT model includes a mobile mental health unit that provides the treatment, rehabilitation, and support services that adults with serious mental illness need to live successfully in the community. ACT teams provide services in a way that emphasizes outreach, relationship building, individualization of services, and recovery.
- *Alternative Living Residence/ Money Follows the Individual:* This component was initially intended to provide step-down and short-term residential services for 32 of the new ACT clients who have an impaired ability to live independently. Clients were to receive room and board, protective oversight, personal services, and social care in two 16-bed residential facilities. This component is discussed further below.
- *Intensive Case Management Services:* This additional funding supports seven Transition Specialists who provide intensive case management services to assist patients at the mental health institutes with their transition to the community. This component is intended to eliminate barriers that have prevented some patients from transitioning to the community,

and reduce the need to re-hospitalize these individuals. Transition specialists work with transitioning individuals 30 days prior to discharge from the institutes and up to 60 days after the return to their communities.

- *Wrap-around Services:* Some of the clients receiving intensive case management services will also receive wrap-around services such as: individualized mentoring; funding for structured activities (recreation, education and training); transportation to promote engagement in treatment and community integration; substance use testing; smoking cessation; respite care for the caretakers of clients; and other individualized treatment services to address other community placement barriers.

Implementation Delays

This supplemental request primarily concerns the second component in the table on the previous page. As indicated above, this funding was initially intended to provide step-down and short-term residential services for 32 clients. The Department subsequently changed its approach to a “money follows the individual” concept whereby a contractor brokers the needed residential and/or wrap-around services for an individual ideally close to their home community. The Department indicates that this shift in approach was based on best practices that are being implemented in other states such as Delaware. The following table provides a timeline related to the implementation of the Alternative living residences/ Money follows the individual initiative.

Timeline for Implementing Community Transition Services	
Date	Description
November 1, 2012	Department submits funding request for FY 2013-14
April 29, 2013	2013 Long Bill (S.B. 13-230) is approved
September 2013 - March 2014	Department strategic planning for program concept (review new information - Olmstead)
March 2014 - May 2014	Request for proposal (RFP) development
June 27, 2014	RFP published
July 28, 2014	RFP responses due from offerors
September 5, 2014	Proposal vendor selection - vendor notified
September - November 2014	Contract drafting and negotiation with vendor
December 15, 2014	Contract to be executed/approved (pending negotiation completion)

Source: With the exception of the first two items, all information was included in the Department's FY 2014-15 supplemental request #S14.

The Department recently selected Behavioral Healthcare, Inc. (BHI), the behavioral health organization for Adams, Arapahoe, and Douglas counties, as the contractor to administer this funding. BHI was also the vendor selected to administer the intensive case management and wrap-around services funding (components three and four in the previous table); this contract was finalized in April 2014. Given that BHI was awarded contracts for three components, the Department has structured its contract with BHI to merge these three components and better reflect the expectations concerning service delivery. BHI staff will work with the mental health

institutes and community organizations and agencies¹ to provide a client-centered continuum of services for clients that are difficult to discharge from the mental health institutes and clients that have a history of behavioral health-related hospitalizations.

Department Request

As a result of the delays described above, the Department did not spend any of the moneys that were appropriated for Alternative living residences for FY 2013-14 (\$678,964), and the Department is requesting a reduction in the FY 2014-15 appropriation for Community Transition Services (\$1,388,163). The following table, prepared by Department staff, details the amended contract with BHI for FY 2014-15 and the requested reduction in the appropriation to align with the contract.

¹ These local organizations and agencies may include: community mental health centers; behavioral health organizations; regional care collaborative organizations; nursing homes; residential facilities; and housing agencies.

JBC Staff Supplemental Recommendations: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Exhibit A
 FY 2014-15 Community Transition Services Negative Supplemental
 OBH-Transition Specialists, Flexible Funds, Residential and Money Follow's the Individual
 Transition Specialist, Wmp around/Money Follows the Individual (MFI)/Residential Services

Line Item	Contract Transition Specialist	Original MFI Bid	FY 2014-15 Total	Total Contract Amendment#1	Total Requested Change
Personnel			\$701,000	\$561,000	(\$140,000)
Salaries	\$365,000	\$336,000	53,626	42,916	(10,710)
Payroll Taxes	27,922	25,704	126,796	102,264	(24,532)
Group Insurance	67,920	58,876	35,050	28,050	(7,000)
Retirement	18,250	16,800	14,610	14,610	0
Training	10,930	3,680	1,360	1,360	0
Dues & Subscriptions	880	480	2,913	2,913	0
Staff Recruitment	1,000	1,913			
Total Personnel	\$491,902	\$443,453	\$935,355	\$753,113	(\$182,242)
Consultants			\$19,250	\$19,250	\$0
Supervision and guidance by Contractor Member and Family Affair; (OMFA) Director and Wellness Program Manager	\$19,250	\$0			
Total Consultants	\$19,250	\$0	\$19,250	\$19,250	\$0
Travel			\$29,689	\$26,791	(\$2,898)
In service area	\$18,097	\$11,592	12,405	11,893	(\$512)
Out-of-service area	10,359	2,046			
Total Travel	\$28,456	\$13,638	\$42,094	\$38,684	(\$3,410)
Operating Expenses			\$6,300	\$6,300	\$0
Equipment	\$6,300	\$0	7,920	7,920	0
Telephone	7,920	0	1,901,590	1,369,923	(531,667)
Client Support/Outpatient/Wmparound Funds	246,588	1,655,002	30,000	30,000	0
Client Support-Guardianship subcontract	0	30,000	1,804,320	1,202,880	(601,440)
Statewide Residential	0	1,804,320			
Total Operating Expenses	\$260,808	\$3,489,322	\$3,750,130	\$2,617,023	(\$1,133,107)
Subtotal of Direct Expenses	\$800,416	\$3,946,413	\$4,746,829	\$3,428,070	(\$1,318,759)
Indirect Expenses			315,021	245,617	(\$69,404)
Indirect Expenses	106,808	208,213			
Subtotal Indirect	\$106,808	\$208,213	\$315,021	\$245,617	(\$69,404)
Total Budget	\$907,224	\$4,154,626	\$5,061,850	\$3,673,687	(\$1,388,163)

Assumption and calculation notes

1. Five months of vacancy savings for the months of July 2014 through November 2014.
2. Four months of MFI services savings for the months of July 2014 through October 2014.
3. \$30,000 was exempted for guardianship services provided from January 2015 to June 2015
4. Five months of savings for travel partially offset by current staff being required to cover a larger geographical area.

