

Joint Budget Committee



Staff Budget Briefing FY 2025-26

Department of Human Services

(Behavioral Health Administration and Office of Behavioral
Health)

JBC Working Document - Subject to Change

Staff Recommendation Does Not Represent Committee Decision

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ADDITIONAL RESOURCES

Brief summaries of all bills that passed during the 2024 legislative session that had a fiscal impact on this department are available in Appendix A of the annual Appropriations Report: <https://leg.colorado.gov/sites/default/files/fy24-25apprept.pdf>

The online version of the briefing document may be found by searching the budget documents on the General Assembly's website by visiting leg.colorado.gov/content/budget/budget-documents. Once on the budget documents page, select the name of this department's *Department/Topic*, "Briefing" under *Type*, and ensure that *Start date* and *End date* encompass the date a document was presented to the JBC.

Overview of Department

The Department of Human Services is responsible for the administration and supervision of all non-medical public assistance and welfare programs in the state. This document includes discussion of the Behavioral Health Administration and Office of Behavioral Health.

Prior to 2022, all behavioral health services in the Department were under the Office of Behavioral Health (OBH). House Bill 22-1278 (Behavioral Health Administration) created the Behavioral Health Administration (BHA) and transferred community-based programs from OBH to the BHA. The Office of Behavioral Health was renamed internally by the Department to the Office of Civil and Forensic Mental Health (OCFMH) to describe the remaining responsibilities of the office. The OCFMH Long Bill section is still titled the Office of Behavioral Health to reflect the statutory name of the Office.

Behavioral Health Administration: Responsible for the oversight of the state's public behavioral health system. Funding primarily supports community-based prevention, treatment, and recovery safety net services for people with mental health and substance use disorders who are uninsured or under-insured.

Office of Civil and Forensic Mental Health: Manages two state mental health hospitals in Pueblo and the Fort Logan campus in Denver, as well as community and jail-based forensic mental health services.

Recent Appropriations

Human Services: Recent Appropriations				
Funding Source	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
General Fund	\$1,092,072,590	\$865,338,469	\$1,249,542,319	\$1,316,100,426
Cash Funds	686,892,442	779,831,874	511,926,640	450,495,351
Reappropriated Funds	218,629,040	220,478,290	227,127,067	236,147,121
Federal Funds	563,333,529	591,038,349	616,190,988	615,495,838
Total Funds	\$2,560,927,601	\$2,456,686,982	\$2,604,787,014	\$2,618,238,736
Full Time Equivalent Staff	5,241.7	5,345.8	5,434.3	5,534.0

*Requested appropriation.

Behavioral Health Administration: Recent Appropriations				
Funding Source	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26*
General Fund	\$143,511,006	\$148,549,237	\$158,132,448	\$156,385,308
Cash Funds	274,850,670	67,665,643	72,154,114	73,229,767
Reappropriated Funds	10,594,858	10,586,008	12,419,800	12,442,162
Federal Funds	42,693,987	43,090,835	48,224,999	45,717,833
Total Funds	\$471,650,521	\$269,891,723	\$290,931,361	\$287,775,070
Full Time Equivalent Staff	134.3	156.1	177.5	180.5

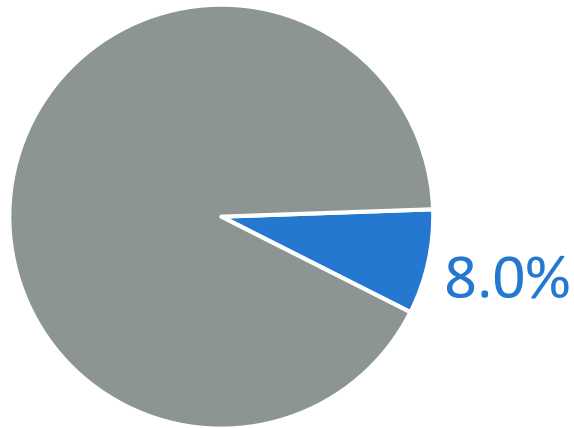
*Requested appropriation.

Office of Civil and Forensic Mental Health: Recent Appropriations				
Funding Source	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26*
General Fund	\$198,822,030	\$128,036,054	\$288,062,172	\$288,170,417
Cash Funds	51,788,043	138,779,992	8,380,405	8,979,159
Reappropriated Funds	13,134,668	13,667,624	13,744,404	19,208,987
Federal Funds	0	0	0	0
Total Funds	\$263,744,741	\$280,483,670	\$310,186,981	\$316,358,563
Full Time Equivalent Staff	1,495.1	1,527.9	1,566.2	1,652.7

*Requested appropriation.

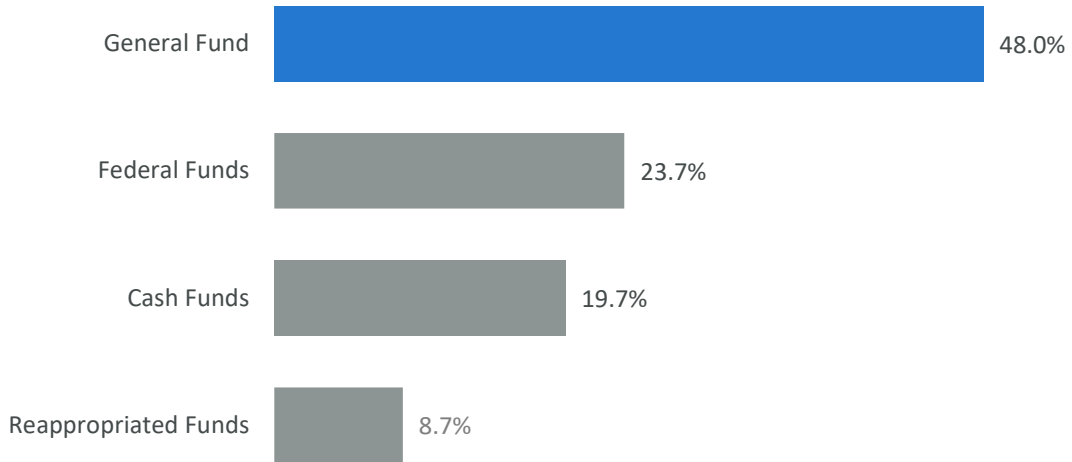
Graphic Overview

Department's Share of Statewide General Fund



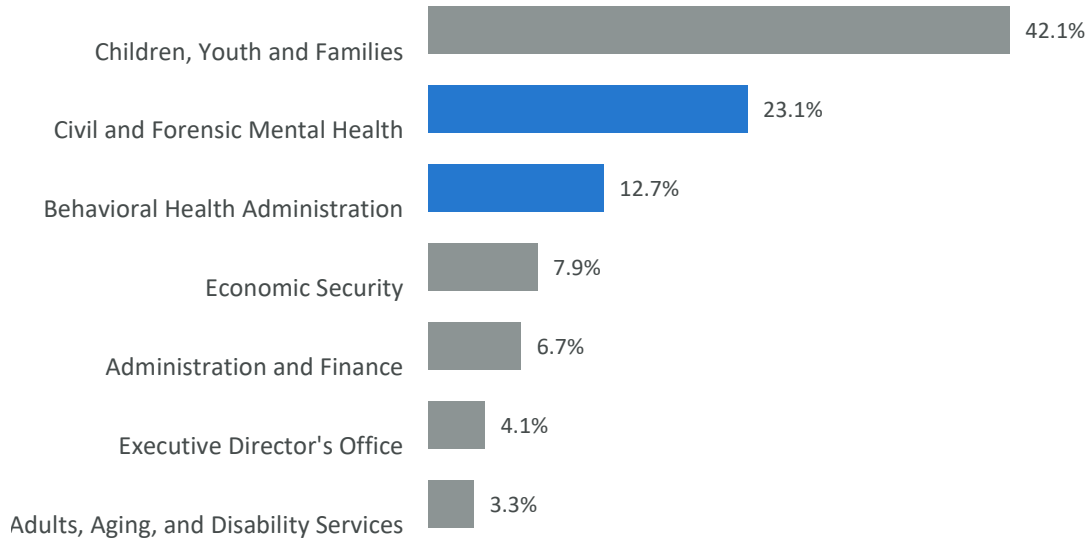
Based on the FY 2024-25 appropriation.

Department Funding Sources



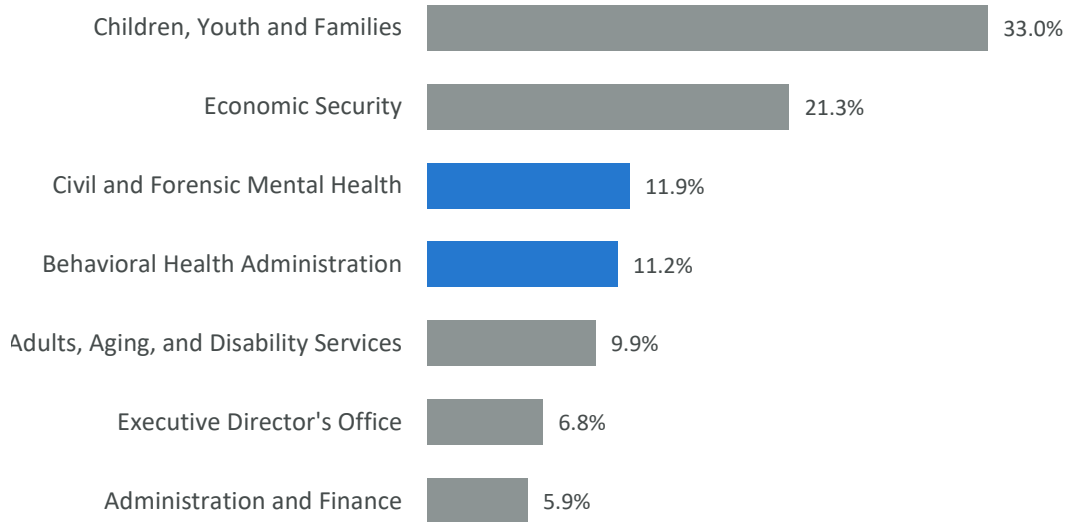
Based on the FY 2024-25 appropriation.

Distribution of General Fund by Division



Based on the FY 2024-25 appropriation.

Distribution of Total Funds by Division



Based on the FY 2024-25 Appropriation

Cash Funds Detail

Cash funds in these divisions are primarily from the Marijuana Tax Cash Fund, patient revenues from the state hospitals, and fees from licensing and court proceedings. The Marijuana Tax Cash Fund and Patient Revenues are the only cash fund sources in the Office of Civil and Forensic Mental Health. The remaining cash funds support the Behavioral Health Administration.

