

JOINT BUDGET COMMITTEE



SUPPLEMENTAL BUDGET REQUESTS FY 2016-17

DEPARTMENT OF HUMAN SERVICES (Behavioral Health Services)

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

PREPARED BY:
CAROLYN KAMPMAN, JBC STAFF
JANUARY 26, 2017

JOINT BUDGET COMMITTEE STAFF
200 E. 14TH AVENUE, 3RD FLOOR • DENVER • COLORADO • 80203
TELEPHONE: (303) 866-2061 • TDD: (303) 866-3472
<https://leg.colorado.gov/agencies/joint-budget-committee>

CONTENTS

Department Overview	1
Summary: FY 2016-17 Appropriation and Recommendation	1
Prioritized Supplementals in Department-assigned Order	
S2 CMHIP Adolescent Unit Window Improvements.....	3
S4 Crisis Services System Enhancements	5
S8 Mental Health Institute Revenue Adjustment.....	12
Staff-initiated Supplemental Requests	
H.B. 16-1408 Technical Corrections	15
Numbers Pages	
S2 CMHIP Adolescent Unit Window Improvements.....	18
S4 Crisis Services System Enhancements	19
S8 Mental Health Institute Revenue Adjustment.....	20
H.B. 16-1408 Technical Corrections	22

DEPARTMENT OF HUMAN SERVICES

DEPARTMENT OVERVIEW

The Department of Human Services is responsible for the administration and supervision of most non-medical public assistance and welfare activities of the State, including financial and nutritional assistance programs, child protection services, rehabilitation programs, and programs for older Coloradans. The Department is also responsible for inspecting and licensing child care facilities. The Department operates two mental health institutes, three regional centers for persons with intellectual and developmental disabilities, and ten institutions for delinquent juveniles. The Department also contracts with community-based organizations for: behavioral health services that are not otherwise available, services for persons with intellectual and developmental disabilities, and the supervision and treatment of juveniles involved in the criminal justice system.

This document concerns the Department's Office of Behavioral Health, which is responsible for policy development, service provision and coordination, program monitoring and evaluation, and administrative oversight of the state's public behavioral health system. Funding in this section supports community-based mental health and substance use disorder services that are otherwise not available. This includes services for people with low incomes who are not eligible for Medicaid, as well as services for Medicaid-eligible clients that are not covered by the Medicaid program¹. 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 2016-17 APPROPRIATION AND RECOMMENDATION

DEPARTMENT OF HUMAN SERVICES: RECOMMENDED CHANGES FOR FY 2016-17						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2016-17 APPROPRIATION						
HB 16-1405 (Long Bill)	\$259,658,773	\$189,322,150	\$16,063,002	\$19,051,329	\$35,222,292	1,290.4
Other legislation	6,126,557	494,557	6,000,000	(368,000)	0	3.2
CURRENT FY 2016-17 APPROPRIATION	\$265,785,330	\$189,816,707	\$22,063,002	\$18,683,329	\$35,222,292	1,293.6
RECOMMENDED CHANGES						
Current FY 2016-17 Appropriation	\$265,785,330	189,816,707	\$22,063,002	\$18,683,329	\$35,222,292	1,293.6
S2 CMHIP Adolescent unit window improvements	145,725	145,725	0	0	0	0.0
S4 Crisis services system enhancements	(700,000)	(700,000)	0	0	0	0.0

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

DEPARTMENT OF HUMAN SERVICES: RECOMMENDED CHANGES FOR FY 2016-17						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
S8 Mental health institute revenue adjustment	0	(141,021)	(19,181)	160,202	0	0.0
Staff Initiated HB16-1408 technical corrections	(125,007)	0	(125,007)	0	0	0.0
RECOMMENDED FY 2016-17 APPROPRIATION	\$265,106,048	\$189,121,411	\$21,918,814	\$18,843,531	\$35,222,292	1,293.6
RECOMMENDED INCREASE/(DECREASE)	(\$679,282)	(\$695,296)	(\$144,188)	\$160,202	\$0	0.0
Percentage Change	(0.3%)	(0.4%)	(0.7%)	0.9%	0.0%	0.0%
FY 2016-17 EXECUTIVE REQUEST	\$265,931,055	\$189,821,411	\$22,043,821	\$18,843,531	\$35,222,292	1,293.6
Request Above/(Below) Recommendation	\$825,007	\$700,000	\$125,007	\$0	\$0	0.0

REQUEST/RECOMMENDATION DESCRIPTIONS

S2 CMHIP ADOLESCENT UNIT WINDOW IMPROVEMENTS: The request includes \$145,725 General Fund to make physical improvements to the adolescent behavioral treatment unit at the Mental Health Institute at Pueblo. The recommendation includes the requested funds.

S4 CRISIS SERVICES SYSTEM ENHANCEMENTS: The Department requests a \$500,000 reduction in the General Fund appropriation for “community transition services²” based on projections that expenditures will continue to fall short of the appropriation. The Department proposes to repurpose these funds to enhance the behavioral health crisis response system, including adding \$200,000 for the telephone hotline/warmline and adding \$300,000 for marketing. The recommendation includes a reduction of \$900,000 for community transition services (the same reduction the Department has requested for FY 2017-18). The recommendation includes the requested \$200,000 increase for the telephone hotline/warmline but excludes the requested increase for marketing.

S8 MENTAL HEALTH INSTITUTE REVENUE ADJUSTMENT: 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 decrease direct General Fund appropriations to the Department of Human Services by \$141,021. This reduction is offset by a \$68,820 increase in the General Fund appropriation to the Department of Health Care Policy and Financing that supports the mental health institutes. The recommendation includes the requested adjustments.

STAFF-INITIATED HB 16-1408 TECHNICAL CORRECTIONS: The recommendation includes technical corrections to the appropriation clause in H.B. 16-1408, a Joint Budget Committee sponsored bill concerning the allocation of cash fund revenues to health-related programs. These adjustments result in a net reduction of \$125,007 cash funds, including a \$41,728 increase in total appropriations from the Marijuana Tax Cash Fund.

² The “Community Transition Services” line item supports intensive behavioral health services and supports for individuals with serious mental illness who transition from a mental health institute back to the community.