Staff Recommendation

Staff recommends approving the request to reflect actual planned expenditures.

**SUPPLEMENTAL REQUEST, DEPARTMENT PRIORITY #16
MENTAL HEALTH INSTITUTES REVENUE ADJUSTMENTS**

	Request	Recommendation
Total	<u>\$0</u>	<u>\$0</u>
FTE	0.0	0.0
General Fund	(108,223)	(102,240)
Cash Funds	(812,872)	(812,872)
Reappropriated Funds	921,095	915,112
Federal Funds	0	0
<i>Net General Fund</i>	<i>369,004</i>	<i>388,765</i>

*Net General Fund equals the General Fund appropriation to the Department of Human Services plus the General Fund appropriation component of moneys reappropriated to the Department of Human Services by the Department of Health Care Policy and Financing.

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]	YES
JBC staff and the Department agree that this request is the result of new data.	

Department Request: The Department requests adjustments to appropriations for the mental health institutes to reflect updated revenue estimates and to ensure that both institutes have sufficient resources to cover operational expenses. These adjustments would reduce direct General Fund appropriations to the Department of Human Services (DHS) by \$108,223. However, the adjustments include an increase in the amount of Medicaid funds that would be transferred from the Department of Health Care Policy and Financing (HCPF), and the request would increase total General Fund appropriations to both departments by \$369,004.

Staff Recommendation: Staff recommends that the Committee approve the request. In addition, staff's recommendation includes three additional adjustments to correct technical errors in the supplemental request and the underlying appropriations. The Department is aware of staff's recommendation and agrees that it properly aligns appropriations with the updated revenue estimates.

Staff Analysis: The mental health institutes at Fort Logan and Pueblo receive revenues from various sources to pay for the cost of patient care including: patient payments (typically from disability benefits); Medicare; Medicaid; commercial insurance (*e.g.*, Blue Cross, Kaiser); and other State agencies (*e.g.*, the Departments of Corrections and Education). The Department typically submits a supplemental request and a budget amendment each year to adjust revenue sources based on the patient mix and any changes to Medicare and Medicaid reimbursements.

For FY 2014-15, the Department requests an adjustment for both mental health institutes to reflect updated revenue estimates. As detailed in the following table, the request equals a net

*JBC Staff Supplemental Recommendations: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision*

change of zero total funds for the FY 2014-15 DHS budget. The request also includes an increase of \$974,131 total funds (including \$477,227 General Fund) for the FY 2014-15 HCPF budget. The result is an overall General Fund increase of \$369,004.

FY 2014-15 Mental Health Institutes Revenue Adjustment REQUEST						
Fund Source	Fort Logan	Pueblo				Total Adjustments
	Personal Services	Personal Services	Operating Expenses	Educational Programs	Subtotal	
TOTAL FUNDS	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
General Fund	194,051	(261,736)	0	(40,538)	(302,274)	(108,223)
Cash Funds (Patient Revenues)	(330,166)	(482,706)	0	0	(482,706)	(812,872)
Reappropriated Funds						
Transfer from HCPF - Medicaid funds		974,131	0	0	974,131	974,131
Transfer from HCPF – BHO payments	136,115	(229,689)	0	0	(229,689)	(93,574)
Transfer from DOC	0	0	0	0	0	0
Transfer from CDE	<u>0</u>		<u>0</u>	40,538	40,538	40,538
Subtotal: RF	136,115	744,442	0	40,538	784,980	921,095
<i>Net General Fund</i>	<i>194,051</i>	<i>215,491</i>	<i>0</i>	<i>(40,538)</i>	<i>174,953</i>	<i>369,004</i>

The request includes a companion budget amendment to reflect the same revenue adjustments in the FY 2015-16 appropriation.

This supplemental request is based on revenues earned from July 2014 through October 2014. The following table details the changes in estimated earned revenue.

FY 2014-15 Mental Health Institutes' Estimated Revenue Changes	
Reason for Adjustment	Amount
Decrease in revenue from patient fees, commercial insurance, court payments, and Medicare Part D revenue from prescription drug plans, primarily due to changes in the patient mix and their corresponding eligibility for benefits	(\$727,524)
Decrease in revenue from Medicare A and B claims based on patient mix, eligible Medicare benefits, number of billable days, and rate changes	(85,348)
Total Cash Funds	(812,872)
Increase in revenue from Medicaid "fee-for-service" payments made to CMHIP for the provision of services for Division of Youth Corrections clients and forensic clients	974,131*
Decrease in Medicaid capitation revenue from Behavioral Health Organizations (BHOs) due to a net decrease in the number of billable days at the two institutes	(93,574)

*JBC Staff Supplemental Recommendations: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision*

FY 2014-15 Mental Health Institutes' Estimated Revenue Changes	
Reason for Adjustment	Amount
Increase in revenue transferred from the Department of Education for students receiving services at the Pueblo institute due to an increase in the number of student days	40,538
Total Reappropriated Funds	\$921,095
Total Adjusted Earned Revenue	\$108,223

*Please note that this amount includes \$477,227 General Fund in the HCPF budget.

As detailed in the above table, the cash fund appropriations to the institutes for FY 2014-15 overstate current revenue estimates by \$812,872, and the reappropriated funds reflected in the FY 2014-15 appropriation understate current revenue estimates by \$921,095. Thus, the Department anticipates that the General Fund appropriations for institutes can be reduced by \$108,223.