Department of Human Services (BHA and OCFMH)				
Cash Funds Detail				
Fund Name	FY 2024-25 Approp.	Note	Primary Revenue Sources	Primary Uses in Dept.
Marijuana Tax Cash Fund	\$52,481,904	²	See Marijuana Tax Policy.	Community-based, substance use, and crisis response programs, as well as the state hospitals.
988 Crisis Hotline Cash Fund	12,530,464	^{1,2}	Surcharge imposed by the 988 enterprise on telephone service users collected by the PUC.	Continuously appropriated to the 988 Crisis Hotline enterprise, reflected in the budget for informational purposes only.
Patient Revenues	7,757,543		Private insurance payments, Medicaid, and Medicare funds paid to the hospitals.	Personal services, operating expenses, and pharmaceuticals for the state hospitals.
Behavioral and Mental Health Cash Fund	4,000,000		Federal American Rescue Plan Act (ARPA) of 2021.	One-time appropriation in FY 2024-25 for the Behavioral Health Continuum Gap Grant program from H.B. 24-1176.
Persistent Drunk Driver; Alcohol and Drug Driving Safety; Law Enforcement Assistance; Adolescent Substance Abuse Prevention; and Rural Alcohol and Substance Abuse Cash Funds	2,946,369		Fees and surcharges on drug and alcohol related convictions and court evaluations.	Program administration, community prevention, and substance use treatment programs.
Various	307,860		Unspecified cash funds.	Departmental indirect costs.
Correctional Treatment Cash Fund	227,963		Court surcharges on drug offenses, as well as an annual General Fund appropriation to the Judicial Department.	Fentanyl Education Program and Study on the Health Effects of Criminal Penalties from H.B. 22-1326 (Fentanyl Accountability).
Addiction Counselor Training Fund	16,488		Addiction counselor training fees.	Addiction counselor training administration.
Controlled Substances Program Fund	14,324		Licensing fees for substance use treatment programs.	Licensing administration for substance use treatment programs.
Cigarette, Tobacco Products, and Nicotine Product Use by Minors Prevention Fund	10,000		Fines levied on retail vendors for the illegal sale of tobacco products to minors.	Grants to prevent the use and sale of tobacco products by and to minors.
Peer Support Professional Workforce Cash Fund	4,800		Fees for Recovery Support Services Organizations as determined by the BHA.	Recovery Support Services Programs.
Total	\$80,534,519			

¹ Not appropriated by the General Assembly. Amounts shown in Long Bill are for informational purposes only.

² TABOR exempt.

The following table provides the reported revenues, expenditures, and beginning fund balance as compared to the appropriation for FY 2023-24 from cash fund reports as submitted by the Department as part of the November request. Reports provide a point in time estimate and may include hard assets. The beginning fund balance does not independently indicate cash funds available for additional appropriations or transfers. Reports are not provided for all cash funds appropriated in the Long Bill or authorized in statute.

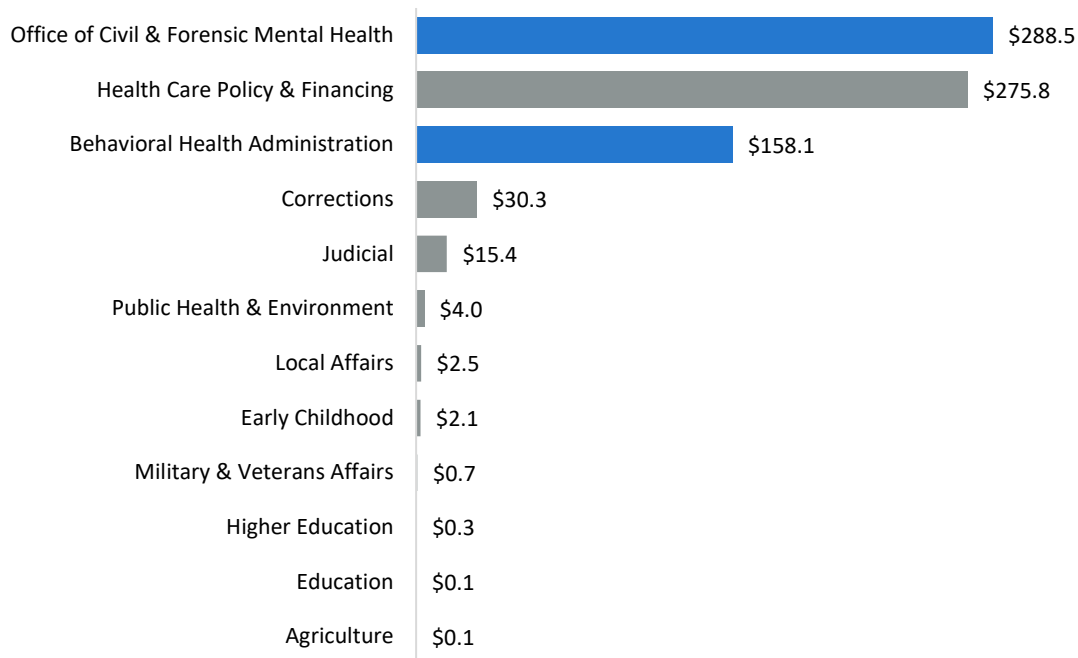
FY 2023-24 Cash Fund Reports					
Cash Fund	Division	Revenue	Appropriation	Expenditure	FY 25 Beg. Balance
Older Coloradans Cash Fund	OAADS	\$10,245,290	\$14,186,412	\$11,101,609	\$2,579,889
Title IV-E Administrative Cost	OCYF	7,597,525	8,152,490	4,577,506	16,995,528
Youth Services Program Fund	OCYF	7,050,288	6,792,049	5,598,403	3,606,350
Performance-based Collaborative Management Incentive Fund	OCYF	3,947,028	3,000,000	965,480	2,542,737
Commission for the Deaf and Hard of Hearing	OAADS	2,593,724	0	2,121,185	483,973
Brain Injury Trust Fund	OAADS	2,160,613	3,082,847	2,062,601	1,289,156
Records and Reports Fund	OCYF	1,488,396	681,757	1,352,152	153,342
Persistent Drunk Driver Cash Fund	BHA	1,417,850	1,560,167	1,460,084	1,179,153
Colorado Domestic Abuse Program Fund	OCYF	1,409,333	1,333,456	1,207,887	1,141,631
Food Distribution Program Cash Fund	OES	1,382,750	0	1,281,809	684,204
Excess Title IV-E Reimbursements Fund	OCYF	1,306,564	1,852,553	888,982	2,050,120
Alcohol and Drug Driving Cash Fund	BHA	853,977	844,001	887,831	-49
Cigarette, Tobacco Products, and Nicotine Product Us by Minors Prevention Fund	BHA	537,026	10,000	9,647	547,616
Youth Mentoring Cash Fund	OCYF	500,841	500,938	501,775	56,776
Child Welfare Licensing Fund	OCYF	393,271	282,527	128,018	274,434
Family Support Registry	OES	211,622	281,509	238,939	177,956
Work Therapy Fund	OAADS	175,758	591,716	370,380	-104,828
Sports Betting Fund	BHA	132,465	0	131,031	28,048
Rural Alcohol and Substance Abuse Fund	BHA	86,725	151,200	154,211	34,688
Crimes Against At-risk Persons Surcharge Fund	OAADS	42,856	48,370	48,370	45,713
Sex Offender Surcharge Fund	OCYF	38,428	38,428	31,028	12,756
Law Enforcement Assistance Fund	BHA	30,711	288,919	33,319	127,843
Child Welfare Prevention and Intervention Fund	OCYF	26,279	598,953	0	61,982
Controlled Substances Program Fund	BHA	22,080	6,098	11,251	81,420
Addiction Counselor Training Fund	BHA	19,500	14,991	0	19,500
Adolescent Substance Abuse Prevention	BHA	7,783	236,804	15,262	-12
Supplemental Security Income Stabilization Fund	OES	-682,371	1,000,000	214,913	3,196,168
		\$42,996,312	\$45,536,185	\$35,393,673	\$36,991,934

General Factors Driving the Budget

The General Assembly appropriates funds to multiple departments to provide mental health and substance use-related services (referred to as behavioral health services). The Department of Health Care Policy and Financing administers funding for behavioral health services for individuals eligible for Medicaid. The Department of Human Services administers non-Medicaid behavioral health programs through the Behavioral Health Administration and Office of Civil and Forensic Mental Health.

The BHA has executed formal agreements with a total of 16 state agencies currently administering programs related to behavioral health.¹ The chart below provides the General Fund appropriations for behavioral health programs by Department. Amounts use a narrow definition of behavioral health programs and do not include DHS programs outside of the two behavioral health divisions. A complete list of programs is provided in Appendix B.

Distribution of General Fund for Behavioral Health Programs by Department



Unlike the Medicaid program, behavioral health services provided through the Department of Human Services are not an entitlement. Therefore, the number of individuals served and level of services provided are largely driven by the amount of General Fund appropriated by the General Assembly. The largest General Fund appropriations are for community-based programs

¹ 2024 Behavioral Health System Plan.

<https://drive.google.com/file/d/1bMjpDga6Q9zkmBnzDcP27rRwi5Zf2Nof/view>

in the Behavioral Health Administration and administration of the state mental health hospitals in the Office of Civil and Forensic Mental Health.

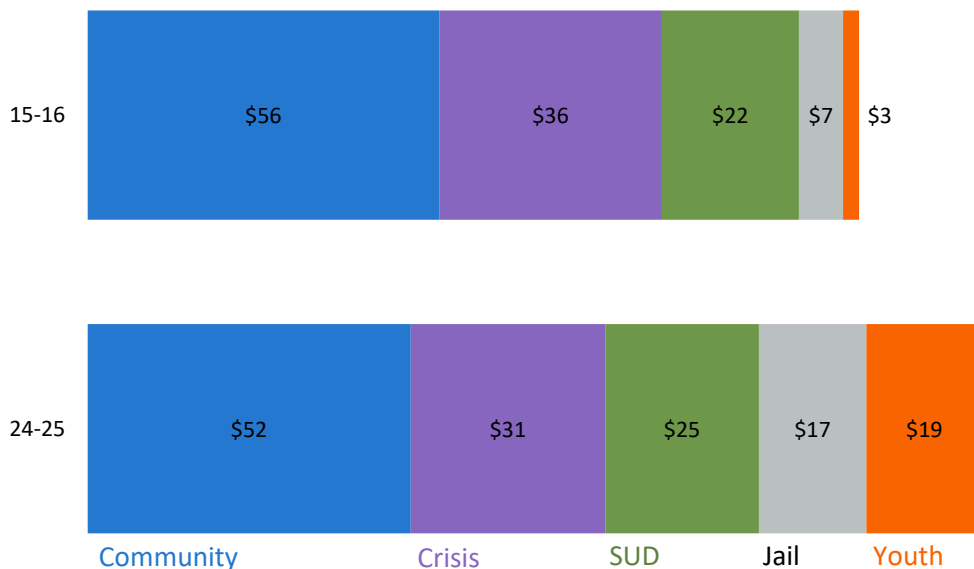
Behavioral Health Administration

The Behavioral Health Administration (BHA) is responsible for the oversight of the state’s public behavioral health system. Funding primarily supports community-based prevention, treatment, and recovery services for people with mental health and substance use disorders. This includes services for people who are not eligible for Medicaid, as well as services for Medicaid clients that are not covered by Medicaid.

Prior to FY 2024-25, the BHA contracted with Community Mental Health Centers (CMHCs) for the provision of behavioral health safety net services. The BHA separately contracted with Managed Care Organizations (MSOs) and Administrative Service Organizations (ASOs) to subcontract with providers (including CMHCs) for the provision of substance use and crisis response services respectively. Beginning in FY 2025-26, all services are statutorily required to be subcontracted by the BHA through regional entities called Behavioral Health Administration Service Organizations (BHASOs). BHASOs are expected to be supported by the historic funding for ASOs and MSOs.

Appropriations for community mental health services to CMHCs, crisis response, and substance use treatment make up the majority of General Fund appropriations to the BHA. In recent years, jail-based and youth programs have made up an increasing share of total General Fund appropriations.

General Fund appropriations for community and crisis services have decreased over the last ten fiscal years, while substance use, jail-based, and youth programs have increased (amounts in millions, adjusted for inflation).