PRIORITIZED SUPPLEMENTAL REQUESTS

S2 CMHIP ADOLESCENT UNIT WINDOW IMPROVEMENTS

	REQUEST	RECOMMENDATION
TOTAL	\$145,725	\$145,725
FTE	0.0	0.0
General Fund	145,725	145,725
Cash Funds	0	0
Federal Funds	0	0

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

Explanation: JBC staff and the Department agree that this request is the result of data that was not available when the original appropriation was made.

DEPARTMENT REQUEST: The Department requests a one-time appropriation of \$145,725 General Fund to make physical improvements to the adolescent behavioral treatment unit at the Colorado Mental Health Institute at Pueblo (CMHIP). This amount includes: \$140,611 to replace 20 windows in patient rooms; and \$5,114 to modify the windows in the day room to reduce heat and glare.

STAFF RECOMMENDATION: Staff recommends that the Committee approve the request.

STAFF ANALYSIS:

Adolescent Behavioral Treatment Unit

CMHIP includes an adolescent behavioral treatment unit that has 20 available beds, including 12 single occupancy male rooms and four double occupancy female rooms. This is a locked unit that provides behavioral health services for adolescents that demonstrate life-threatening behaviors, physically threatening behaviors, ward destructive behaviors, interpersonal chaos, emotional instability, impulsivity, psychotic behavior, and in some cases an inability to take care of their own basic needs. The unit serves both forensic patients (adolescents who require an evaluation of competency, who are receiving competency restoration services, or who have been referred by the Department’s Division of Youth Corrections) and civil patients (adolescents who are referred for admission by community mental health centers and local hospitals). In FY 2015-16, the average daily population was 9.4 (including an average of 7.2 forensic patients and 2.2 civil patients); from FY 2009-10 through FY 2014-15, the average daily population ranged from 10.2 to 12.2. The Department acknowledges that the average daily population is well below the capacity of the unit, but indicates that there is a growing need for services.

Window Improvements

The Department identifies two problems with the windows on this unit.

- First, in February 2016 patients began pulling down the window coverings in their rooms. This is hazardous because the rods and clips can be used as weapons or for self-harm. This behavior has continued, so the Department is seeking a permanent solution.

- Second, the windows in the west wall of the day room allow too much heat and glare into the room, making programming during the day challenging. The Department requests funding to replace 20 windows (with built-in light control) in patient rooms and to apply glazing to 12 windows in the day room to reduce heat and glare.

Additional Security and Therapeutic Issues With the Adolescent Behavioral Treatment Unit

Please note that the supplemental request states that the proposed project does not address all of the identified security risks in the adolescent behavioral treatment unit. In its supplemental request, the Department explains that it analyzed an alternative option to address all of the identified security risks in the unit, but the Department has not submitted a corresponding request due to budget constraints. Staff believes that this statement is referring to one of the “contingent” funding requests that was submitted last year as part of the FY 2016-17 budget request. The Governor included several “contingent” funding requests that were intended to be considered if the General Fund revenue projections improved. As these items were not part of the Governor’s official budget request, they were not analyzed or presented to the JBC as part of the normal budget process.

Specifically, the Department submitted a contingent budget request titled, “Program Relocation for Improved Safety and Beds”. This request identified a FY 2016-17 cost of \$1,189,994 General Fund (and ongoing annual costs of \$1,224,208) to make several CMHIP facility changes that would address multiple identified risks within the adolescent behavioral treatment unit. The proposal involved relocating the adolescent unit, the Circle Program, and a third unit that houses patients who are being prepared to transition back to the community. This proposal would have addressed the several security and therapeutic issues present in the current adolescent behavioral treatment unit, including:

- Eliminating the need for staff to carry keys, which creates an opportunity of risk to staff;
- Providing access to a gymnasium and ample outdoor recreational areas that do not pose escape risk; and
- Providing 20 single occupancy rooms (i.e., replacing the four double occupancy female rooms with eight single occupancy rooms).

By addressing the above issues, the Department indicated that the proposal may allow for an increased number of adolescents to be served. In addition, the proposal would have added 20 transitional beds for patients preparing to discharge into the community. This proposal was not submitted as either an operating or capital request for FY 2017-18.

The Department did submit a new capital construction request for \$5.4 million General Fund in FY 2017-18 to expand the CMHIP Hawkins High Security Forensic facility by 24 beds to serve individuals who require competency evaluations. *[For more information about the CMHIP contingent request and the Department’s current plans for modifying and expanding CMHIP, see: the issue brief that starts on page 11 of the JBC Staff Budget Briefing for the Department’s behavioral health services, dated December 13, 2016; and the Department’s related hearing responses dated January 3, 2017, starting on page 34.]*

Staff Recommendation

Staff recommends approving the Department’s supplemental request. Staff visited this unit as part of the CMHIP tour last September. Staff agrees that these issues should be addressed. The Department included cost estimates for both components of the project that appear to be reasonable. While the requested funding would not address all of the identified challenges with the

existing building that is used to serve adolescents, it will address recently identified concerns related to the windows. In the future, if the Department is successful in obtaining funding to make the previously identified changes to the three CMHIP units, the window modifications will provide a safer and more therapeutic environment for any patients that would be relocated to this building.

S4 CRISIS SERVICES SYSTEM ENHANCEMENTS

	REQUEST	RECOMMENDATION
TOTAL	\$0	(\$700,000)
FTE	0.0	0.0
General Fund	0	(700,000)
Cash Funds	0	0
Federal Funds	0	0

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria?	YES, in part
[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.]	

Explanation: The Department submitted this request under the criteria “data that was not available when the original appropriation was made”. JBC staff agrees that a portion of this request falls under this criteria but another portion (marketing) does not.

DEPARTMENT REQUEST: The Department proposes reducing the appropriation for “Community Transition Services” by \$500,000, and the Department proposes repurposing these funds for two components of the behavioral health crisis response system:

- \$200,000 for the telephone hotline/warmline to address increases in the number and duration of calls; and
- \$300,000 for marketing to further enhance visibility and educate the public about the crisis response system.

STAFF RECOMMENDATION: Staff recommends that the Committee:

- Reduce the appropriation for Community Transition Services by \$900,000 to more fully recognize the amount that would otherwise be reverted at the end of the fiscal year;
- Approve the request to increase funding for the telephone hotline/warmline by \$200,000; and
- Deny the request to increase funding for marketing.