Staff Recommendation

Staff recommends that the Committee approve the Department's request to reflect updated projections of revenues and ensure that both institutes have sufficient funding to cover operating expenses. However, with the help of DHS staff, staff has identified some technical errors in the underlying appropriations and the Department's supplemental request. Staff's recommendation addresses these technical errors in order to properly align appropriations with the Department's updated revenue estimates. Specifically:

- *The Department's requested adjustment related to the educational services that are provided to youth at the Colorado Mental Health Institute at Pueblo (CMHIP) is predicated on an incorrect base appropriation. The FY 2014-15 Long Bill appropriation for educational services is \$138,640, including \$132,209 reappropriated funds transferred from the Colorado Department of Education (CDE) and \$6,431 General Fund. The Department's supplemental request was predicated on a base appropriation of only \$104,085 reappropriated funds (\$28,124 less than the actual appropriation), and it thus overstates the mid-year increase in reappropriated funds and overstates the possible reduction in General Fund. The Department expects to receive \$144,623 from CDE. As this amount exceeds the existing appropriation for educational services, staff's recommendation eliminates the existing \$6,431 General Fund appropriation and allows the Department to spend up to \$138,640 of the amount available from CDE.*
- *The technical error described above had a ripple effect, causing the Department to understate the required mid-year increase in Medicaid funds transferred from HCPF. Staff's recommended adjustments include \$28,124 more in reappropriated funds from this source in order to accurately reflect the Department's updated revenue projections. This, in turn increases the General Fund reduction by \$28,124.*
- *The existing appropriations for CMHIP overstate the payments anticipated to be received from the Department of Corrections (DOC) for Personal Services expenses and understate anticipated DOC payments for Operating Expenses. CMHIP provides meal services to the*

JBC Staff Supplemental Recommendations: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

DOC for offenders housed on the Pueblo campus. The DOC makes payments to CMHIP to offset related personal services and operating expenses. DHS staff has discovered that the existing Personal Services appropriation includes \$1,198,065 of the revenues anticipated to be received from DOC for operating expenses. The Department indicates that this error has existed since FY 2012-13, when the Long Bill appropriations to the institutes were first broken out into multiple line items. Staff's recommendation shifts \$1,198,065 reappropriated funds from the Personal Services line item to the Operating Expenses line item to correct this error and more accurately reflect anticipated expenditures.

The following table details staff's recommended adjustments for FY 2014-15. The highlighted cells indicate those adjustments that differ from the request.

FY 2014-15 Mental Health Institutes Revenue Adjustment RECOMMENDATION						
Fund Source	Fort Logan	Pueblo				Total Adjustments
	Personal Services	Personal Services	Operating Expenses	Educational Programs	Subtotal	
TOTAL FUNDS	\$0	(\$1,198,065)	\$1,198,065	\$0	\$0	\$0
General Fund	194,051	(289,860)	0	(6,431)	(296,291)	(102,240)
Cash Funds (Patient Revenues)	(330,166)	(482,706)	0	0	(482,706)	(812,872)
Reappropriated Funds						
Transfer from HCPF - Medicaid funds		1,002,255	0	0	1,002,255	1,002,255
Transfer from HCPF - BHO payments	136,115	(229,689)	0	0	(229,689)	(93,574)
Transfer from DOC	0	(1,198,065)	1,198,065	0	0	0
Transfer from CDE	0		0	6,431	6,431	6,431
Subtotal: RF	136,115	(425,499)	1,198,065	6,431	778,997	915,112
<i>Net General Fund</i>	<i>194,051</i>	<i>201,145</i>	<i>0</i>	<i>(6,431)</i>	<i>194,714</i>	<i>388,765</i>

**SUPPLEMENTAL REQUEST, DEPARTMENT PRIORITY #19
SANITY EVALUATION COSTS**

	Request	Recommendation
Total	<u>\$499,079</u>	<u>\$499,079</u>
FTE	0.0	0.0
General Fund	499,079	499,079
Cash Funds	0	0
Reappropriated Funds	0	0
Federal Funds	0	0

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]	YES
JBC staff and the Department agree that this request is the result of new data.	

Department Request: The Department requests a one-time appropriation of \$499,079 General Fund for FY 2014-15 to cover estimated expenses associated with sanity examinations and related trial expenditures. The Department also requests that the appropriation authorize "roll-forward" authority to allow it to spend a portion of the appropriation in FY 2015-16 if necessary.

Staff Recommendation: Staff recommends that the Committee approve the request.

Staff Analysis:

Examinations Related to the Defense of Not Guilty by Reason of Insanity

Current law requires the following with regard to the defense of insanity [see Sections 16-8-103.7 (2) (a) and 16-8-109, C.R.S.]:

- When the defense of insanity is raised, the court shall order an examination of the defendant with regard to the insanity defense, specifying the place and period of commitment.
- The defendant may be committed for such examination to one of the mental health institutes, the place where he or she is in custody, or another public institution designated by the court.
- The defendant shall be observed and examined by one or more psychiatrists or forensic psychologists during such period as the court directs.
- For good cause shown, upon motion of the prosecution or defendant, or upon the court's own motion, the court may order such further or other examination as is advisable under the circumstances.
- In any trial or hearing on the issue of the defendant's sanity or eligibility for release and in certain related sentencing hearings, the physicians and other personnel conducting the examination may testify to the results of any such procedures and the statements and reactions of the defendant insofar as the same entered into the formation of their opinions as

to the mental condition of the defendant both at the time of the commission of the alleged offense and at the present time.

- A written report of the examination shall be prepared and delivered to the clerk of the court, and the clerk shall furnish a copy of the report both to the prosecuting attorney and the counsel for the defendant.