Office of Civil and Forensic Mental Health

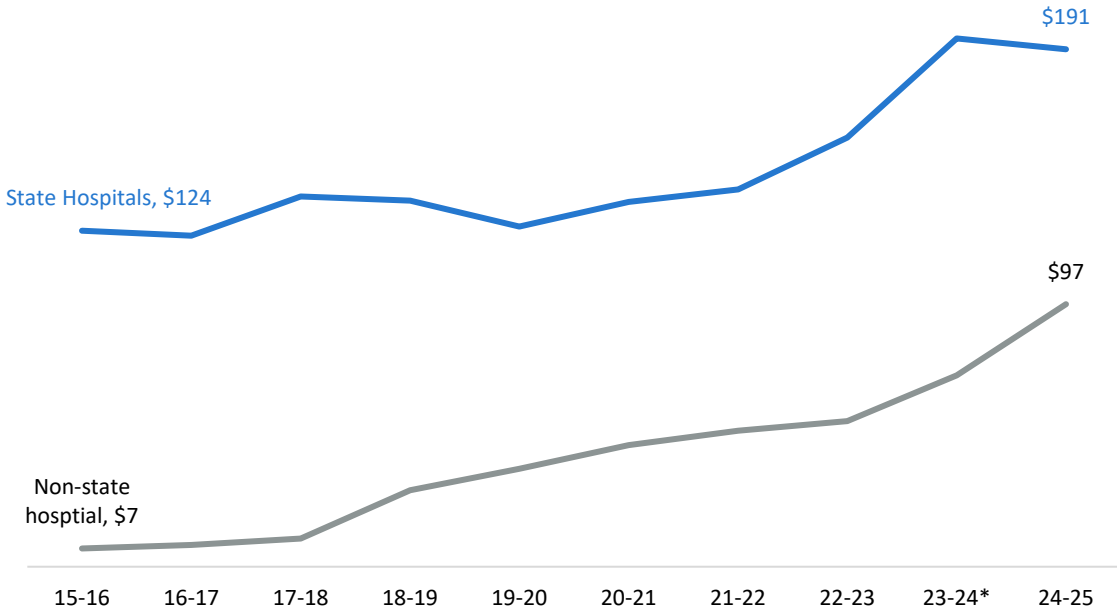
The Office is responsible for the operation of two state mental health hospitals in Pueblo and the Fort Logan campus in Denver, as well as behavioral health services for clients in the criminal justice system outside the state hospitals. The hospitals serve civil and forensic patients.

Civil patients are committed by a civil court into the care of the Department voluntarily or involuntarily due to serious and persistent mental health conditions.

Forensic patients include individuals with mental health conditions or developmental disabilities that may prevent them from assisting in their own defense during criminal proceedings, referred to as “competency.” The Department conducts court-ordered competency evaluations and restoration services that may occur in the community, jails, or inpatient hospitals. Forensic patients also include individuals found not guilty by reason of insanity (NGRI).

Appropriations were 92.9 percent General Fund in FY 2024-25, and are driven by staff compensation. Appropriations have increased in recent years due to high vacancy rates and a resulting increase in the utilization of contract nurses that come at a higher expense than state FTE. Appropriations outside of the state hospitals include court services, jail-based services, private hospital contracts, and consent decree fines. The Department indicates that jail-based, private hospital, and state hospital beds totaled 455 inpatient beds by the end of FY 2023-24.

General Fund appropriations for state hospital and non-hospital services have increased over the last ten fiscal years (amounts in millions, adjusted for inflation).



*State hospital appropriations in FY 2023-24 include ARPA funds for personal services that otherwise would have been General Fund appropriations.

Summary of Request

Department of Human Services

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
HB 24-1430 (Long Bill)	\$2,534,339,966	\$1,282,851,761	\$433,777,402	\$227,127,067	\$590,583,736	5,418.0
Other legislation	70,447,048	-33,309,442	78,149,238	0	25,607,252	16.3
Total	\$2,604,787,014	\$1,249,542,319	\$511,926,640	\$227,127,067	\$616,190,988	5,434.3
FY 2025-26 Requested Appropriation						
FY 2024-25 Appropriation	\$2,604,787,014	\$1,249,542,319	\$511,926,640	\$227,127,067	\$616,190,988	5,434.3
R1 County public assistance resources	4,185,074	1,255,522	837,015	0	2,092,537	0.0
R2 Streamlining juvenile justice	0	17,309	0	0	-17,309	0.0
R3 Increase DYS bed cap	1,701,186	1,632,208	0	0	68,978	10.0
R4 Reduce private hospital contracts	-2,000,000	-2,000,000	0	0	0	0.0
R5 Reduce consent decree fines	-5,000,000	-5,000,000	0	0	0	0.0
R6 Staffing Fort Logan G-wing	6,856,155	6,856,155	0	0	0	56.9
R7 Transitional living homes	5,195,629	-12,195	0	5,207,824	0	32.9
R8 Increase oversight and reduce waste	222,257	144,527	0	77,730	0	0.9
R9 Maintain electronic hospital records	819,724	819,724	0	0	0	0.0
R10 Communication services for people with disabilities	1,578,512	-103,214	4,262,699	-2,580,973	0	1.0
R11 DYS food inflation	371,695	371,695	0	0	0	0.0
R12 Child abuse and neglect appeals	143,863	89,993	0	0	53,870	2.0
R13 DYS career education adjustment	0	0	0	0	0	0.0
R14 Teen parent driver's license program	-100,000	-100,000	0	0	0	0.0
R15 Reduce DYS contract placements	-1,000,000	-873,165	0	-68,040	-58,795	0.0
R16 Further right-size home care allowance	-1,050,000	-1,000,000	-50,000	0	0	0.0
R17 ReHire Colorado	-250,000	-250,000	0	0	0	0.0
R18 Reduce child welfare core services	-3,564,591	-3,000,000	-372,673	0	-191,918	0.0
BHA R1 Increase access to care	3,150,656	3,150,656	0	0	0	0.0
BHA R2 Child and youth implement plan	350,000	350,000	0	0	0	0.0
BHA R3 Crisis line consolidation	-200,000	-3,696,622	3,496,622	0	0	0.0
BHA R4 Alternative funding for services	-1,600,000	-1,438,286	-161,714	0	0	0.0
BHA R5 School mental health screening	-775,998	-775,998	0	0	0	0.0
BHA R6 Right-sizing IMatter	-6,074,762	-6,074,762	0	0	0	0.0
BHA R7 BHE Licensing spending authority	420,977	0	420,977	0	0	4.0
BHA R8 High acuity crisis	1,160,250	4,510,666	0	0	-3,350,416	0.0
Non-base building staff incentives	3,909,049	3,909,049	0	0	0	0.0
Non-prioritized decision items	2,000,763	1,268,587	89,223	-309,713	952,666	0.0
Centrally appropriated line items	30,981,406	14,816,302	1,201,913	6,467,841	8,495,350	0.0
Indirect cost assessments	2,209,347	0	295,885	563,247	1,350,215	0.0
Annualize prior year legislation	-19,145,955	63,409,404	-72,469,970	134,069	-10,219,458	-8.9
Annualize prior year budget actions	-11,043,515	-11,719,448	1,018,734	-471,931	129,130	0.9
Total	\$2,618,238,736	\$1,316,100,426	\$450,495,351	\$236,147,121	\$615,495,838	5,534.0

Department of Human Services

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Increase/-Decrease	\$13,451,722	\$66,558,107	-\$61,431,289	\$9,020,054	-\$695,150	99.7
Percentage Change	0.5%	5.3%	-12.0%	4.0%	-0.1%	0.0

DHS R4 Reduce private hospital contracts: The Department requests an ongoing reduction of \$2.0 million General Fund. The request decreases private hospital inpatient competency restoration contract beds from approximately 69 to 64. The reduction is expected to serve 15 fewer clients per year. The Department indicates that a level of evidence is not applicable.

Additional information is provided in the second issue brief.

DHS R5 Reduce consent decree fines: The Department requests an ongoing reduction of \$5.0 million General Fund. The request decreases the appropriation for consent decree fines from \$12.2 million to \$7.2 million. The Department indicates that a level of evidence is not applicable.

Additional information is provided in the second issue brief.

DHS R6 Staffing Fort Logan G-wing: The Department requests an increase of \$6.9 million General Fund and 56.9 FTE in FY 2025-26. This amount decreases to \$6.7 million in FY 2026-27. The request is expected to support the staff required to open a new 16-bed unit at Fort Logan. The Department indicates that a level of evidence is not applicable.

The unit was constructed using federal stimulus funds from the American Rescue Plan Act of 2021 (ARPA) from [H.B. 22-1303 \(Increase Residential Behavioral Health Beds\)](#). The unit is expected to open in 2025 and received a quarter year of funding to support hiring in FY 2024-25. The request represents an increase to the full year of staffing and operating costs.

Additional information is provided in the second issue brief.

DHS R7 Transitional living homes: The Department requests an ongoing increase of \$5.2 million total funds. These amounts include an increase of \$5.2 million Medicaid funds, and a decrease of \$12,195 General Fund. The request would provide the Department with spending authority for an approved Medicaid waiver for the operation of Mental Health Transitional Living Homes. The homes were established using ARPA funds from H.B. 22-1303. The Department indicates that a level of evidence is not applicable.

Additional information is provided in the second issue brief.

DHS R9 Maintain electronic health records: The Department requests an increase of \$819,724 General Fund in FY 2025-26. This amount increases to \$894,724 General Fund in FY 2026-27 and ongoing. The request provides funding for increased contract costs related to maintaining the electronic health record system for the state hospitals. The Department indicates that a level of evidence is not applicable.

BHA R1 Increase access to care: The Administration requests an increase of \$3.2 million General Fund annually through FY 2027-28. The request decreases to \$2.2 million General Fund in FY 2028-29 and ongoing. Funding is expected to support care coordination for uninsured individuals with severe mental health disorders, additional staff at BHASOs for care navigation,

and care coordination capacity building for providers. The Administration indicates that the evidence level for the request is promising.

Additional information is provided in the first issue brief.

BHA R2 Children and Youth implementation plan: The Administration requests \$350,000 General Fund on a one-time basis to contract for an assessment of existing resources. The request supports the BHA's Children and Youth Behavioral Health Implementation plan released in January 2024. The request indicates that a level of evidence is not applicable.

Additional information is provided in the first issue brief.

BHA R3 Crisis line consolidation (requires legislation): The Administration requests a decrease of \$200,000 total funds to transition the Colorado Mental Health Telephone Hotline to the 988 Enterprise. Amounts include a decrease of \$3.7 million General Fund, offset by an increase of \$3.5 million cash funds from the 988 Enterprise Cash Fund. The cash fund is continuously appropriated to the BHA, but is reflected in the budget for informational purposes.

The Colorado Crisis Line (844-493-TALK) provides free, 24/7 support to people in crisis by trained professionals. 988 is a national network of local crisis contact centers designated by Congress in 2020. [Senate Bill 21-154 \(Suicide Prevention Lifeline Network\)](#) created the 988 Enterprise in Colorado. The 988 Enterprise is supported by a surcharge on all phone lines and is governed by a board of directors appointed by the Governor.

The Colorado Crisis Line pre-dates 988, but was in part maintained after 988 because 988 did not have geo-routing capability. Geo-routing means that a call is routed to the nearest contact center. Without geo-routing, calls are routed to a center based on area code. The Federal Communications Commission voted in October to begin requiring phone carriers to geo-route 988 calls.