STAFF ANALYSIS: The Department has submitted both a FY 2016-17 supplemental request and a FY 2017-18 decision item to shift General Fund appropriations within its budget. Specifically, the Department proposes reducing the appropriation for “Community Transition Services” by \$500,000 in FY 2016-17 (and by \$900,000 in FY 2017-18). The Department proposes repurposing these funds for two components of the behavioral health crisis response system:

- \$200,000 for the telephone hotline/warmline to address increases in the number and duration of calls (the Department has requested an increase of \$600,000 for this purpose for FY 2017-18); and
- \$300,000 for marketing to further enhance visibility and educate the public about the crisis response system (the Department has requested the same increase for FY 2017-18).

Staff discusses each component of the request below. At the end of this section, staff has provided background information concerning the statewide behavioral health crisis response system.

Increase for Telephone Hotline/Warmline Contract

The Department requests an increase of \$200,000 General Fund (8.3 percent) to address increases in both the number and duration of calls, chats, and texts received by the hotline/warmline contractor. The additional funds would offset higher costs incurred for staff as well as associated operating costs (phone, data, utility, and information technology services).

The total *number of contacts* rose from 8,885 in December 2015 to 13,321 in October 2016 — a 49.9 percent increase over 10 months. The volume decreased slightly in November 2016 (to 12,664). Of the total in November:

- 8,382 (66.2 percent) were calls received;
- 3,889 (30.7 percent) were outgoing calls to follow up with individuals;
- 288 were texts received; and
- 105 were chats received.

Based on data from November 2016, the most common *presenting problem* for all age groups is an anxiety concern. For those under age 27, the next most common presenting problems are mood concerns and safety concerns. Safety concerns most commonly involve suicide ideation, but may also involve self-harming behavior, domestic violence, grave disability, homicidal ideation, child abuse, or elder abuse. For those over age 27, major life issues and family issues are more common reasons for calling. Substance use, psychosis, and cognitive issues are less frequently cited as the presenting problem for all age groups. Substance use is cited most frequently for the age group 22 to 26 (7.8 percent of calls), followed by the age group 27 to 64 (7.3 percent of calls).

The average *duration* of incoming calls is 11 to 13 minutes, and for outgoing calls it is three to four minutes. Chat and text interactions are generally longer and more variable; in November 2016, the average duration for chats and texts were 39.6 minutes and 49.6 minutes, respectively. The contractor notes that the average duration for incoming calls is longer than the eight minute average call duration cited by National Council on Behavioral Health. The contractor attributes the longer duration to several factors, including:

- The thoroughness of the calls, including the safety assessment protocol that is utilized and required data collection; and
- The contractor's roll in connecting callers with other components of the crisis system (e.g., staying on the line until law enforcement or a mobile crisis team can respond).

The most recent data for hotline/warmline activity indicates the following *outcomes*:

- 27.8 percent of calls result in an action/safety plan;
- 18.8 percent of calls result in follow-up by a crisis services center;
- 17.3 percent of calls result in a referral to appropriate behavioral health services;
- 15.6 percent of calls result in a referral to another type of social service;
- 7.6 percent of calls result in crisis stabilization services;
- 2.2 percent of calls result in law enforcement contact; and
- 2.1 percent of calls result in deployment of mobile crisis services.

Finally, the Department points to several indicators that underscore the need for additional funding to ensure that hotline/warmline services are responsive and effective:

- Average call wait times rose from 11.3 seconds in June 2015 to 30.7 seconds in June 2016;
- Call abandonment rates rose from 2.1 percent in June 2015 to 5.2 percent in June 2016; and
- The contractor experienced a turnover rate of 47 percent among counseling and peer specialist staff from June 2015 to June 2016.

The Department anticipates that the increased funding will allow the contractor to maintain or improve call wait times and call abandonment rates. In addition, the requested funding is intended to allow the contractor's performance and quality to continue to meet the American Association of Suicidology's standards of care, which are designed to ensure that clients receive a thorough safety assessment, a warm hand-off to the appropriate level of care, and follow-up to facilitate ongoing support, treatment, and safety.

Staff recommends approving the request to increase funding for the hotline/warmline component of the crisis response system. This component provides statewide, 24/7 access to behavioral health professionals and to "peer specialists" (i.e., an individual with lived experience that enables him or her to support an individual struggling with a mental health or substance use disorder). The contractor can respond to contacts from individuals who are concerned about their own behavioral health, as well as third parties who are concerned about someone or simply seeking information. The contractor recently told the Committee that when an individual experiencing a behavioral health crisis is able to talk to a trained professional at the right time, it often results in that individual remaining safe from harm without the need for in-person services. For those individuals who require or would benefit from in-person services, the hotline/warmline plays an important role in referring and connecting individuals with appropriate services and resources within their local community. When warranted, the hotline/warmline staff facilitates involvement of a local mobile crisis team or law enforcement, and stay on the line until such teams can respond.

Increase for Marketing

The Department requests an increase of \$300,000 General Fund (50.0 percent) to increase outreach and marketing so that more Coloradans are aware of available crisis services throughout the state. The existing marketing contract supports various television, radio, and on-line media activities. The Department indicates that while there has been increased utilization of the crisis response system hotline/warmline, there is still not statewide recognition and understanding of the system and how it may interface with other resources.

The Department's supplemental request and its hearing responses include a few different descriptions of the purposes of the requested funds:

- The Department's supplemental request indicates that existing funding is insufficient to effectively reach the general public and target audiences to inform and educate regarding how to access services within the Crisis Response System. The Department supports this statement by comparing the existing \$600,000 appropriation of \$1,393,250 for the public awareness campaign for the child welfare hotline.
- The Department's supplemental request indicates that a targeted marketing campaign would be conducted to law enforcement, fire/paramedics, and 911 dispatches in an effort to direct appropriate utilization of behavioral health crisis services to specialized treatment providers. This

will avoid unnecessary utilization of higher cost levels of care such as emergency departments and inpatient treatment.