Costs for Sanity Examinations

The only public institution in Colorado that currently conducts sanity examinations when the insanity defense is raised is the Colorado Mental Health Institute at Pueblo (CMHIP). Most sanity examinations are performed by forensic psychiatrists employed by the CMHIP through the University of Colorado Health Sciences Center, as part of their regular job duties. Any costs related to standard sanity examinations are covered by CMHIP's appropriation for Personal Services.

The Department indicates that prior to FY 2011-12, the numbers of sanity examinations were relatively low and the related costs could be covered by existing resources. The Department provided the following recent data concerning sanity examinations:

Court-ordered Sanity Examinations Conducted by CMHIP	
Fiscal Year	Number of Evaluations
2010-11	63
2011-12	85
2012-13	81
2013-14	88
2014-15 (6/1/14 - 12/31/14)	35

Department Supplemental Request

The Department requests a one-time appropriation of \$499,079 General Fund for FY 2014-15 to cover estimated expenses associated with sanity examinations and related trial expenditures associated with one case: *The People of the State of Colorado v. James Holmes* (12CR1522). The Department also requests that the appropriation authorize "roll-forward" authority to allow it to spend a portion of the appropriation in FY 2015-16 if necessary.

On June 4, 2013, the court appointed CMHIP to perform a sanity examination of the defendant and to submit a report by no later than July 31, 2013. The Department indicates that the number of forensic psychiatrists with death penalty experience is limited, and CMHIP selected an independent, self-employed forensic psychiatrist from Colorado to conduct the sanity examination. The court subsequently granted a CMHIP request for an extension of time to complete its examination and report, and the report was submitted September 6, 2013. CMHIP incurred a cost of \$113,051 in FY 2013-14 for this examination.

After completion of this psychiatrist's examination and submission of the examination report, and in response to a motion filed by the prosecution, the court ordered CMHIP to select another psychiatrist or a forensic psychologist to conduct a new sanity examination of the defendant and

to file a report no later than July 11, 2014. CMHIP selected a psychiatrist based out of Texas who has extensive death penalty experience to perform the second sanity examination. CMHIP incurred costs totaling \$225,129 for this examination as of 12/31/14.

The prosecution and defense anticipate requiring testimony of both expert forensic psychiatrists during the guilt/innocence and/or sentencing phases of the case, which is anticipated to begin in 2015. The need for and duration of testimony during the sentencing phase is likely to be dependent on testimony given during the guilt/innocence phase and the outcome of that phase of the trial.

The Department's request for \$499,079 includes \$225,129 for actual costs incurred to date in FY 2014-15 and \$273,950 for projected trial-related costs. The projected costs are based on an estimated 700 hours of service to be provided by both expert forensic psychiatrists (estimated costs totaling \$263,800), and travel and lodging expenses for the expert from Texas (estimated costs totaling \$10,150).

Staff Recommendation

Staff recommends approving the request, including the request for roll-forward authority, to ensure that the CMHIP has the resources to cover costs related to the sanity examinations in this case. These costs have been and are anticipated to be significantly higher than those typically incurred for these types of cases, so it is not reasonable to assume that the Department could cover these expenses with existing resources. In addition, CMHIP has no control over the amount of time required of these expert witnesses by the prosecution and the defense during the trial. It is staff's understanding that the Department of Law worked with both the prosecution and the defense to gather data to prepare reasonable cost estimates for purposes of this request.

Finally, staff believes that it is important to consider this request in the context of the full range of court orders that may affect CMHIP's expenditures. Specifically, in addition to the workload increases noted above related to court-ordered sanity evaluations, CMHIP has experienced significant increases in the number of court-ordered competency evaluations. The Department provided data at its budget hearing indicating that the number of court-ordered competency evaluations increased from 159 in FY 2000-01 to 356 in FY 2013-14 [see page 13 of the Department's 12/16/14 hearing responses].

Non-prioritized Supplemental Requests

JBC STAFF-INITIATED SUPPLEMENTAL #1 S.B. 14-215 APPROPRIATION ADJUSTMENT

	Request	Recommendation
Total	N/A	<u>(\$452,787)</u>
FTE		0.0
General Fund		0
Cash Funds		(452,787)
Federal Funds		0

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]	YES
JBC staff is recommending this change due to new data.	

Department Request: The Department did not request this change. However, the Department confirmed that it has not yet allocated \$452,787 of the \$2,000,000 cash funds appropriation for county sheriffs' jail-based behavioral health services.

Staff Recommendation: Staff recommends reducing the cash funds appropriation in S.B. 14-215 from the Marijuana Tax Cash Fund for jail-based behavioral health services (JBBS) by \$452,787 to reflect actual allocations to date. County sheriffs' departments primarily utilize JBBS funding to hire clinicians and case managers, and the Department is proposing to discontinue this funding in FY 2015-16. Staff's recommendation is intended to mitigate the impact of this proposal on county sheriffs' departments, and to reduce the size of the gap between actual marijuana tax revenues and FY 2014-15 appropriations.

Staff Analysis:

Senate Bill 14-215

Senate Bill 14-215 creates the Marijuana Tax Cash Fund (MTCF) and directs that all sales tax moneys collected by the state starting in FY 2014-15 from retail and medical marijuana be deposited in the MTCF instead of the Marijuana Cash Fund. The act specifies permissible uses of moneys in the MTCF and appropriates moneys from the MTCF for such purposes. In the table below, staff has listed the permissible uses that are relevant to programs administered by the Department of Human Services (DHS), the associated appropriations to DHS for FY 2014-15, and the corresponding amounts that are included in the DHS budget request for FY 2015-16.