There are additional features offered by the Colorado Crisis Line that are not yet available through 988, primarily peer support. The request proposes legislation to move the Colorado Crisis Line to the 988 Enterprise, and gradually phase out the Colorado Crisis Line if 988 meets the level of service and awareness of the Colorado Crisis Line.

BHA R4 Alternative funding for behavioral health services: The Administration requests a decrease of \$1.6 million total funds on an ongoing basis for programs with expected reversions or alternate fund sources. Amounts include a reduction of \$1.4 million General Fund and \$161,714 cash funds from the Marijuana Tax Cash Fund. The request indicates that a level of evidence is not applicable.

Reduced programs include the Circle Program, the Children and Youth Mental Health Treatment Act, and Treatment and Detox programs. The BHA anticipates that reductions will not impact services.

BHA R5 School mental health screening: The Administration requests a decrease of \$775,998 General Fund on an ongoing basis to adjust for lower than anticipated contracting costs. The request indicates that a level of evidence is not applicable.

The BHA initially estimated that [House Bill 23-1003 \(School Mental Health Assessment\)](#) would require two contracts, one for a qualified provider and one for a data vendor, for a total of \$2.5 million annually. The BHA has now contracted with a provider that can fulfill both requirements at a lower cost than anticipated. The request adjusts for the actual cost of the contract without reducing services.

BHA R6 Right-sizing IMatter: The Administration requests a decrease of \$6.1 million General Fund on an ongoing basis related to the annualization of [S.B. 24-001 \(Continue Youth Mental Health Services Program\)](#). IMatter is intended to provide 6 free, virtual therapy sessions for school-aged youth. The request indicates that a level of evidence is not applicable.

Senate Bill 24-001 (Continue Youth Mental Health Services Program) continued the IMatter program through 2034. The fiscal note estimated a cost of \$11.1 million to continue the program, compared to an historic appropriation of \$6.0 million and historic expenditure of \$5.1 million. The General Assembly appropriated \$5.0 million General Fund in FY 2024-25 to continue the program.

The “annualization of prior year legislation” section of the request increases the FY 2025-26 appropriation by \$6.1 million to align with the fiscal note. This request decreases the appropriation back down to a total of \$5.0 million General Fund to align with the General Assembly’s FY 2024-25 action on an ongoing basis.

The fiscal note assumed that the cost of continuing IMatter would increase due to the implementation of school-based mental health screenings. The BHA has indicated that \$5.0 million is sufficient to operate the program. If demand exceeds the appropriation, the BHA will have to reduce services, establish a waitlist, or request an increased appropriation.

BHA R7 BHE Licensing spending authority: The Administration requests an increase of \$420,977 cash fund spending authority from the Behavioral Health Licensing Cash Fund in FY 2025-26. The cash fund supports licensing activities that were previously supported by the Colorado Department of Public Health and Environment (CDPHE) that transferred to the BHA in FY 2024-25 but were not accounted for in the Long Bill. The related spending authority has been removed from the CDPHE FY 2025-26 budget request.

The spending authority reflects existing revenue that the BHA does not have the authority to spend without an appropriation. The request does not represent a change in practice or fees. Fees range from \$500 to \$3,600.

BHA R8 High acuity crisis: The Administration requests an increase of \$1.2 million total funds in FY 2025-26. Amounts include an increase of \$4.5 million General Fund and a decrease of \$3.4 million federal funds. The request reflects a technical error to the out-year costs estimated in the fiscal note for [H.B. 24-1038 \(High Acuity Youth\)](#). The fiscal note mistakenly switched the General Fund and federal funds split for FY 2025-26.

The request only reflects a one-year adjustment related to the correction. Funding in FY 2026-27 and ongoing is intended to align with the fiscal note, which estimated a \$5.9 million General Fund appropriation for the BHA in FY 2026-27.

Annualize prior year budget actions: The request includes a net increase of \$3.4 million total funds for the out-year impact of prior year budget actions for OCFMH and the BHA.

Annualize prior year budget actions						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 24-25 Step pay	\$6,658,947	\$4,924,150	\$784,521	\$448,943	\$501,333	0.0
FY 24-25 Salary survey	1,468,108	854,320	314,320	14,698	284,770	0.0
FY 24-25 R2 Reduce youth crime	850,000	0	850,000	0	0	0.0
FY 24-25 R1 Competency capacity	-5,102,343	-5,102,343	0	0	0	0.0
FY 2024-25 Targeted comp.	-452,323	-452,323	0	0	0	0.0
Total	\$3,422,389	\$223,804	\$1,948,841	\$463,641	\$786,103	0.0

Annualize prior year legislation: The request includes a net decrease of \$2.5 million total funds for the out-year impact of prior year legislation for OCFMH and the BHA.

Annualize prior year legislation						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
SB 24-001 IMatter	\$6,074,762	\$6,074,762	0	0	0	0.0
HB 22-1283 Youth behavioral health	1,250,000	1,250,000	0	0	0	0.0
SB 24-177 Eating disorder treatment	433,012	433,012	0	0	0	1.0
HB 23-1138 Adult competency	7,387	7,387	0	0	0	0.3
HB 24-1176 BH continuum gap grant	-4,000,000	0	-4,000,000	0	0	0.0
SB 21-129 Veterans suicide prevention	-3,089,376	-3,089,376	0	0	0	0.0
HB 24-1406 School-based mental health	-2,500,000	-2,500,000	0	0	0	0.0
HB 24-1045 Treatment for substance use	-254,961	-254,961	0	0	0	0.2
HB 22-1281 BH continuum gap grant	-161,161	-161,161	0	0	0	-2.0
HB 22-1326 Fentanyl	-150,000	0	-150,000	0	0	-0.5
SB 24-055 Ag and rural health	-33,842	-33,842	0	0	0	0.1
HB 24-1079 Persons detained in jail	-20,615	-20,615	0	0	0	0.0
HB 24-1217 Patient info	-10,900	-10,900	0	0	0	-0.1
Total	-\$2,455,694	\$1,694,306	-\$4,150,000	\$0	\$0	-1.0

Out-year request General Fund impact: The behavioral health budget requests have minimal General Fund change in the out-year. BHA R8 High acuity is a one-year correction to the fiscal note in FY 2025-26. Funding in FY 2026-27 is intended to align with the fiscal note, which estimated a \$5.9 million General Fund appropriation in FY 2026-27. Therefore, the funding associated with the bill is expected to increase even though the table below shows a decrease associated with the request in isolation.

Request Out-year General Fund Impact			
Request	FY 2025-26	FY 2026-27	Difference
R4 Reduce private hospital competency contracts	-\$2,000,000	-\$2,000,000	\$0
R5 Reduce consent decree fines	-5,000,000	-5,000,000	0
R6 Staffing Fort Logan G-Wing	6,856,155	6,661,286	-194,869
R7 Mental health transitional living homes	-12,195	-33,098	-20,903
R9 Maintain electronic health records	819,724	894,724	75,000
OCFMH Subtotal	\$663,684	\$522,912	-\$140,772
BHA R1 Increase access to care	\$3,150,656	\$3,150,656	\$0

Request Out-year General Fund Impact			
Request	FY 2025-26	FY 2026-27	Difference
BHA R2 Children and youth implementation plan	350,000	0	-350,000
BHA R3 Crisis line consolidation	-3,696,622	-3,696,622	0
BHA R4 Alternative funding for services	-1,438,286	-1,438,286	0
BHA R5 School mental health screening savings	-775,998	-775,998	0
BHA R6 Right-sizing IMatter	-6,074,762	-6,074,762	0
BHA R7 BHE Licensing Cash Fund spending authority	0	0	0
BHA R8 High acuity crisis	4,510,666	0	-4,510,666
BHA Subtotal	-\$3,336,060	-\$8,196,726	-\$4,860,666
Total	-\$2,672,376	-\$7,673,814	-\$5,001,438

Proposition KK: The request does not reflect Proposition KK, which was passed by the voters after the November request was submitted. The Proposition creates a new 6.5 percent sales tax on firearms, firearm parts, and ammunition. The Proposition originated from [H.B. 24-1349 \(Firearms & Ammunition Excise Tax\)](#).

The Proposition creates the Firearms & Ammunition Excise Tax cash fund. The Treasurer is required to transfer the amount of revenue associated with the tax from the General Fund to the cash fund on a monthly basis. In the first fiscal year, the first \$30.0 million in revenue is required to be transferred to the Crime Victim Services fund in the Division of Criminal Justice in the Department of Public Safety.

The next \$8.0 million must be transferred to the Behavioral and Mental Health Cash Fund. The first \$5.0 million of that amount must be used to support the Veterans Mental Health Services program in the Department of Military and Veterans Affairs with support from the BHA, and the next \$3.0 million must support crisis services for children and youth under the BHA. The Veterans Mental Health Services Program reimburses the Veterans Community Living Centers in DHS and is currently supported with \$660,143 General Fund in FY 2024-25.

The Behavioral and Mental Health Cash Fund was created as an ARPA cash fund. Any funds that originate as General Fund ARPA refinances must be transferred to the ARPA Refinance State Money Cash Fund on December 31, 2026. In absence of the proposition, the cash fund would have repealed July 1, 2027. The proposition extends the cash fund through 2032.

The programs identified in Proposition KK do not currently have the spending authority for the revenue expected to be received as early as the current fiscal year.

American Rescue Plan Act Spending Update

This issue brief provides an update of the current expenditure status of American Rescue Plan Act of 2021 (ARPA) funded programs for the BHA and OCFMH as of September 30, 2024.

Summary

- Executive Branch reports indicate that 70.6 percent of funds originating from ARPA are expended as of September 2024, compared to 21.6 percent at the same time last year.
- Most programs in the Department were extended and swapped with General Fund during the 2024 Legislative Session.

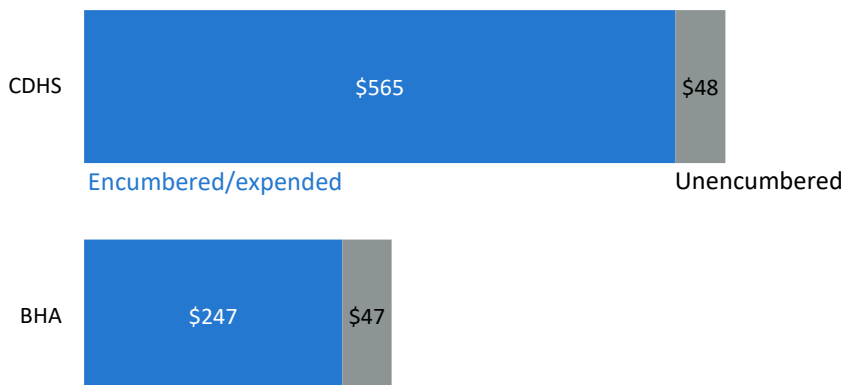
Recommendation

Staff recommends that the Committee discuss the expenditure timelines and anticipated reversions for ARPA programs with the BHA and OCFMH during the Department Hearings. In particular, staff recommends that the BHA discuss expenditure expectations for S.B. 22-181 and S.B. 22-177. OCFMH should discuss construction timelines from H.B. 22-1283 and H.B. 22-1303.