- The Department’s supplemental request indicates that the current contractor recommends a media budget that will allow for additional bursts of media at key times throughout the year, including television, radio, outdoor, and online marketing in both English and Spanish. Funds will also be used to develop new, targeted messaging to populations and groups that currently under-utilize the services, such as Latinos, other ethnic minorities, and military service members, veterans, and their families.
- The Department noted in its hearing responses that the Colorado Health Foundation’s “2016 Colorado Health Report Card Data Spotlight Mental Health” indicates that despite many improvements in the behavioral health care system there is still room to:
 - Reduce Colorado’s national suicide ranking from 5th in the nation;
 - Target marketing to the highest risk populations identified by the Suicide Prevention Commission including older adults, active duty military personnel and veterans, working age men, LGBTQ youth, and Hispanic/Latina youth; and
 - Reduce the stigma related to seeking help for mental health concerns.

Staff recommends denying the request to increase funding for the marketing component of the crisis response system. Primarily, staff does not agree that this component of the request meets supplemental criteria. The Department’s supplemental request indicates that the overall request meets supplemental criteria because “it is based upon new information resulting in substantive change in funding needs for the mentioned areas of the behavioral health system”. The Department describes two different sources of new data that relate to two of the three elements of the request:

- Recent increases in hotline/warmline call duration, wait times, and call abandonment rates; and
- A contract with a vendor that administers the “Community Transition Services” appropriation that is lower than the appropriation.

While the Department indicates that the marketing vendor recommends a larger media budget, staff is not aware of any specific data or information that was not available when the original appropriation was made.

In addition, staff is not able to clearly describe how the additional requested funds would be used, particularly at this point in the fiscal year. The request speaks to several different objectives, including: (a) an overall increase in the media budget and statewide marketing materials; (b) targeted marketing for law enforcement, fire/paramedics, and 911 dispatches; (c) targeted marketing to certain groups that are at the highest risk for suicide; and (d) targeted messaging to populations and groups that currently under-utilize the services.

The request does not provide any details about how the existing funding is utilized or how the requested funding would be utilized (i.e., vendor service fees, advertising production expenses, and media placement expenses). Further, the request also does not provide any information about the effectiveness of the media campaigns that have been conducted since FY 2013-14. The original statement of work prepared by the contractor, which was incorporated into the initial marketing contract, indicated that the vendor would:

“Oversee campaign evaluation to monitor and analyze results against goals and key performance indicators set at the beginning of a campaign in the planning stage, in order to demonstrate to what degree we have moved the needle. Results are determined through tracking studies as well as behavioral and attitudinal surveys to evaluate changes in awareness, education, behavior and attitudes.”

The supplemental request references the most recent annual report that was provided by the contractor about its contract activities in FY 2015-16. This report includes data such as the allocation of the media budget between television, online banners, and pay-per-click, the number of media impressions, spots, or numbers of clicks that resulted, and the ratings for various stations. The report indicates that five Spanish language television stations were included in the media buy in FY 2015-16, and paid interview opportunities were secured with five Spanish language radio stations. The request does not provide any data indicating the results or effectiveness of the first three years of funding for marketing.

Finally, staff is skeptical about the likely effectiveness of the proposed targeted marketing campaign to law enforcement, fire/paramedics, and 911 dispatches in an effort to direct appropriate utilization of behavioral health crisis services. Based on staff's discussions with behavioral health crisis contractors and law enforcement, as well as the discussions that staff observed among representatives on the Mental Health Hold Task Force, the key to changing behavior and referral patterns is the development of the local relationships between law enforcement and crisis system staff.

Decrease for Community Transition Services

The Community Transition Services line item appropriation provides funding for the provision of intensive behavioral health services and supports for individuals with serious mental illness who transition from a mental health institute back to the community, or who require more intensive services in the community to help avoid institutional placement. The existing appropriation supports a "money follows the individual" program, and funds are used for two purposes:

- The Department contracts with Behavioral Healthcare Inc. (“BHI”, the behavioral health organization for Adams, Arapahoe, and Douglas counties) for the provision of intensive case management services to assist mental health institute patients with their transition to the community. This work requires BHI staff to work with the mental health institutes and community organizations and agencies³ to provide a client-centered continuum of services for clients that are difficult to discharge from the institutes and clients that have a history of behavioral health-related hospitalizations. BHI staff work with transitioning individuals 30 days prior to discharge from the institutes and up to 60 days after the return to their communities.
- Funding is also provided for residential and wrap-around services that are not covered by Medicaid or other payer sources 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.

³ 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.

The Department proposes decreasing this appropriation by \$500,000 in FY 2016-17 (9.7 percent) based on projected expenditures that fall short of the appropriation. For FY 2017-18, the Department is proposing decreasing this appropriation by \$900,000 -- \$400,000 more than the amount proposed through the supplemental request.

Staff recommends approving the Department’s proposal to reduce the Community Transition Services appropriation, beginning in FY 2016-17. However, staff recommends reducing it by \$900,000, rather than \$500,000, in FY 2016-17. The Department’s supplemental request was simply designed to offset the requested funding increases, and not necessarily to recognize the full amount that will be reverted at the end of the fiscal year. In response to a staff inquiry, the Department confirmed that a \$900,000 reduction in FY 2016-17 would not decrease services to clients.

In each of the last two fiscal years, the Department reverted far more than the requested decrease. Specifically, the Department reverted \$2,920,801 (37.8 percent of the appropriation) in FY 2014-15 and \$1,256,966 (24.4 percent) in FY 2015-16. In its written hearing responses, dated January 3, 2017, the Department indicates that the primary reason for the reversion was that a large portion of the original appropriation in FY 2013-14 was based upon two 16-bed enhanced assisted living residences at the approximate total cost of \$4,000,000. The Department decided not to move forward with this approach, however, due to concerns about compliance with the “Olmstead” decision [Olmstead v. L.C. 527 U.S. 581 (1999)], which requires states to eliminate unnecessary segregation of persons with disabilities and to ensure that persons with disabilities receive services in the most integrated setting appropriate to their needs. The Department instead chose to implement a person-centered planning process with services are individualized with the goal of providing housing or residential care in the client’s home community coupled with individualized wraparound services.