JBC Staff Supplemental Recommendations: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

S.B. 14-215: Appropriations to Department of Human Services				
Permissible Use from MTCF	Section, Line Item	FY 2014-15 Appropriation	FY 2015-16 Request	Annual Change
<u>Behavioral Health Services</u>				
To expand the provision of jail-based behavioral health services in underserved counties and to enhance the provision of jail-based behavioral health services to offenders transitioning from jail to the community to ensure continuity of care.	Integrated Behavioral Health Services, Jail-based Behavioral Health Services	\$2,000,000	\$0	(\$2,000,000)
For the provision of substance use disorder treatment services for adolescents and pregnant women.	Substance Use Treatment and Prevention, Treatment and Detoxification Contracts	1,500,000	0	(1,500,000)
To provide inpatient treatment for adults who suffer from co-occurring disorders at the Colorado Mental Health Institute at Pueblo	Mental Health Institutes, Mental Health Institute at Pueblo ("Circle Program") 1/	0	2,000,000	2,000,000
<u>Division of Child Welfare</u>				
For community-based programs to provide marijuana prevention and intervention services to youth.	Tony Grampsas Youth Services Program	2,000,000	2,000,000	0
To provide child welfare training specific to issues arising from marijuana use and abuse.	Training	100,000	0	(100,000)
<u>Division of Youth Corrections</u>				
For local judicial-district based programs to provide marijuana prevention and intervention services to pre-adjudicated and adjudicated youth.	Community Programs, S.B. 91-94 Programs	<u>2,000,000</u>	<u>0</u>	<u>(2,000,000)</u>
Total		\$7,600,000	\$4,000,000	(\$3,600,000)
1/ The Department is not requesting a direct \$2.0 million cash funds appropriation from the MTCF for the Circle Program. Instead, the Governor's budget request proposes a \$2.0 million transfer from the MTCF to the General Fund for FY 2015-16.				

As detailed in the table above, S.B. 14-215 appropriated a total of \$7.6 million to DHS for five programs for FY 2014-15, and continued the indirect support of the Circle program with marijuana tax revenues for FY 2014-15. For FY 2015-16, DHS proposes allocating \$4.0 million from the MTCF for two DHS programs: a direct appropriation of \$2.0 million for the Tony Grampsas Youth Services Program; and the transfer of \$2.0 million to support the Circle program and another program that is administered by the Department of Health Care Policy and Financing.

Jail-based Behavioral Health Services

This supplemental recommendation concerns the appropriation for jail-based behavioral health services (JBBS) to offenders. The programs supported by this line item screen and provide treatment for adult inmates with a substance use disorder, including individuals who have a co-occurring mental health disorder. In addition, JBBS programs provide continuity of care within the community after the inmate's release from jail. This line item is supported by reappropriated funds transferred from the Judicial Department from moneys available in the Correctional Treatment Cash Fund (CTCF). In addition, S.B. 14-215 authorized the use of moneys in the MTCF to expand the provision of JBBS in underserved counties and to enhance the provision of JBBS to offenders transitioning from jail to the community to ensure continuity of care. For FY 2014-15, JBBS is supported by \$3,578,522 from the CTCF and \$2,000,000 from the MTCF.

JBC Staff Supplemental Recommendations: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

The Department contracts with county sheriffs' departments to administer these funds. Sheriffs' departments then work with local community providers that are licensed to provide services within the jail and have the capacity to provide free or low cost services in the community to inmates upon release. Providers screen all inmates for the presence of substance use disorders, mental health disorders, trauma, and traumatic brain injury, and identify inmates with active duty or veteran military status. In FY 2013-14, a total of 35 county sheriff departments operated JBBS programs (either individually or in partnership with neighboring county sheriffs). The following table lists the program start date for each of these counties, along with the community providers utilized in each county or group of counties.

Jail-based Behavioral Health Services (JBBS)		
County Sheriff	Start Date	Providers
Alamosa (partnering with Conejos county)	Alamosa - July 2011 Conejos - July 2013	San Luis Valley Mental Health Center
Adams	July 2013	Community Reach Center
Arapahoe	July 2011	Arapahoe Douglas Mental Health Network Aurora Mental Health Center
Boulder	July 2011	Mental Health Partners Intervention Addiction Recovery Center
Delta (partnering with Ouray, Gunnison, Hinsdale, Montrose and San Miguel counties)	July 2011	Midwestern Colorado Mental Health Center
Denver	July 2011	Behavioral Interventions, Inc The Council (Mile High Council on Substance Abuse & Mental Health) Empowerment
Douglas	July 2013	Arapahoe Douglas Mental Health Network
El Paso	July 2011	El Paso County Jail
Jefferson	Dec. 2011	Jefferson Center for Mental Health Arapahoe House Intervention
La Plata (partnering with Montezuma county)	LaPlata - July 2011 Montezuma - July 2013	Axis Health Systems
Larimer	July 2011	Touchstone Health Partners
Logan (partnering with Cheyenne, Elbert, Kit Carson, Lincoln, Morgan, Phillips, Washington and Yuma counties)	July 2011	Centennial Mental Health Center
Mesa (partnering with Eagle, Grand, Garfield, Summit and Routt counties)	July 2013	Mind Springs Health
Pueblo	July 2013	Spanish Peaks Mental Health Center Southern Colorado Court Services
Weld	July 2013	Intervention North Range Behavioral Health

For FY 2014-15, most JBBS programs are receiving additional funding from the CTCF to assist clients with a variety of services such as: bus tokens or taxi cab vouchers; funding to obtain identification; basic hygiene items; medication; food and emergency housing. Clients must be successfully discharged from the jail program and transitioned to community-based treatment services as recommended at discharge from the jail to be eligible to benefit from these funds. With respect to the allocation of funding provided through S.B. 14-215, the Department provided the following table reflecting allocations to date:

*JBC Staff Supplemental Recommendations: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision*