Discussion

Appropriations originating from the American Rescue Plan Act of 2021 (ARPA funds) totaled \$906.4 million for the Department of Human Services, including the BHA. The most recent Executive Branch reports indicate that \$811.6 million of that amount has been encumbered or expended. Reported total expenditures include personal services appropriations through the FY 2023-24 Long Bill and H.B. 24-1466. As of September 2024, **70.6 percent of ARPA allocations to the BHA and DHS are expended compared to 21.6 percent one year ago.**

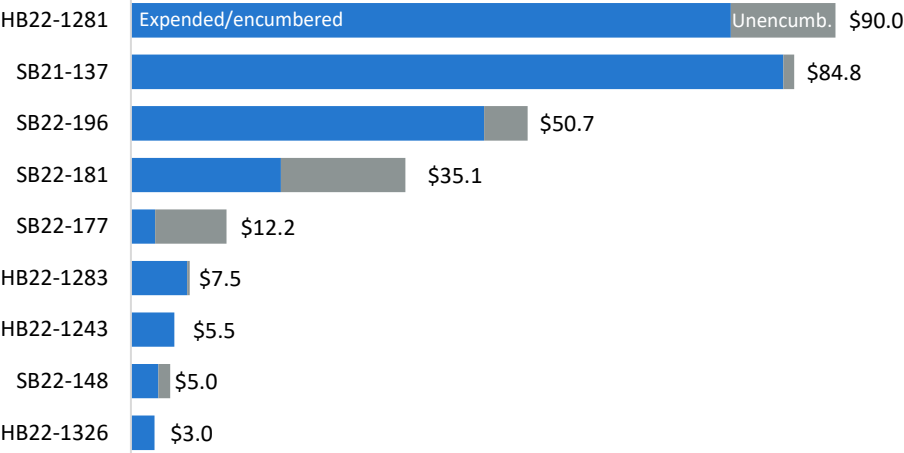
Of \$906.4 ARPA funds appropriated to the Department, \$94.8 million remains unencumbered.



Behavioral Health Administration Programs

Of \$293.8 million allocated, the BHA has expended \$150.9 million and encumbered an additional \$88.6 million. A total of \$47.2 million remains unencumbered and unexpended as of September 30, 2024. Most appropriations support grant programs that may be under contract, but are not reflected as encumbrances until reimbursements are made.

Of \$293.7 million ARPA funds appropriated to the BHA, \$47.2 million remains unencumbered.



The following sections provide a description of the expenditures for the bills with encumbrances below 90.0 percent. Spending authority for all programs except S.B. 21-137 were extended through 2026 by H.B. 24-1465. House Bill 24-1465 also made reductions to the original appropriations in H.B. 22-1243 (reduced IMatter \$0.5 million) and S.B. 22-181 (reduced workforce aide program \$1.7 million).

HB 22-1281 (Behavioral Health Continuum Gap Grant)

The BHA has encumbered or expended 85.1 percent of \$90.0 million allocated. A total of \$13.4 million remains unencumbered. Spending authority for the bill was extended through H.B. 24-1465. The program is intended to provide funding for community investment, children and youth, and substance use workforce. The Department provided the following data regarding program implementation.

- **Community investment grants:** \$6.0 million unencumbered, 31 initiatives and 6,139 unique individuals served. Funding is intended to fill service gaps including harm reduction, care coordination, training, and recovery housing.
- **Children and family grants:** \$4.59 million unencumbered, 32 new or expended programs and 10,212 unique individuals served. Provides grants to non-profits and local governments to assist with care navigation, evidence based treatment, and capital projects.
- **Substance use workforce:** \$2.75 million unencumbered, 365 providers supported through temporary pay increases, bonuses, or other workforce support strategies.

SB 21-137 (Behavioral Health Recovery Act)

The BHA has encumbered or expended 98.2 percent of \$77.7 million allocated. A total of \$1.4 million remains unencumbered. Spending authority was extended through FY 2023-24, but was not amended by legislation in 2024. **Spending authority has therefore expired**, and unencumbered funds are expected to have been used to support the APRA personal services swap, making \$1.4 million General Fund available for one-time purposes.

The bill included funding for care coordination, workforce development, COVID-19 PPE, mental health community programs for school aged children, community transition services, county grants, crisis services, jail-based services, substance use treatment, and an awareness campaign. Unencumbered amounts are associated with workforce development (\$1.3 million of \$18.0 million allocated) and community mental health for school aged children (\$0.9 million of \$2.0 million allocated).

SB 22-196 (Health Needs in the Criminal Justice System)

The BHA has encumbered or expended 89.0 percent of \$50.7 million allocated. A total of \$5.6 million remains unencumbered. Spending authority for the bill was extended through H.B. 24-1465. The bill created the Early Intervention, Deflection, and Redirection from the Criminal Justice System Grant Program.

The program can support a wide range of purposes, including pre-arrest diversion, post-arrest treatment, and capital projects. The BHA indicates that funds have been used to support school based programs, multisystemic therapy, vocational training, co-responder services, law enforcement diversion, rural recovery residence expansion, reentry planning, and housing.

SB 22-181 (Behavioral Health Workforce)

The BHA has **encumbered or expended 54.6 percent** of \$35.1 million allocated. A total of \$15.9 million remains unencumbered. Spending authority was extended, and \$1.7 million was reduced, through H.B. 24-1465. The bill included funding for the BHA as well as the Departments of Higher Education and Public Health and Environment for various workforce development programs.

The BHA indicates that funds have supported grants related to peer support, paraprofessionals, apprenticeships, pre-licensure work, and development of a Learning Hub that expands upon funding from S.B. 21-137. The BHA indicates that the Administration has been working to finalize agreements and anticipates higher encumbrances by the next report in January 2025.

SB 22-177 (Investments in Care Coordination Infrastructure)

The BHA has **encumbered or expended 25.5 percent** of \$12.2 million allocated. A total of \$9.0 million remains unencumbered. Spending authority was extended through H.B. 24-1465. The bill expands upon investments from S.B. 21-137.

The BHA has indicated that expending S.B. 21-137 funds was prioritized due to the earlier spending deadline. The BHA indicates that expenditures align with the work plan for the program and are expected to be fully expended by 2026.

SB 22-148 (Land-based Tribe Behavioral Health Services Grant)

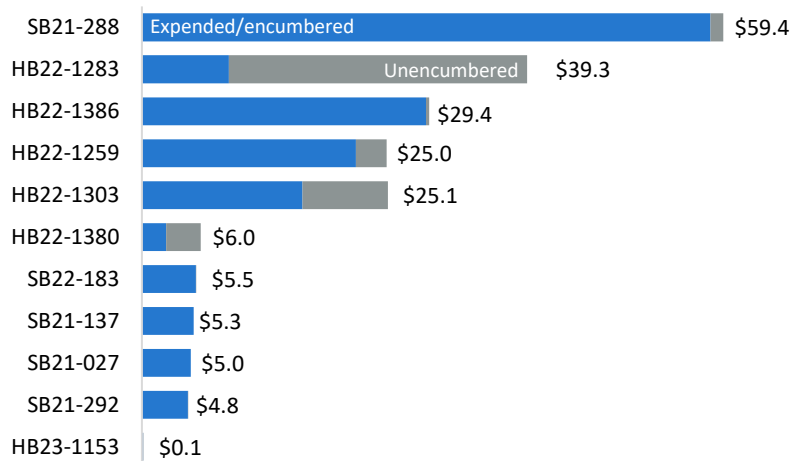
The BHA has encumbered or expended 70.0 percent of \$5.0 million allocated. A total of \$1.5 million remains unencumbered. Spending authority was extended through H.B. 24-1465.

The BHA indicates that funding has provided grants to the Southern Ute Indian Tribe, per Tribal Chairmen, to fund capacity for substance use treatment available to both of Colorado’s Land-based Tribes. Funds are expected to support the construction of a center for residential treatment. The BHA indicates that the full \$5.0 million allocation has been contracted.

Department of Human Services Programs

Of \$612.6 million allocated outside of the BHA, DHS has expended \$483.4 million and encumbered \$80.9 million. A total of \$47.6 million remains unencumbered as of September 30, 2024. The FY 2023-24 Long Bill (S.B. 23-214) and H.B. 24-1466 appropriated a total of \$407.6 million ARPA funds for personal services in the Department of Human Services. Those amounts are fully expended, and are excluded from the following chart.

Of \$205.0 million ARPA funds allocated to DHS (excluding the BHA and personal services swaps), \$47.6 million remains unencumbered.



The following sections provide a discussion of bills with encumbrances under 90.0 percent related to behavioral health programs.

SB 21-288 (American Rescue Plan Act of 2021 Cash Fund)

DHS has expended or encumbered 97.8 percent of \$59.4 million allocated. A total of \$1.3 million remains unencumbered. The bill did not include an appropriation to the Department, but authorized the Governor to allocate up to \$300.0 million and continuously appropriated

any of the Governor’s allocations to the relevant department. Funds allocated to DHS are provided in the table below.

S.B. 21-288 DHS Allocations		
Program	Allocated	Expended
Contracted competency beds	\$26,950,000	\$26,502,055
Residential youth beds	11,891,605	9,863,079
Recruitment and retention bonuses	8,490,000	8,490,000
Vaccination incentives	6,045,200	6,045,200
Staffing and retention efforts	2,619,000	2,619,000
CMHHIP admin staff	1,785,368	1,785,368
CMHHIP operating funding	1,653,000	1,283,357
Total	\$59,434,173	\$56,588,059

HB 22-1283 (Youth and Family Behavioral Health)

DHS has expended or encumbered **22.5 percent** of \$39.4 million allocated. A total of \$30.5 million remains unencumbered. The bill was extended and reduced through H.B. 24-1465. The bill included appropriations for the following programs.

- **\$35.5 million** to OCFMH for the construction of a youth psychiatric residential treatment unit at Fort Logan. **Construction is expected to begin in September 2025.** Only 16.6 percent is expended or encumbered.
- **\$11.6 million** to OCYF for youth respite care. This amount was reduced to \$3.8 million through H.B. 24-1465 after the Department was unable to identify providers; 77.5 percent is expended or encumbered.
- **\$5.0 million** to the BHA for youth residential substance use treatment. The program has supported term-limited contracts with Denver Health and the Jefferson Center; 94.0 percent is expended or encumbered.
- **\$2.5 million** to the BHA for youth crisis services and is fully expended or encumbered.

HB 22-1303 (Increase Residential Behavioral Health Beds)

DHS has expended or encumbered **65.3 percent** of \$25.2 million allocated. A total of \$8.7 million remains unencumbered. The bill was extended and reduced through H.B. 24-1465. The bill supported construction of mental health transitional living homes and renovation of a new unit at Fort Logan.

- **\$43.9 million** to OCFMH, reduced to \$17.8 million, for transitional living homes; 50.9 percent expended or encumbered, \$8.7 million remains unencumbered. The Department expects to have 164 beds fully operational by the end of the current fiscal year compared to the 125 statutory minimum required.
- **\$13.5 million** to OCFMH, reduced to \$7.4 million, for a new unit at Fort Logan. This amount is fully expended or encumbered. Construction was expected to begin in October 2024 and be complete by June 2025.

Budget Reduction Options

The Executive Budget Request includes reductions of \$26.5 million General Fund for the Department of Human Services, representing 2.1 percent of the General Fund appropriations in this Department. The request includes reductions of \$19.4 million General Fund, representing 4.4 percent of FY 2024-25 appropriations, for the sections of the budget discussed in this document. This issue brief reviews these proposals and additional options identified by staff.