The Department indicates that the reversions in the last two fiscal years were also caused by several other factors:

- The implementation of a person-centered approach was delayed in FY 2014-15 because the Department’s procurement process and the contractor’s need to ramp up the program and hire and train staff.
- In FY 2015-16, the contractor was not fully staffed, particularly on the Western Slope, due to the behavioral health workforce shortages.
- Due to the limited availability of community-based housing and residential settings, a lower number of clients are being moved from the hospital to the community. Specifically, the Department originally anticipated serving 429 clients in the alternative living residences. The program actually served 114 clients in FY 2014-15, 162 in FY 2015-16, and 128 as of December 15, 2016. If the number of clients served continues at the same level through the remainder of the fiscal year, a total of 278 clients will be served.
- The contractor was successful in locating placements in less restrictive residential settings that are covered by other funding sources such as nursing homes, traumatic brain injury placements, and other Medicaid residential waiver options. This has reduced the costs per client when placements can be located.

Background Information - Behavioral Health Crisis Response System

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

The *Crisis Response System – Walk-in, Stabilization, Mobile, Residential, and Respite Services* line item appropriation (\$22.9 million General Fund for FY 2016-17) provides funding for a collection of integrated services to respond to and assist individuals experiencing a behavioral health emergency, including the following:

- Walk-in crisis services and crisis stabilization units with the capacity for immediate clinical intervention, triage, and stabilization. The walk-in crisis services and crisis stabilization units must employ an integrated health model based on evidence-based practices that consider an individual's physical and emotional health, are a part of a continuum of care, and are linked to mobile crisis services and crisis respite services.
- Mobile crisis services and units that are linked to the walk-in crisis services and crisis respite services and that have the ability to initiate a response in a timely fashion to a behavioral health crisis.
- Residential and respite crisis services that are linked to the walk-in crisis services and crisis respite services and that include a range of short-term crisis residential services, including but not limited to community living arrangements.

These services are provided on a regional basis by consortiums of community mental health centers. While this appropriation is from the General Fund, the Department indicates that about 30 percent of the crisis services that are reported by regional contractors are funded by Medicaid, Medicare, or third party insurance.

The *Crisis Response System – Telephone Hotline* line item appropriation supports a statewide, twenty-four-hour telephone crisis service that is staffed by skilled professionals who are capable of assessing child, adolescent, and adult crisis situations and making the appropriate referrals. The Department currently contracts with Rocky Mountain Crisis Partners to provide this service.

The *Crisis Response System – Marketing* line item appropriation supports a vendor contract for a statewide public information campaign. The Department currently contracts with Cactus Marketing Communications Inc., for this campaign.

S8 MENTAL HEALTH INSTITUTE REVENUE ADJUSTMENT

	REQUEST	RECOMMENDATION
TOTAL	\$0	\$0
FTE	0.0	0.0
General Fund	(141,021)	(141,021)
Cash Funds	(19,181)	(19,181)
Reappropriated Funds	160,202	160,202

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

[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.]

Explanation: JBC staff and the Department agree that this request is the result of data that was not available when the original appropriation was made.

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 decrease direct General Fund appropriations to the Department of Human Services (DHS) by \$141,021. In addition, 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), including an increase of \$68,820 General Fund. Thus, the request would decrease total General Fund appropriations to both departments by \$72,201.

STAFF RECOMMENDATION: Staff recommends that the Committee approve the request.

STAFF ANALYSIS: The mental health institutes at Fort Logan and Pueblo receive revenues from various sources to pay for the cost of patient care and other services including: patient payments (typically from disability benefits); Medicare; Medicaid; commercial insurance; and other State agencies (the Departments of Corrections and Education). The institutes transfer a portion of this revenue to other offices within the Department (the Executive Director's Office, the Office of Information Technology Services, and the Office of Operations) that provide support functions for institute operations, such as facilities management, information technology services, and accounting. 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 2016-17, the Department requests adjustments for both mental health institutes to reflect updated revenue estimates. As detailed in the following table, the request equals a net change of zero total funds for the FY 2016-17 DHS budget, including a reduction of \$141,021 General Fund. The request also includes an increase of \$138,192 total funds (including an increase of \$68,820 General Fund) for the FY 2016-17 HCPF budget. The result is an overall General Fund decrease of \$72,201 General Fund.

MENTAL HEALTH INSTITUTES REVENUE ADJUSTMENT RECOMMENDATION: FY 2016-17											
FUND SOURCE	FORT LOGAN				PUEBLO						TOTAL ADJUSTMENTS
	PERSONAL SERVICES	OPERATING EXPENSES	PHARMA-CEUTICALS	SUBTOTAL	PERSONAL SERVICES	OPERATING EXPENSES	PHARMA-CEUTICALS	EDUCATIONAL PROGRAMS	CIRCLE PROGRAM	SUBTOTAL	
TOTAL FUNDS	\$0	\$0	\$0	\$0	\$756	\$35,868	\$24	(\$36,648)	\$0	\$0	\$0
General Fund	264,535	14,743	18,710	297,988	(388,192)	(29,907)	(20,910)	0	0	(439,009)	(141,021)
Cash Funds:											
Patient revenues	(266,633)	(14,860)	(18,858)	(300,351)	248,624	19,154	13,392	0	0	281,170	(19,181)
Marijuana Tax Cash Fund	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Subtotal: Cash Funds	(266,633)	(14,860)	(18,858)	(300,351)	248,624	19,154	13,392	0	0	281,170	(19,181)
Reappropriated Funds:											
Transfer from HCPF - Medicaid funds	14,490	13,524	10,178	38,192	72,151	23,971	3,878	0	0	100,000	138,192
Transfer from HCPF - BHO payments	(12,392)	(13,407)	(10,030)	(35,829)	68,173	22,650	3,664	0	0	94,487	58,658
Transfer from DOC	0	0	0	0	0	0	0	0	0	0	0
Transfer from CDE	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>(36,648)</u>	<u>0</u>	<u>(36,648)</u>	<u>(36,648)</u>
Subtotal: Reappropriated Funds	2,098	117	148	2,363	140,324	46,621	7,542	(36,648)	0	157,839	160,202
<i>Net General Fund</i>	<i>271,751</i>	<i>21,478</i>	<i>23,779</i>	<i>317,008</i>	<i>(352,261)</i>	<i>(17,969)</i>	<i>(18,979)</i>	<i>0</i>	<i>0</i>	<i>(389,209)</i>	<i>(72,201)</i>

The request includes a companion budget amendment to reflect similar revenue adjustments in the FY 2017-18 appropriation.