COUNTY	SB 14-215 Funding Allocation	Comments Re: SB 14-215 Budget
ADAMS	\$42,000	1 FTE Additional case manager
ALAMOSA (partnering with Conejos County)	0	No request submitted
ARAPAHOE	167,400	2 FTE clinical case managers, .5 transitional case manager, psychiatrist time, treatment books
BOULDER	163,166	1 FTE Therapist, 1 FTE case manager and sheriff's indirect costs
CLEAR CREEK	23,420	Additional .5 FTE to make the case manager position FTE
DELTA (partnering with Gunnison, Hinsdale, Montrose, Ouray and San Miguel counties)	0	no request submitted
DENVER	74,188	.5 FTE case manager, recovery support housing and .25 FTE admin
DOUGLAS	11,900	Recovery Support Services
EL PASO	59,325	Would like to contract with a community based provider for post release
JEFFERSON	62,000	1 FTE case manager, supplies and salary adjustment
LA PLATA (partnering with Montezuma county)	120,000	Additional 1 FTE therapist and 1 FTE case manager. Positions will serve Montezuma and La Plata Counties
LARIMER	100,000	1 FTE therapist
LOGAN (partnering with Cheyenne, Elbert, Kit Carson, Lincoln, Morgan, Phillips, Washington and Yuma counties)	145,530	3 FTE case manager for transitional services in the community
OTERO	207,482	New program to serve Baca, Bent, Crowley, Kiowa, Otero and Prowers
PUEBLO	124,000	1 FTE clinician, case manager benefits and to make position FTE, training for deputies, coordinator, supplies.
MESA (partnering with Garfield, Summit, Eagle, Grand and Routt counties)	30,000	Add .5 FTE for case managers
WELD	169,802	2 FTE clinicians and 1 FTE case manager. Equipment for new positions, training and travel
Other Contractual Services	47,000	JBBS Clinician Training/Temp program assistant for OBH
Total Allocations	\$1,547,213	
SB 14-215 Appropriation	\$2,000,000	
Amount not yet allocated	\$452,787	

As highlighted in the table above, this funding will support *new* JBBS programs in seven county jails, including: Clear Creek, Otero, Baca, Bent, Crowley, Kiowa, and Prowers counties. The remaining counties plan to use the funds to expand existing JBBS services and offer more transitional services in the community. However, the Department's budget request does not include continuation of this funding for FY 2015-16. This would have a direct impact on 35 of the 43 county sheriff's offices with JBBS programs.

Based on recent visits to JBBS programs in Boulder, Arapahoe, and Logan counties, staff learned that JBBS programs have a number of benefits, including:

- Providing resources and tools for deputies to manage inmates and reduce disciplinary incidents;
- Reducing inmates' length of stay in jail;
- Making use of inmates' time in jail, while they are captive and sober, to make change happen and begin treatment before trial or before their release;
- Reducing recidivism and re-incarceration rates; and

- Encouraging coordination and collaboration between local jails, local community mental health centers, and other community providers to more effectively target resources and collectively meet the needs of individuals who are involved in the criminal justice system.

All three counties indicated that they hoped to receive a portion of the additional funding made available through S.B. 14-215 to hire additional staff to focus on re-entry planning and case management. These staff would work with inmates prior to release to develop a plan to meet their basic needs (*e.g.*, housing, food, medication, transportation, employment) and maintain sobriety. These staff would continue to work with inmates following their release to ensure successful re-entry and transition to community recovery resources. The overall goal is to target resources to meet offender's needs, engage them in the community, and prevent their return to jail. Both Boulder and Arapahoe would also use additional funding to hire staff to provide services to inmates who are not currently able to access JBBS services (including some who are housed in high security areas and some short-term inmates who would benefit from assistance in connecting with community-based services upon their release). In Logan County, space within the jails is the biggest limitation on expanding jail-based services.

Staff Recommendation

As of January 13, 2015, only \$1.5 million of the \$2.0 million appropriation for FY 2014-15 has been allocated to sheriffs' departments. The Department has indicated that it intends to engage all 64 counties in a second round of funding. As indicated in the following table provided by the Department, the remaining funding is anticipated to be made available to sheriffs' offices for the last three months of the fiscal year.

Timeline for Second Round of Funding	
Planned	Description
1/23/2015	Open second round of funding for all counties
2/15/2015	Proposals due to the Department
2/28/2015	Determine allocations for second round of funding
3/31/2015	Execution of contracts
4/1/2015	Services to commence

Staff recommends reducing the FY 2014-15 General Fund appropriation for JBBS by \$452,787 to reflect actual allocations to date. The calculation is detailed below:

Appropriation from MTCF	\$2,000,000
Less: Allocations as of December 2014	<u>(1,547,213)</u>
Recommended mid-year reduction	\$452,787

County sheriffs' departments primarily utilize JBBS funding to hire clinicians and case managers. The Department is not requesting continuation funding from the MTCF for JBBS for FY 2015-16, which will require sheriffs' departments to either reduce staff or identify other funding sources to sustain the programs that were either created or expanded in FY 2014-15.

The Department's plan to allocate the funds that remain in the last three months of the fiscal year will only exacerbate this problem.

In addition, the Governor's letter to the Committee, dated November 3, 2014, proposes using \$6.4 million of the revenue currently available in the MTCF to close the gap between actual FY 2013-14 tax revenues and appropriations for FY 2014-15. Staff's recommendation is designed to reduce the size of the gap between actual marijuana tax revenues and FY 2014-15 appropriations.

**PREVIOUSLY APPROVED INTERIM SUPPLEMENTAL
PROJECTED FY 2013-14 OVER-EXPENDITURES AT THE MENTAL
HEALTH INSTITUTES**

FY 2013-14	Previously Approved
Total	<u>\$1,148,682</u>
General Fund	(58,609)
Cash Funds	1,207,291
Reappropriated Funds	0
Federal Funds	0
<i>Net General Fund*</i>	(\$58,609)

*Net General Fund equals the General Fund appropriation to the Department of Human Services plus the General Fund appropriation component of moneys reappropriated to the Department of Human Services from the Department of Health Care Policy and Financing.