Summary

- The Department of Human Services represents 8.0 percent of total state General Fund appropriations in FY 2024-25. The Executive budget request includes proposed reductions of \$26.5 million, representing 2.1 percent of the General Fund appropriations in this section of the budget. These reductions are offset by proposed increases, so that the Department's total General Fund is requested to increase 0.3 percent after adjusting for H.B. 24-1466 (ARPA Refinance).
- Requested decreases for the behavioral health divisions total \$19.6 million General Fund. Reductions are offset by requested increases, so that the total General Fund request for these sections represents an overall decrease of \$1.6 million. This is a 0.4 percent decrease from the FY 2024-25 General Fund appropriation.
- Most options provided by staff are expected to reduce access to behavioral health services across the state and increase the competency restoration waitlist.

Recommendation

Staff recommends that the BHA and OCFMH discuss the Department proposals, staff options, and anticipated ARPA reversions at the Department Hearings.

Discussion

The following section is specific to discussion for the DHS behavioral health offices. This is the final of three presentations presented to the Committee for the Department of Human Services. **An overview for the complete Department is provided in Appendix C.**

Funding History FY 2018-19 to FY 2024-25

The Office of Civil and Forensic Mental Health and the Behavioral Health Administration represent 3.8 percent of total state General Fund appropriations in FY 2024-25. General Fund in this section of the budget has increased by 48.5 percent since FY 2018-19 after adjustments for

inflation². This is more than the statewide increase in General Fund appropriations of 11.3 percent over the same period after adjustments.

FY 2018-19 to FY 2024-25 Appropriations – Department Total Adjusted for Inflation					
Fund	FY 2018-19		FY 2024-25 ¹	Increase/ -Decrease after inflation adjustment	
	Nominal Dollars	FY 24-25 Dollars		Amount	Percent
General Fund	\$964,166,585	\$1,221,152,489	\$1,593,256,775	\$372,104,286	30.5%
Total Funds	\$4,387,736,392	\$5,557,229,737	\$5,955,184,815	\$397,955,078	7.2%

¹ Adjusted to exclude one-time refinance in H.B. 24-1466.

A summary of General Fund appropriations by Division is provided in the table below.

FY 2018-19 to FY 2024-25 Appropriations Comparison by Division ¹ - Adjusted for Inflation						
Fund	FY 2018-19		FY 2024-25	Increase/ -Decrease after inflation adjustment		
	Nominal	FY 24-25 Dollars		Amount	Percent	
Executive Director's Office	\$74,569,122	\$94,444,539	\$115,035,870	\$20,591,331	21.8%	
Administration & Finance	48,337,977	61,221,828	84,216,039	22,994,211	37.6%	
Children, Youth and Families	415,785,304	526,607,400	526,358,958	-248,442	0.0%	
Economic Security	73,276,890	92,807,880	99,113,868	6,305,988	6.8%	
Behavioral Health Administration	94,649,199	119,876,696	158,132,448	38,255,752	31.9%	
Civil & Forensic Mental Health	142,570,803	180,571,173	288,062,172	107,490,999	59.5%	
Adults, Aging, and Disability Services	33,161,954	42,000,836	41,805,012	-195,824	-0.5%	
Total	\$882,351,249	\$1,117,530,353	\$1,312,724,367	\$195,194,014	17.5%	

¹ Department total does not align with the previous table because the Department's Long Bill has been reorganized. The new Department of Early Childhood was removed, and the Behavioral Health Administration was created, in this time frame. Programs have been added, removed, split, and consolidated, making exact accounting across divisions challenging.

Increases for the BHA are primarily **driven by program administration** and newly created programs. Increases for OCFMH are driven by personal services related to increased utilization of **contract staff and** ongoing operating costs of **new facilities** constructed using ARPA funds.

Budget Requests for General Fund Relief

The budget request includes proposals for General Fund relief totaling \$19.6 million for this section of the budget, representing 4.4 percent of the General Fund appropriations. These reductions are offset by proposed increases, so that the total General Fund request is a 0.4 percent decrease from FY 2024-25. The proposals for General Fund relief are summarized in the table below. Some of the proposals require statutory change.

² Fiscal year 2018-19 appropriations are adjusted for inflation, calculated based on the Legislative Council Staff September forecast, which reflects an increase in the Denver-Aurora-Lakewood consumer price index of 26.7 percent between FY 2018-19 and FY 2024-25.

Budget Requests for General Fund Relief				
Option	General Fund	Other Funds	Bill? Y/N	Description
Revenue Enhancements				
ARPA Reversions	\$719,753	\$0	Y	Anticipated General Fund reversions to ARPA programs related to behavioral health and CBMS.
R10 CCDHHDB enterprise	1,702,115	0	Y	Create an enterprise to manage CCDHHDB and Reading Services for the Blind program.
Subtotal - Revenue	\$2,421,868	\$0		
Expenditure Reductions				
Statewide R4 GF Reduce program lines	-\$449,341	\$0	N	Combines and reduces personnel services and operating lines.
Statewide R5 Round to nearest \$1,000	-73,677	-133,733	N	Rounds appropriations to the nearest \$1,000.
R2 Streamline juvenile justice	-1,779,198	0	Y	The overall request is net-zero, but includes the elimination of the IMPACT program in Boulder County and early repeal of HB 22-1056 to offset proposed increases to CYDC programs.
R4 Reduce private hospital competency contracts	-2,000,000	0	N	Reduces the estimated number of competency restoration patients served per year by 15.
R5 Reduce consent decree fines	-5,000,000	0	N	Reduces General Fund for consent decree fines to \$7.3 million based on an assumption that the amount of competency waitlist fines will decrease in FY 2025-26.
R14 Teen parent driver's license program	-100,000	0	N	Eliminates the Teen Parent Driver Program created by HB 22-1042.
R15 Reduce DYS contract placements	-873,165	-126,835	N	Reduction based on caseload projections and recent reversions.
R16 Reduce home care allowance	-1,000,000	-50,000	N	Reduction based on home and community based waiver eligibility.
R17 ReHire Colorado	-250,000	0	N	Reduction based on program under-expenditures.
R18 Reduce child welfare core services	-3,000,000	-564,591	N	Reduction based on recent reversions that are used to backfill the Child Welfare Block.
BHA R3 Crisis consolidation	-3,696,622	0	Y	Moves the Colorado Crisis Line to the 988 Enterprise, which is supported by cash funds continuously appropriated to the Department.
BHA R4 Alternative funding for BH services	-1,438,286	-161,714	N	Reductions based on underutilization and/or expected reversions.
BHA R5 School mental health screening savings	-755,998	0	N	Reduces the appropriation to align with actual contract fees that are lower than anticipated.
BHA R6 Right-sizing IMatter	-6,074,762	0	N	Reduces the annualization of SB 24-001 to maintain funding of \$5.0 million General Fund.
Subtotal - Expenditures	-\$26,491,049	-\$1,036,873		
Net General Fund Relief	\$28,912,917			

Expiring programs

In addition to requested reductions, some term-limited programs in the BHA are ending by FY 2025-26. These reductions are reflected in the budget request as annualizations of prior year legislation. Associated funding reductions total \$10.8 million General Fund from recent fiscal years and are described below.

- **Decrease of \$4.2 million** General Fund for one-time appropriations for the Behavioral Health Continuum Gap grant program in FY 2024-25 from H.B. 24-1176 and H.B. 22-1281.
- **Decrease of \$3.1 million** General Fund to repeal the Veterans Suicide Prevention Pilot program from S.B. 21-129.
- **Decrease of \$2.5 million** General Fund for a one-time appropriation for school-based mental health programs from H.B. 24-1406.
- **Decrease of \$997,128** General Fund between FY 2023-24 and FY 2025-26 for the IMatter program. The FY 2023-24 appropriation totaled \$6.0 million in FY 2023-24, and the overall FY 2025-26 request includes \$5.0 million to continue the program.

Recently Created Programs

The following table describes new or expanded programs created by recent legislation with the requested FY 2025-26 General Fund impact. Programs reflect a total increase of \$42.7 million.

Recent Legislation		
Bill	FY 2025-26 General Fund	Description
BHA		
SB 24-001 IMatter	\$5,002,872	Intended to provide 6 free therapy sessions to school-aged youth.
HB 24-1038 High acuity youth	5,760,666	Room & board for Medicaid eligible youth.
HB 24-1045 SUD Treatment	1,320,686	Includes contingency management grant, facility data management, and provider technical support.
HB 23-1003 School screenings	1,760,708	Provides screenings for youth at participating schools.
HB 22-1278 BHA Admin	3,072,045	Administration increase associated with the creation of the BHA.
HB 22-1283 Youth crisis	1,250,000	Program ends June 2026.
SB 21-137 SUD housing	4,004,823	Supports housing assistance for individuals with SUD.
SB 21-137 Care coordination	1,751,331	Originates from several bills and a budget request that tasked the BHA with developing comprehensive care coordination infrastructure.
SB 21-137 Recovery services	1,604,988	Grant for co-occurring disorder recovery services.
SB 21-137 Workforce learning	773,935	Ongoing maintenance of IT system created with ARPA funds.
SB 21-137 Recovery residence	200,000	Supports a contract for training on best practices for resident services.
SB 21-137 BH vouchers	50,000	Supports a contract for rural behavioral health services.
BHA Subtotal	\$23,480,009	
OCFMH		
HB 22-1303 Transitional living	\$12,613,693	Intended to support people transitioning from the state hospital to a lower acuity placement. Beds are operational in FY 2024-25.
HB 22-1303 Fort Logan unit	6,632,910	Construction is underway and unit is expected to open in FY 2025-26.
HB 22-1283 Youth PRTF	0	The unit is not yet constructed or expected to be operational in FY 2025-26. The fiscal note assumed an ongoing cost of \$17.6 million which may be supported by Medicaid.
OCFMH Subtotal	\$19,246,603	
Total	\$42,726,612	

The following table describes the most significant recent budget requests for the BHA and OCFMH. The total requested General Fund impact of these actions in FY 2025-26 is \$63.5 million.

Recent Budget Actions		
Budget Request	FY 2025-26 General Fund	Description
FY 23-24 BHA Administration	\$2,376,539	Added 26.0 FTE
FY 24-25 Competency contract beds	24,288,000	Expected to support 64 private hospital contract beds.
FY 24-25 OCFMH Staffing	36,798,860	Expected to support 82 competency restoration beds.
Total	\$63,463,399	

Additional Options for JBC Consideration

The table below summarizes options identified by the JBC staff that the Committee could consider in addition to or instead of the options presented in the budget request.

A General Fund reduction of 5.0 percent to the sections of the budget covered in this briefing would require a reduction of \$22.3 million. Of that amount, \$7.9 million is associated with the BHA and \$14.4 million is associated with OCFMH. Most of the alternatives proposed by staff are expected to impact services. Any decrease to OCFMH should be expected to impact the waitlist for competency restoration services. Increases to the waitlist would increase consent decree fines, and associated General Fund cost, above the Department’s request.