This supplemental request is based on revenues earned from July 2015 through September 2016. The following table details the changes in estimated earned revenue.

DESCRIPTION OF ESTIMATED FY 2016-17 REVENUE CHANGES	
REASON FOR ADJUSTMENT	AMOUNT
Cash Funds:	
Decrease in revenue from patient fees, commercial insurance, and Medicare Part D revenue from prescription drug plans, primarily due to changes in the patient mix and their corresponding eligibility for benefits	(\$785,249)
Increase in revenue from Medicare A and B claims based on patient mix, eligible Medicare benefits, number of billable days, and rate changes	<u>766,068</u>
Subtotal	(19,181)
Reappropriated Funds:	
Increase in revenue from Medicaid "fee-for-service" payments made to the institutes for the provision of services for Division of Youth Corrections clients and forensic clients ^{1/}	138,192
Increase in Medicaid capitation revenue from Behavioral Health Organizations (BHOs) due to an increase in the number of billable days	58,658
Decrease in revenue transferred from the Department of Education's Facility School Funding line item based on the projected number of adolescents at the institute in Pueblo	<u>(36,648)</u>
Subtotal	160,202
TOTAL ADJUSTED EARNED REVENUE	\$141,021

1/ This amount includes \$68,820 General Fund in the HCPF budget.

As detailed in the above table, the cash fund appropriations to the institutes for FY 2016-17 overstate current revenue estimates by \$19,181, and the reappropriated funds reflected in the FY 2016-17 appropriation understate current revenue estimates by \$160,202. Thus, the Department anticipates that the General Fund appropriations for institutes can be decreased by \$141,021.

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.

STAFF-INITIATED SUPPLEMENTAL REQUESTS

STAFF-INITIATED: HB16-1408 TECHNICAL CORRECTIONS

	REQUEST	RECOMMENDATION
TOTAL	\$0	(\$125,007)
FTE	0.0	0.0
General Fund	0	0
Cash Funds	0	(125,007)
Federal Funds	0	0

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

[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.]

Explanation: JBC staff is recommending this change to correct a technical error that was made in the original appropriation.

DEPARTMENT REQUEST: Following the 2016 legislative session, Department staff notified JBC staff of a technical error in the appropriation clause in H.B. 16-1408. The Department did not submit a supplemental request to correct the error. However, JBC staff has worked with the Department to clarify the situation and the Department is aware of and supportive of staff's recommendation.

STAFF RECOMMENDATION: Staff recommends that the Committee amend the appropriation clause in H.B. 16-1408 (a JBC-sponsored bill concerning the allocation of cash fund revenues to health-related programs) to correct a technical error, including:

- eliminating administrative appropriations totaling \$166,725 for which there is no longer a revenue source (including \$99,815 from the Offender Mental Health Services Fund and \$66,920 from the Alcohol and Drug Abuse Community Prevention and Treatment Fund);
- replacing these administrative appropriations with appropriations totaling \$166,735 from the Marijuana Tax Cash Fund (including \$150,715 for Personal Services and \$16,020 for Operating Expenses); and
- reducing the appropriation from the Marijuana Tax Cash Fund for Mental Health Services for Juvenile and Adult Offenders by \$125,007 to reflect lower anticipated expenditures.

STAFF ANALYSIS:

House Bill 16-1408

The Joint Budget Committee sponsored legislation last session (H.B. 16-1408) that establishes a new formula for the allocation of the annual payment received by the State as part of the Tobacco Master Settlement Agreement (Tobacco MSA). The new formula allocates all Tobacco MSA revenue by percentage shares, rather than the hybrid structure of fixed dollar amounts and capped percentage shares in multiple tiers. The formula increases annual allocations to most programs receiving funding under the current distribution, while eliminating dedicated funding for certain purposes in the Department of Human Services. The act makes the following appropriation changes in the Department related to funds from the Tobacco MSA revenues and the Marijuana Tax Cash Fund.

SUMMARY OF TOBACCO MASTER SETTLEMENT AGREEMENT DISTRIBUTION FORMULA APPROPRIATION CHANGES				
SECTION	PROGRAM	GENERAL FUND	TOBACCO MASTER SETTLEMENT CASH FUNDS	MARIJUANA TAX CASH FUND
28	Mental Health Services for Juvenile and Adult Offenders	\$0	(\$3,025,192)	\$3,025,192
28	Mental Health Services for Youth (H.B. 99-1116)	0	(300,000)	300,000
28	Community Prevention Treatment - Alcohol and Drug Abuse	0	(756,298)	756,298
30	Tony Gramscas Youth Services	0	(2,626,328)	2,626,328
33	Nurse Home Visitor Program	0	6,743,164	0
TOTAL		\$0	\$35,346	\$6,707,818

This supplemental recommendation concerns two of the above programs:

- “Mental Health Services for Juvenile and Adult Offenders” is a line item that supports the purchase of mental health services from community mental health centers (Centers) for juvenile and adult offenders who have mental health problems. Eleven of the 17 Centers have designed and implemented such programs (called "S.B. 07-097 programs" based on the authorizing legislation). These funds are used for staff who provide case management and treatment services, wrap-around services, medications, and treatment services that are not covered by Medicaid. This line item was previously supported by tobacco MSA revenues that were annually transferred to the Offender Mental Health Services Fund. House Bill 16-1408 eliminated this transfer, so the Offender Mental Health Services Fund no longer has a revenue source. The act eliminated the FY 2016-17 appropriation from this fund for this line item (\$3,025,192) and substituted a direct appropriation from the Marijuana Tax Cash Fund.
- “Community Prevention and Treatment” is a line item that provides funding for the purchase of alcohol and drug abuse prevention and treatment services from managed service organizations and other community providers. This line item was previously supported by Tobacco MSA revenues that were annually transferred to the Alcohol and Drug Abuse Community Prevention and Treatment Fund. House Bill 16-1408 repealed this fund, eliminated the FY 2016-17 appropriation from this fund for this line item (\$756,298), and substituted a direct appropriation from the Marijuana Tax Cash Fund.