Summary: The Committee approved this supplemental request in June 2014. The Department requested adjustments to five line item appropriations to avoid projected over expenditures by the two mental health institutes in FY 2013-14 and to align appropriations with projected revenues. The increase in cash funds reflects Medicare and Medicaid cost settlement paybacks received in the latter half of FY 2013-14. The following table details the appropriation adjustments and the new appropriation approved by the Committee for the Department of Human Services:

JBC Staff Supplemental Recommendations: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Department of Human Services				
JBC Approved Adjustments to FY 2013-14 Appropriation				
Division, Subdivision, and Line Item	Total	General Fund	Cash Funds	Reapprop. Funds
(8) Behavioral Health Services, (C) Mental Health Institutes:				
Mental Health Institute - Ft. Logan Operating Expenses	\$119,754	\$106,063	\$13,691	\$0
Mental Health Institute - Ft. Logan Pharmaceuticals	(106,063)	(106,063)	0	0
Mental Health Institute - Pueblo Personal Services	403,989	0	403,989	0
Mental Health Institute - Pueblo Operating Expenses	466,920	(58,609)	525,529	0
Mental Health Institute - Pueblo Pharmaceuticals	264,082	0	264,082	0
Total FY 2013-14 Adjustment	\$1,148,682	(\$58,609)	\$1,207,291	\$0

The rules governing interim supplementals in Section 24-75-111 (5), C.R.S., require the Committee to introduce all interim supplementals that it approves. Staff will include the above FY 2013-14 adjustments in the Department's supplemental bill for the 2015 legislative session.

JBC Staff Supplemental Recommendations - FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

Appendix A: Number Pages

	FY 2013-14 Actual	FY 2014-15 Appropriation	FY 2014-15 Requested Change	FY 2014-15 Rec'd Change	FY 2014-15 Total W/ Rec'd Change
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DEPARTMENT OF HUMAN SERVICES
Reggie Bicha, Executive Director

S2 Mental Health Institute Treatment Unit

(8) BEHAVIORAL HEALTH SERVICES

(E) Mental Health Institutes

(2) Mental Health Institute - Pueblo

Personal Services	<u>65,082,366</u>	<u>65,849,334</u>	<u>2,135,414</u>	<u>0</u>	<u>65,849,334</u>
FTE	993.1	959.9	30.6	0.0	959.9
General Fund	56,493,778	54,744,339	2,135,414	0	54,744,339
Cash Funds	5,640,594	4,640,594	0	0	4,640,594
Reappropriated Funds	2,947,994	6,464,401	0	0	6,464,401
Operating Expenses	<u>5,262,458</u>	<u>5,293,919</u>	<u>94,449</u>	<u>0</u>	<u>5,293,919</u>
General Fund	4,425,217	3,963,118	94,449	0	3,963,118
Cash Funds	345,086	403,435	0	0	403,435
Reappropriated Funds	492,155	927,366	0	0	927,366

(3) OFFICE OF OPERATIONS

(A) Administration

Operating Expenses	<u>3,346,457</u>	<u>4,203,644</u>	<u>186,048</u>	<u>0</u>	<u>4,203,644</u>
General Fund	2,454,829	3,280,705	186,048	0	3,280,705
Cash Funds	11,422	11,422	0	0	11,422
Reappropriated Funds	711,838	711,898	0	0	711,898
Federal Funds	168,368	199,619	0	0	199,619

JBC Staff Supplemental Recommendations - FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2013-14 Actual	FY 2014-15 Appropriation	FY 2014-15 Requested Change	FY 2014-15 Rec'd Change	FY 2014-15 Total W/ Rec'd Change
Total for S2 Mental Health Institute Treatment					
Unit	73,691,281	75,346,897	2,415,911	0	75,346,897
<i>FTE</i>	<u>993.1</u>	<u>959.9</u>	<u>30.6</u>	<u>0.0</u>	<u>959.9</u>
General Fund	63,373,824	61,988,162	2,415,911	0	61,988,162
Cash Funds	5,997,102	5,055,451	0	0	5,055,451
Reappropriated Funds	4,151,987	8,103,665	0	0	8,103,665
Federal Funds	168,368	199,619	0	0	199,619

JBC Staff Supplemental Recommendations - FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2013-14 Actual	FY 2014-15 Appropriation	FY 2014-15 Requested Change	FY 2014-15 Rec'd Change	FY 2014-15 Total W/ Rec'd Change
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S12 Mental Health Institutes Pharmaceutical Adjustment

(8) BEHAVIORAL HEALTH SERVICES

(E) Mental Health Institutes

(2) Mental Health Institute - Pueblo

Pharmaceuticals	<u>3,304,236</u>	<u>3,180,321</u>	<u>795,194</u>	<u>795,194</u>	<u>3,975,515</u>
General Fund	2,660,547	2,536,632	795,194	795,194	3,331,826
Cash Funds	297,405	297,405	0	0	297,405
Reappropriated Funds	346,284	346,284	0	0	346,284

Total for S12 Mental Health Institutes Pharmaceutical Adjustment	3,304,236	3,180,321	795,194	795,194	3,975,515
<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	2,660,547	2,536,632	795,194	795,194	3,331,826
Cash Funds	297,405	297,405	0	0	297,405
Reappropriated Funds	346,284	346,284	0	0	346,284

JBC Staff Supplemental Recommendations - FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2013-14 Actual	FY 2014-15 Appropriation	FY 2014-15 Requested Change	FY 2014-15 Rec'd Change	FY 2014-15 Total W/ Rec'd Change
S14 Community Transition Services					
(8) BEHAVIORAL HEALTH SERVICES					
(D) Integrated Behavioral Health Services					
Community Transition Services	<u>2,437,827</u>	<u>9,110,561</u>	<u>(1,388,163)</u>	<u>(1,388,163)</u>	<u>7,722,398</u>
General Fund	2,437,827	9,110,561	(1,388,163)	(1,388,163)	7,722,398
Total for S14 Community Transition Services	2,437,827	9,110,561	(1,388,163)	(1,388,163)	7,722,398
<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	2,437,827	9,110,561	(1,388,163)	(1,388,163)	7,722,398