Additional Options for General Fund Relief				
Option	General Fund	Other Funds	Bill? Y/N	Description
Revenue Enhancements				
End construction of HB 22-1283 youth neuro-psych unit	\$27,000,000	0	Y	\$6.0 million is encumbered or expended, but construction has not yet begun. Ending the project would make up to \$27.0 million available on a one-time basis, reduce ongoing costs by \$8.6 to \$17.2 million, and reduce residential beds for high acuity youth by 16.
Additional ARPA reversions	TBD	TBD	Y	Staff anticipates that actual reversions from ARPA programs will exceed amounts indicated in the request. However, amounts will remain unknown until contracts and grants end in 2025 and 2026.
Subtotal - Revenue	\$27,000,000	\$0		
Expenditure Reductions				
Reversions				
BHA Offender services reduction	-100,000	0	N	Reduction based on recent reversions.
Uncommitted cash funds				
SUD treatment cash fund refinance	-1,000,000	1,000,000	N	Refinance General Fund from cash funds with uncommitted reserves.
Base reductions				
BHA 5% Admin decrease	-600,370	-387,861	N	Reduces funded FTE from approximately 165.4 to 157.1
BHA 1% SUD reduction	-140,964	-262,143	N	1% base reduction. The line item reverted \$132,065 General Fund in FY 2023-24.

Additional Options for General Fund Relief				
Option	General Fund	Other Funds	Bill? Y/N	Description
BHA 1% community mental health reduction	-300,640	-82,396	N	1% base reduction for the line item that supports comprehensive provider contracts.
BHA 1% Crisis reduction	-310,761	-53,087	N	1% base reduction for three line items that reverted a total of \$621,642 in FY 2023-24.
OCFMH 1% admin reduction	-8,359	0	N	1% base reduction. The line item did not revert in FY 2023-24.
OCFMH 1% court services reduction	-88,773	0	N	1% base reduction. The line item did not revert in FY 2023-24.
OCFMH 1% jail-based services reduction	-170,504	0	N	1% base reduction. The line item did not revert in FY 2023-24.
OCFMH 1% personal services reduction	-1,748,202	-137,089	N	1% base reduction for CMHHIP and CMHHIFL. The line items did not revert in FY 2023-24 and reductions are expected to impact the competency waitlist.
<u>New programs</u>				
BHA Eliminate rural vouchers	-50,000	0	Y	Eliminates contract established by SB 21-137.
BHA Eliminate recovery residence certification grant	-200,000	0	Y	Eliminates grant program established by SB 21-137.
BHA Eliminate recovery support services grant	-1,600,000	0	Y	Eliminates grant program established by SB 21-137.
BHA Eliminate care coordination	-1,751,331	0	Y	Eliminates care coordination line item related to SB 21-137, SB 22-177, HB 22-1278, and a FY 2023-24 request. Would potentially require legislation to remove or reduce care coordination responsibilities.
BHA Reduce housing assistance	-2,000,000	0	Y	Reduces program established by SB 21-137.
BHA Eliminate HB 22-1283 youth crisis General Fund	-1,250,000	0	Y	One-year early end of HB 22-1283 youth crisis General Fund. Prop KK requires \$3.0 million to continue and expand youth crisis beginning Jan 2025.
BHA Reduce IMatter	-2,000,000	0	N	Reduces program continued by SB 24-001. The reduction would require service reductions.
OCFMH 50% contract bed decrease	-13,930,401	0	N	Expected to support 32 private hospital contract beds, decreasing annual clients served by 91.
OCYF 30% high acuity contract bed reduction	-1,500,000	0	N	Reduces the Emergency Residential Treatment Program created by HB 24-1038. Eliminating the program would require legislation.
BHA Eliminate HB 24-1038 Room and board	-4,510,666	0	Y	Funding to providers for room and board for high acuity youth residential not covered by Medicaid.
OCFMH Close state hospital unit	-9,728,306	0	N	Operating expenses associated with a new unit at Fort Logan for 16 inpatient beds.
OCFMH Reduce transitional living homes	-4,000,000	0	N	Reduce funding for contracted beds to the statutory minimum. Amounts are approximate and may include Medicaid.
OCFMH Increase consent decree fines	5,000,000	0	N	Any of the above reductions for OCFMH are expected to increase consent decree fines above the request.
Subtotal - Expenditures	-\$41,889,277	\$77,424		
Net General Fund Relief	\$68,919,277	-\$77,424		

Revenue Enhancements

House Bill 22-1283 Youth neuro-psych unit

The bill appropriated \$35.5 million ARPA funds to OCFMH for the construction of a youth psychiatric residential treatment facility (PRTF) at Fort Logan. PRTF is the highest acuity residential placement for youth. The unit is expected to provide 16 beds. Spending authority was extended through December 2026 by H.B. 24-1465. Executive Branch reports indicate that \$6.0 million has been encumbered.

Schematic design was completed in April 2024, but came in over budget. Efforts are ongoing to redesign in order to align with appropriated funds. Necessary demolition is expected to be complete by December 2024. The Department indicates that construction could begin by September 2025 and may be able to conclude by 2026 in alignment with statutory timelines.

The fiscal note assumed ongoing operating costs of \$17.2 million General Fund. JBC Staff assumes that some costs could be supported by Medicaid, potentially reducing the ongoing operating obligation to \$8.6 million. However, actual staffing costs for other OCFMH ARPA construction projects have come in higher than the fiscal note estimated.

Ending construction would allow any unencumbered amounts to be made available for other one-time purposes. Ending the project would also reduce the General Fund obligation for ongoing operating costs in future years.

Ending construction would also eliminate 16 residential treatment beds for youth in Colorado with the highest treatment needs. In absence of PRTF beds, treatment options are limited to hospitalization, out-of-state placements, or foregoing necessary medical care. Staff therefore views this option as one of the most severe proposed reductions.

Additional ARPA Reversions

The Governor's November Budget Letter identifies a total of \$3.3 million ARPA reversions for transfer.³ Additional information provided to JBC Staff by the Office of State Planning and Budgeting identifies \$381,052 of that amount originates from appropriations to the BHA, and \$338,701 originates from DHS. Staff anticipates that amounts identified as reversions will continue to increase as associated contracts and grants close out in 2025 and 2026.

Reducing appropriations related to ARPA programs beyond identified reversions would likely require ending contracts for active programs. Transferring funds that originated from ARPA would require legislation, and would be one-time General Fund.

³ Governor's November Budget Letter, Attachment 2 Page 3.
<https://drive.google.com/file/d/1Gzo70gGTmrAUzbrq5BTAVqIbhHhnS1sr/view>

Expenditure Reductions

Reductions are grouped by recent reversions, cash fund refinances, and eliminating or reducing recently created programs. Reductions related to recently created programs are expected to reduce services.

Reductions based on recent reversions

OCFMH reverted no General Fund in FY 2023-24 and over-expended General Fund in FY 2022-23. The BHA reverted a total of \$4.7 million General Fund in FY 2023-24. The BHA has proposed reductions of \$1.6 million related to reversions. Line items with General Fund reversions are provided in the table below.

BHA Recent General Fund Reversions				
Line item	FY 22-23 Reversion	FY 23-24 Reversion	Requested Reduction	Notes
Workforce learning system	NA	\$33,517	\$0	Created in FY 23-24
Children and Youth Mental Health Treatment Act	71,293	1,348,566	600,000	Appropriation was increased in FY 2023-24
BH Vouchers	169	0	0	Created in FY 22-23
Treatment and Detoxification Programs	317,210	132,065	200,000	
Housing assistance for SUD	515,775	14,085	0	Created in FY 22-23
Circle Program	0	516	638,286	
Offender Services	305,005	165,954	0	
MSO Evaluations	383,750	0	0	
Crisis Response	0	621,642	0	Requested to enterprise
Crisis system public information	0	58,719	0	
Criminal Justice Diversion	64,099	1,272,979	0	
Jail-based services	43,739	0	0	
Recovery support grant	222,694	0	0	
IMatter	NA	911,252	0	Reduced by \$1.0 million from 23-24
Care Coordination	NA	112,872	0	Created in FY 23-24
Total	\$1,923,734	\$4,672,167	\$1,438,286	

Two line items with consistent reversions are already reduced in the request. Many of the remaining line items with reversions are new programs or do not consistently revert General Fund. The proposed reduction alternatives include a reduction of \$100,000 General Fund for Offender Services, as it is the only line item with consistent reversions that is not already reduced in the request.

Refinance General Fund with cash funds with excess uncommitted reserves

Cash fund reports provided by the Department indicate six cash funds in the BHA with uncommitted reserves. Four of the cash funds support the Treatment and Detoxification line item, which is the largest line item for SUD services. The proposed reduction alternatives include a reduction of \$1.0 million General Fund offset by increased appropriations from a combination of the cash funds listed in the following table.

Cash Funds with Uncommitted Reserves					
Fund	Source	Use	23-24	24-25	25-26
Persistent Drunk Driver fund	Penalty surcharges	SUD treatment and prevention	\$938,239	962,880	\$952,322
Law Enforcement Assistance	Penalty surcharges	SUD treatment and prevention	122,345	126,089	124,217
Rural Alcohol and Substance Abuse fund	Penalty surcharges	SUD treatment and prevention	9,243	59,101	34,172
Addiction Counselor Training fund	Certification fees	BHA Administration	19,500	9,657	14,578
Controlled Substances fund	SUD license fees	BHA Administration	79,564	70,312	74,938
Tobacco Use Prevention fund	Tobacco vendor fines	SUD treatment and prevention	546,024	282,343	414,184
Total			\$1,714,915	\$1,510,382	\$1,614,411

Base Reductions

The following programs are the largest General Fund appropriations in the BHA and OCFMH, or are provided to demonstrate the relative size of various programs. Reductions are expected to impact services.

BHA Administration: Administration makes up the largest increase in the BHA over the last five fiscal years outside of newly created programs. General Fund appropriations totaled \$12.0 million in FY 2024-25. The line item did not revert General Fund in FY 2023-24.

Appropriations for the Administration line have increased by \$9.9 million General Fund since FY 2018-19. The BHA was created in that timeframe, and many new programs have been created, indicating that some level of increase is warranted. Reports provided by the Department indicate that funding supported 115.1 FTE in FY 2023-24, compared to the 145.3 FTE the appropriation is calculated on.

The largest single increase was from H.B. 22-1278, which created the BHA and increased administration by \$3.1 million General Fund. A FY 2023-24 budget request for additional administrative staff to support implementation increased the line by an additional \$2.4 million General Fund. The remaining \$4.4 million is the result of smaller, incremental increases from the large number of bills that have impacted the BHA in recent legislative sessions.

BHA Treatment and Detoxification Programs: This line item is the primary source of funding for substance use treatment programs. General Fund appropriations totaled \$14.1 million in FY 204-25. The line item reverted \$132,065 General Fund in FY 2023-24. The BHA has requested a \$200,000 reduction for FY 2025-26.

BHA Community Mental Health: This line item is the primary source of funding for comprehensive provider contracts. General Fund appropriations totaled \$30.1 million in FY 2024-25. The line item did not revert General Fund in FY 2023-24.

BHA Crisis system: Three line items support crisis response, the Colorado Crisis Hotline, and marketing. General Fund appropriations totaled \$31.1 million in FY 2024-25. The line items reverted \$680,361 General Fund in FY 2023-24. The request removes the General Fund appropriation for the Colorado Crisis Hotline to place the Hotline under the 988 Enterprise.

OCFMH Administration: This line item supports the overall administration of the Office of Civil and Forensic Mental Health. General Fund appropriations totaled \$835,871 in FY 2024-25. The line item did not revert General Fund in FY 2023-24.

OCFMH Court services: This line item supports court ordered competency evaluations. General Fund appropriations totaled \$8.9 million in FY 2024-25. The line item did not revert General Fund in FY 2023-24.