Technical Error in Appropriation Clause

During the legislative interim, Department staff notified JBC staff that two administrative line item appropriations in the FY 2016-17 Long Bill include appropriations from the Offender Mental Health Services Fund and the Alcohol and Drug Abuse Community Prevention and Treatment Fund. These appropriations for Personal Services and Operating Expenses total \$166,735. These appropriations should have been eliminated through the appropriation clause in H.B. 16-1408, and replaced with direct appropriations from the Marijuana Tax Cash Fund totaling \$166,735. The omission was a JBC staff error.

Staff Recommendation

Staff recommends amending the appropriation clause in H.B. 16-1408 to correct this technical error, including:

- eliminating administrative appropriations from the Offender Mental Health Services Fund (totaling \$99,815) and the Alcohol and Drug Abuse Community Prevention and Treatment Fund (totaling \$66,920);

- appropriating a total of \$166,735 from the Marijuana Tax Cash Fund, including \$150,715 for Personal Services and \$16,020 for Operating Expenses; and
- reducing the appropriation from the Marijuana Tax Cash Fund for Mental Health Services for Juvenile and Adult Offenders by \$125,007.

The recommended changes to administrative appropriations result in a net change of \$0 cash funds. The recommended change to the appropriation for Mental Health Services for Juvenile and Adult Offenders is based on information provided by the Department concerning amounts that have been awarded for FY 2016-17. The Department reduced FY 2016-17 allocations (compared to FY 2015-16 allocations) to mitigate the required mid-year increase in the appropriation from the Marijuana Tax Cash Fund.

Please note that staff's recommendation increases total appropriations from the Marijuana Tax Cash Fund for FY 2016-17 by \$41,728 (\$166,735 - \$125,007). As indicated on page eight of staff's Marijuana Policy Overview, dated November 15, 2016, existing appropriations from the Marijuana Tax Cash Fund for FY 2016-17 currently fall short of the maximum amount available for appropriation. Specifically, there is currently \$4,434,904 remaining available above the statutorily required reserve.

*JBC Staff Supplemental Recommendations - FY 2016-17
Staff Working Document - Does Not Represent Committee Decision*

Appendix A: Number Pages

	FY 2015-16 Actual	FY 2016-17 Appropriation	FY 2016-17 Requested Change	FY 2016-17 Rec'd Change	FY 2016-17 Total w/Rec'd Change
DEPARTMENT OF HUMAN SERVICES					
Reggie Bicha, Executive Director					
S2 CMHIP adolescent behavioral treatment unit window improvements					
(8) BEHAVIORAL HEALTH SERVICES					
(E) Mental Health Institutes					
(2) Mental Health Institute - Pueblo					
Capital Outlay	<u>727,192</u>	<u>76,876</u>	<u>145,725</u>	<u>145,725</u>	<u>222,601</u>
General Fund	<u>727,192</u>	<u>76,876</u>	<u>145,725</u>	<u>145,725</u>	<u>222,601</u>
Total for S2 CMHIP adolescent behavioral treatment unit window improvements	<u>727,192</u>	<u>76,876</u>	<u>145,725</u>	<u>145,725</u>	<u>222,601</u>
<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	<u>727,192</u>	<u>76,876</u>	<u>145,725</u>	<u>145,725</u>	<u>222,601</u>

JBC Staff Supplemental Recommendations - FY 2016-17
Staff Working Document - Does Not Represent Committee Decision

	FY 2015-16 Actual	FY 2016-17 Appropriation	FY 2016-17 Requested Change	FY 2016-17 Rec'd Change	FY 2016-17 Total w/Rec'd Change
S4 Crisis services system enhancements					
(8) BEHAVIORAL HEALTH SERVICES					
(D) Integrated Behavioral Health Services					
Crisis Response System - Telephone Hotline	<u>2,395,915</u>	<u>2,395,915</u>	<u>200,000</u>	<u>200,000</u>	<u>2,595,915</u>
General Fund	2,395,915	2,395,915	200,000	200,000	2,595,915
Crisis Response System - Marketing	<u>600,000</u>	<u>600,000</u>	<u>300,000</u>	<u>0</u>	<u>600,000</u>
General Fund	600,000	600,000	300,000	0	600,000
Community Transition Services	<u>3,890,935</u>	<u>5,147,901</u>	<u>(500,000)</u>	<u>(900,000)</u>	<u>4,247,901</u>
General Fund	3,890,935	5,147,901	(500,000)	(900,000)	4,247,901
Cash Funds	0	0	0	0	0
Total for S4 Crisis services system enhancements	6,886,850	8,143,816	0	(700,000)	7,443,816
<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	6,886,850	8,143,816	0	(700,000)	7,443,816
Cash Funds	0	0	0	0	0

JBC Staff Supplemental Recommendations - FY 2016-17
Staff Working Document - Does Not Represent Committee Decision

	FY 2015-16 Actual	FY 2016-17 Appropriation	FY 2016-17 Requested Change	FY 2016-17 Rec'd Change	FY 2016-17 Total w/Rec'd Change
S8 Mental health institute revenue adjustment					
(8) BEHAVIORAL HEALTH SERVICES					
(E) Mental Health Institutes					
(1) Mental Health Institute - Ft. Logan					
Personal Services	<u>19,235,070</u>	<u>19,131,795</u>	<u>0</u>	<u>0</u>	<u>19,131,795</u>
FTE	230.9	218.6	0.0	0.0	218.6
General Fund	17,618,656	17,260,460	264,535	264,535	17,524,995
Cash Funds	1,598,932	1,845,937	(266,633)	(266,633)	1,579,304
Reappropriated Funds	17,482	25,398	2,098	2,098	27,496
Operating Expenses	<u>1,145,944</u>	<u>1,066,278</u>	<u>0</u>	<u>0</u>	<u>1,066,278</u>
General Fund	986,535	902,046	14,743	14,743	916,789
Cash Funds	123,727	136,753	(14,860)	(14,860)	121,893
Reappropriated Funds	35,682	27,479	117	117	27,596
Pharmaceuticals	<u>1,295,585</u>	<u>1,353,110</u>	<u>0</u>	<u>0</u>	<u>1,353,110</u>
General Fund	1,211,863	1,209,136	18,710	18,710	1,227,846
Cash Funds	83,722	123,417	(18,858)	(18,858)	104,559
Reappropriated Funds	0	20,557	148	148	20,705
Personal Services	<u>69,172,205</u>	<u>70,348,261</u>	<u>756</u>	<u>756</u>	<u>70,349,017</u>
FTE	1,015.6	985.4	0.0	0.0	985.4
General Fund	58,903,464	61,307,220	(388,192)	(388,192)	60,919,028
Cash Funds	4,244,441	2,658,908	248,624	248,624	2,907,532
Reappropriated Funds	6,024,300	6,382,133	140,324	140,324	6,522,457