JBC Staff Supplemental Recommendations - FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2013-14 Actual	FY 2014-15 Appropriation	FY 2014-15 Requested Change	FY 2014-15 Rec'd Change	FY 2014-15 Total W/ Rec'd Change
S16 Mental Health Institutes Revenue Adjustments					
(8) BEHAVIORAL HEALTH SERVICES					
(E) Mental Health Institutes					
(1) Mental Health Institute - Ft. Logan					
Personal Services	<u>18,367,445</u>	<u>18,043,492</u>	<u>0</u>	<u>0</u>	<u>18,043,492</u>
FTE	229.1	217.5	0.0	0.0	217.5
General Fund	16,385,815	16,061,862	194,051	194,051	16,255,913
Cash Funds	1,949,875	1,949,875	(330,166)	(330,166)	1,619,709
Reappropriated Funds	31,755	31,755	136,115	136,115	167,870
Personal Services	<u>65,082,366</u>	<u>65,849,334</u>	<u>0</u>	<u>(1,198,065)</u>	<u>64,651,269</u>
FTE	993.1	959.9	0.0	0.0	959.9
General Fund	56,493,778	54,744,339	(261,736)	(289,860)	54,454,479
Cash Funds	5,640,594	4,640,594	(482,706)	(482,706)	4,157,888
Reappropriated Funds	2,947,994	6,464,401	744,442	(425,499)	6,038,902
Operating Expenses	<u>5,262,458</u>	<u>5,293,919</u>	<u>0</u>	<u>1,198,065</u>	<u>6,491,984</u>
General Fund	4,425,217	3,963,118	0	0	3,963,118
Cash Funds	345,086	403,435	0	0	403,435
Reappropriated Funds	492,155	927,366	0	1,198,065	2,125,431
Educational Programs	<u>361,632</u>	<u>138,640</u>	<u>0</u>	<u>0</u>	<u>138,640</u>
FTE	2.2	2.7	0.0	0.0	2.7
General Fund	34,555	6,431	(40,538)	(6,431)	0
Reappropriated Funds	104,085	132,209	40,538	6,431	138,640
Federal Funds	222,992	0	0	0	0

JBC Staff Supplemental Recommendations - FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2013-14 Actual	FY 2014-15 Appropriation	FY 2014-15 Requested Change	FY 2014-15 Rec'd Change	FY 2014-15 Total W/ Rec'd Change
Total for S16 Mental Health Institutes Revenue					
Adjustments	89,073,901	89,325,385	0	0	89,325,385
<i>FTE</i>	<u>1,224.4</u>	<u>1,180.1</u>	<u>0.0</u>	<u>0.0</u>	<u>1,180.1</u>
General Fund	77,339,365	74,775,750	(108,223)	(102,240)	74,673,510
Cash Funds	7,935,555	6,993,904	(812,872)	(812,872)	6,181,032
Reappropriated Funds	3,575,989	7,555,731	921,095	915,112	8,470,843
Federal Funds	222,992	0	0	0	0

JBC Staff Supplemental Recommendations - FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2013-14 Actual	FY 2014-15 Appropriation	FY 2014-15 Requested Change	FY 2014-15 Rec'd Change	FY 2014-15 Total W/ Rec'd Change
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S19 Sanity Evaluation Costs

(8) BEHAVIORAL HEALTH SERVICES

(E) Mental Health Institutes

(2) Mental Health Institute - Pueblo

Personal Services	65,082,366	65,849,334	499,079	499,079	66,348,413
FTE	993.1	959.9	0.0	0.0	959.9
General Fund	56,493,778	54,744,339	499,079	499,079	55,243,418
Cash Funds	5,640,594	4,640,594	0	0	4,640,594
Reappropriated Funds	2,947,994	6,464,401	0	0	6,464,401
Total for S19 Sanity Evaluation Costs	65,082,366	65,849,334	499,079	499,079	66,348,413
<i>FTE</i>	<u>993.1</u>	<u>959.9</u>	<u>0.0</u>	<u>0.0</u>	<u>959.9</u>
General Fund	56,493,778	54,744,339	499,079	499,079	55,243,418
Cash Funds	5,640,594	4,640,594	0	0	4,640,594
Reappropriated Funds	2,947,994	6,464,401	0	0	6,464,401

JBC Staff Supplemental Recommendations - FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2013-14 Actual	FY 2014-15 Appropriation	FY 2014-15 Requested Change	FY 2014-15 Rec'd Change	FY 2014-15 Total W/ Rec'd Change
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S-STF1 SB 14-215 Appropriation Adjustment

(8) BEHAVIORAL HEALTH SERVICES

(D) Integrated Behavioral Health Services

Jail-based Behavioral Health Services	2,999,779	5,578,522	0	(452,787)	5,125,735
Cash Funds	0	2,000,000	0	(452,787)	1,547,213
Reappropriated Funds	2,999,779	3,578,522	0	0	3,578,522

Total for S-STF1 SB 14-215 Appropriation					
Adjustment	2,999,779	5,578,522	0	(452,787)	5,125,735
<i>FTE</i>	0.0	0.0	0.0	0.0	0.0
Cash Funds	0	2,000,000	0	(452,787)	1,547,213
Reappropriated Funds	2,999,779	3,578,522	0	0	3,578,522

Totals Excluding Pending Items					
HUMAN SERVICES					
TOTALS for ALL Departmental line items	1,677,413,129	1,901,273,647	2,322,021	(546,677)	1,900,726,970
<i>FTE</i>	4,591.2	4,906.1	30.6	0.0	4,906.1
General Fund	694,043,025	782,001,699	2,213,798	(196,130)	781,805,569
Cash Funds	303,325,583	347,236,592	(812,872)	(1,265,659)	345,970,933
Reappropriated Funds	122,842,847	144,373,402	921,095	915,112	145,288,514
Federal Funds	557,201,674	627,661,954	0	0	627,661,954