JBC Staff Supplemental Recommendations - FY 2016-17
Staff Working Document - Does Not Represent Committee Decision

	FY 2015-16 Actual	FY 2016-17 Appropriation	FY 2016-17 Requested Change	FY 2016-17 Rec'd Change	FY 2016-17 Total w/Rec'd Change
Operating Expenses	<u>5,964,355</u>	<u>5,416,456</u>	<u>35,868</u>	<u>35,868</u>	<u>5,452,324</u>
General Fund	3,822,251	2,849,141	(29,907)	(29,907)	2,819,234
Cash Funds	324,685	324,685	19,154	19,154	343,839
Reappropriated Funds	1,817,419	2,242,630	46,621	46,621	2,289,251
Pharmaceuticals	<u>3,717,011</u>	<u>3,783,371</u>	<u>24</u>	<u>24</u>	<u>3,783,395</u>
General Fund	3,099,347	3,165,707	(20,910)	(20,910)	3,144,797
Cash Funds	254,851	254,851	13,392	13,392	268,243
Reappropriated Funds	362,813	362,813	7,542	7,542	370,355
Educational Programs	<u>191,784</u>	<u>205,909</u>	<u>(36,648)</u>	<u>(36,648)</u>	<u>169,261</u>
FTE	1.9	2.7	0.0	0.0	2.7
General Fund	41,572	52,720	0	0	52,720
Reappropriated Funds	116,541	153,189	(36,648)	(36,648)	116,541
Federal Funds	33,671	0	0	0	0
Total for S8 Mental health institute revenue adjustment	100,721,954	101,305,180	0	0	101,305,180
FTE	<u>1,248.4</u>	<u>1,206.7</u>	<u>0.0</u>	<u>0.0</u>	<u>1,206.7</u>
General Fund	85,683,688	86,746,430	(141,021)	(141,021)	86,605,409
Cash Funds	6,630,358	5,344,551	(19,181)	(19,181)	5,325,370
Reappropriated Funds	8,374,237	9,214,199	160,202	160,202	9,374,401
Federal Funds	33,671	0	0	0	0

JBC Staff Supplemental Recommendations - FY 2016-17
Staff Working Document - Does Not Represent Committee Decision

	FY 2015-16 Actual	FY 2016-17 Appropriation	FY 2016-17 Requested Change	FY 2016-17 Rec'd Change	FY 2016-17 Total w/Rec'd Change
--	----------------------	-----------------------------	--------------------------------	----------------------------	------------------------------------

Staff Initiated HB16-1408 technical corrections

(8) BEHAVIORAL HEALTH SERVICES

(A) Community Behavioral Health Administration

Personal Services	<u>4,591,038</u>	<u>5,270,642</u>	<u>0</u>	<u>5,270,642</u>
FTE	55.1	62.6	0.0	62.6
General Fund	1,309,100	1,659,469	0	1,659,469
Cash Funds	239,273	383,805	0	383,805
Reappropriated Funds	741,690	878,854	0	878,854
Federal Funds	2,300,975	2,348,514	0	2,348,514
Operating Expenses	<u>285,539</u>	<u>298,683</u>	<u>0</u>	<u>298,683</u>
General Fund	36,638	22,529	0	22,529
Cash Funds	9,445	42,177	0	42,177
Reappropriated Funds	2,049	16,266	0	16,266
Federal Funds	237,407	217,711	0	217,711

(8) BEHAVIORAL HEALTH SERVICES

(B) Mental Health Community Programs

Mental Health Services for Juvenile and Adult Offenders	<u>3,002,380</u>	<u>3,025,192</u>	<u>(125,007)</u>	<u>2,900,185</u>
Cash Funds	3,002,380	3,025,192	(125,007)	2,900,185

(8) BEHAVIORAL HEALTH SERVICES

(C) Substance Use Treatment and Prevention

JBC Staff Supplemental Recommendations - FY 2016-17
Staff Working Document - Does Not Represent Committee Decision

	FY 2015-16 Actual	FY 2016-17 Appropriation	FY 2016-17 Requested Change	FY 2016-17 Rec'd Change	FY 2016-17 Total w/Rec'd Change
--	----------------------	-----------------------------	--------------------------------	----------------------------	------------------------------------

(III) Other Programs

Community Prevention and Treatment	<u>598,194</u>	<u>756,298</u>	<u>0</u>	<u>756,298</u>	
Cash Funds	598,194	756,298	0	756,298	

Total for Staff Initiated HB16-1408 technical corrections	8,477,151	9,350,815	(125,007)	9,225,808	
<i>FTE</i>	<u>55.1</u>	<u>62.6</u>	<u>0.0</u>	<u>62.6</u>	
General Fund	1,345,738	1,681,998	0	1,681,998	
Cash Funds	3,849,292	4,207,472	(125,007)	4,082,465	
Reappropriated Funds	743,739	895,120	0	895,120	
Federal Funds	2,538,382	2,566,225	0	2,566,225	

Totals Excluding Pending Items					
HUMAN SERVICES					
TOTALS for ALL Departmental line items	1,791,515,239	1,902,561,730	145,725	(679,282)	1,901,882,448
<i>FTE</i>	<u>4,844.9</u>	<u>4,793.4</u>	<u>0.0</u>	<u>0.0</u>	<u>4,793.4</u>
General Fund	813,689,796	831,637,907	4,704	(695,296)	830,942,611
Cash Funds	309,557,702	388,657,140	(19,181)	(144,188)	388,512,952
Reappropriated Funds	96,049,309	127,872,227	160,202	160,202	128,032,429
Federal Funds	572,218,432	554,394,456	0	0	554,394,456