OCFMH Jail-based services: This line item supports jail-based competency restoration programs. General Fund appropriations totaled \$17.1 million in FY 2024-25. The line item did not revert General Fund in FY 2023-24.

OCFMH Hospital personal services: Two line items support personal services at the state hospitals in Pueblo and Fort Logan. Appropriations may include state FTE and contract staff. Appropriations totaled \$174.8 million General Fund in FY 2024-25. The line items did not revert General Fund in FY 2023-24, and over-expended in FY 2022-23. Any reductions to personal services is expected to impact the ability of OCFMH to maintain open hospital units, decreasing services and increasing the competency restoration waitlist.

Eliminate or reduce recently created programs

BHA Eliminate behavioral health vouchers: This line item was created by S.B. 21-137, which required the BHA to contract with a nonprofit for rural behavioral health services. The bill requires the General Assembly to appropriate \$50,000 annually to support the program. Reducing or eliminating the program would therefore require legislation.

BHA Eliminate recovery residence certification: This line item was created by S.B. 21-137, which required the BHA to certify recovery residences and educate residence owners on best practices. The bill requires the General Assembly to appropriate \$200,000 annually to support the program. Reducing or eliminating the program would therefore require legislation. Staff is not aware of what amounts are associated with certification compared to best practice education.

BHA Eliminate recovery support services grant: This line item was created by S.B. 21-137, which required the BHA to create a grant program for recovery-oriented services to individuals with co-occurring SUD and mental health disorders. The bill requires the General Assembly to appropriate \$1.6 million annually to support the program. Reducing or eliminating the program would therefore require legislation.

BHA Care coordination: This line item was created in FY 2023-24 as a result of increased care coordination responsibilities for the BHA from S.B. 21-137, S.B. 22-177, and H.B. 22-1278. Comprehensive and essential providers are also statutorily required to provide care coordination services. General Fund appropriations totaled \$1.8 million in FY 2024-25.

Eliminating the appropriation could require legislation to reduce the statutory responsibilities of the BHA related to care coordination. The BHA has requested an increase of \$3.2 million General Fund for providers and BHASOs for care coordination and navigation.

BHA Reduce housing assistance: This line item was created by S.B. 21-137, which required the BHA to provide temporary financial housing assistance to individuals with a substance use disorder who have no supportive housing options when transitioning from residential treatment. The bill requires the General Assembly to appropriate \$4.0 million annually to support the program. Reducing or eliminating the program would therefore require legislation.

Unlike housing assistance programs provided through the Department of Local Affairs, the program is not a housing voucher paid to landlords. The program is specific to providing reimbursements to certified recovery residences. Reducing or eliminating the program is expected to create a gap in the service continuum for people transitioning from residential substance use treatment facilities.

BHA Youth crisis services: House Bill 22-1283 created an annual General Fund appropriation of \$1.25 million for youth crisis services through June 30, 2026. Proposition KK requires that youth crisis response services be the third funding priority for the newly established firearm retail tax, totaling \$3.0 million. The language requires that the youth crisis program be continued and expanded beginning January 1, 2025. It is therefore unclear to staff if Proposition KK revenue could be utilized to refinance the existing General Fund appropriation.

BHA Reduce IMatter: The program is intended to provide six free therapy sessions to school-aged youth. The program was created by H.B. 21-1258 as an ARPA program, and has since been extended as a General Fund program through H.B. 22-1243 and S.B. 24-001. The General Assembly reduced the appropriation below prior year expenditures in FY 2024-25. Any reduction is therefore expected to require a reduction to the number of therapy sessions offered, or create a waitlist.

OCFMH 50% contract bed decrease: Private hospital contracts for competency restoration were originally increased through ARPA funds, and maintained on an ongoing basis using General Fund through a FY 2024-25 request. The Department has requested a \$2.0 million reduction for this program.

The reduction is expected to serve 91 fewer competency clients a year, impacting the waitlist and expected consent decree fines. At the same time, the Department is expected to slightly increase capacity at the state hospitals by opening an additional unit and mental health transitional living homes in FY 2025-26. Capacity at the state hospitals is more vulnerable to staffing constraints than private hospital contracts. However, private hospitals serve lower acuity patients at a high cost.

OCYF 30% high acuity contract bed reduction: House Bill 24-1038 (High Acuity Youth) extended the Emergency Residential Treatment Program originally supported by ARPA funds and General Fund reversions from the Child Welfare block. The program contracts with youth psychiatric residential treatment facilities (PRTF) to increase the number of high acuity beds available and increase the reimbursement rate to providers above the Medicaid rate.

The bill includes a \$5.0 million General Fund appropriation for this purpose. Prior year allocations have included \$3.1 million cash funds that originate as General Fund reversions and \$11.9 million ARPA funds. The Department reports that the program has supported 64 youth, indicating an approximate cost of \$233,704 per youth. Any reduction would reduce the number

of residential placements available for the highest acuity youth. Alternatives to PRTF include hospitalization, placement out-of-state, or foregoing necessary medical care.

BHA Eliminate HB 24-1038 Room and board: The bill requires the BHA to pay for residential room and board for Medicaid-eligible youth. Medicaid does not cover room and board, but room and board is covered by child welfare if a child is in county custody. Therefore, families were faced with absolving custody of their children in order to afford necessary medical care prior to implementation of H.B. 24-1038.

The FY 2025-26 request includes \$4.5 million General Fund associated with this cost, and is expected to increase to \$5.9 million General Fund in FY 2026-27 and ongoing. The fiscal note assumed that the appropriation would cover 42 children annually. Eliminating funding would require legislation. In absence of this funding, families will return to absolving custody of their children or foregoing necessary medical care.

OCFMH Close state hospital unit: The state hospitals must maintain specific staff to patient ratios. If staffing levels do not permit the appropriate ratio, the hospitals are forced to close units. Therefore, even slight reductions to the state hospitals are expected to result in the closure of units.

The \$9.7 million amount proposed is based on the new forensic unit yet to be completed at Fort Logan. If funding is reduced, OCFMH could choose to open the new unit and close an older unit. Funding levels vary between forensic and civil units, and by the patient needs of each unit. Any reductions to the state hospitals are expected to increase the waitlist for competency restoration services, increasing the General Fund obligation for consent decree fines above the Department's request.

OCFMH Reduce transitional living homes: House Bill 22-1303 required the Department to renovate existing state facilities and contract with private providers for a minimum of 125 mental health transitional living homes. The homes are expected to support patients transitioning out of the state hospitals. The Department expects to support 164 beds with the existing appropriation, including 24 state beds and 140 contract beds.

Amounts associated with state operated or contract beds could be reduced to align with the statutory minimum requirements. Beds are expected to require 53.2 FTE. The homes are expected to fill a persistent gap in the service continuum the highest acuity patients.

OCFMH Consent decree fines: Any reductions to OCFMH are expected to increase consent decree fines beyond amounts estimated in the Department request. Staff therefore includes an increase of \$5.0 million to account for the expected offsetting impact.

Marijuana Tax Cash Fund Balancing

The Department of Human Services made up 42 percent of Marijuana Tax Cash Fund appropriations in FY 2024-25.⁴ Appropriations primarily relate to substance use disorder

⁴ https://leg.colorado.gov/sites/default/files/fy2025-26_marbrf.pdf

treatment and juvenile justice diversion programs. Appropriations for FY 2024-25 are provided in the table below.

FY 2024-25 Marijuana Tax Cash Fund Appropriations			
Division	Line Item	Approp.	Percent of Total Approp.
EDO	Health, Life, and Dental	\$1,098,728	1.8%
EDO	Short-term Disability	6,961	1.3%
EDO	Paid Family Medical Leave Insurance	19,475	1.2%
EDO	AED/SAED	376,764	1.0%
EDO	Salary Survey	131,783	1.0%
EDO	Step Pay	63,666	0.5%
EDO	Shift Differential	148,612	1.5%
		\$1,845,989	
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OCYF	OCYF Administration	437	0.0%
OCYF	S.B. 91-94 Programs	3,346,113	19.8%
OCYF	Tony Grampsas Youth Services Program	1,657,147	12.4%
OCYF	Appropriation to the Youth Mentoring Services Cash Fund	500,000	100.0%
OCYF	Indirect Cost Assessment	191,148	1.3%
		\$5,694,845	
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BHA	Program Administration	1,190,158	6.0%
BHA	Behavioral Health Capacity Tracking System	42,611	100.0%
BHA	Mental Health Services for Juvenile and Adult Offenders	6,210,075	100.0%
BHA	Children and Youth Mental Health Treatment Act	453,698	5.4%
BHA	Treatment and Detoxification Programs	7,325,126	18.2%
BHA	Increasing Access to Effective Substance Use Disorder Services	16,938,566	100.0%
BHA	Community Prevention and Treatment Programs	642,479	10.8%
BHA	Crisis Walk-in, Stabilization, Mobile, Residential, and Respite Services	4,346,832	14.0%
BHA	Crisis Response Secure Transportation Program	594,572	100.0%
BHA	Criminal Justice Diversion Programs	6,214,123	76.8%
BHA	Circle Program and Other Rural Treatment for Co-occurring Disorders	5,829,663	82.3%
BHA	Medication Consistency and Health Information Exchange	760,700	100.0%
BHA	Indirect Cost Assessment	1,772,544	47.9%
		\$52,321,147	
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OCFMH	Fort Logan Personal Services	320,762	0.6%
OCFMH	Fort Logan Operating Expenses	868	0.0%
OCFMH	Pueblo Personal Services	624,503	0.4%
		\$946,133	
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Department Total		\$60,808,114	

Issue: BHA Implementation and Requests

This issue brief provides an overview of the current implementation status for the Behavioral Health Administration, as well as the first two prioritized requests from the BHA.

Summary

After multiple years of transition, FY 2025-26 is the first year that the new provider and regional contracting structure under the BHA will be implemented. Comprehensive and essential providers have been designated by the BHA beginning in FY 2024-25. BHASO regions have been awarded and will come into effect July 1, 2025.

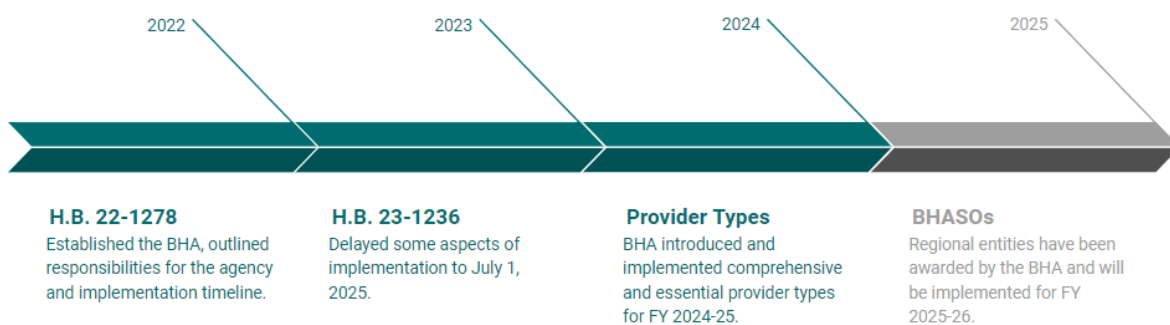
Budget requests from the BHA include increases for care coordination, the Child and Youth Implementation Plan, and technical adjustments related to prior year legislation and budget balancing.

Discussion

The following sections provide background on the historic structure of funding for community behavioral health services, new changes for the current and budget year, and the BHA's first two prioritized requests.

BHA Implementation Updates

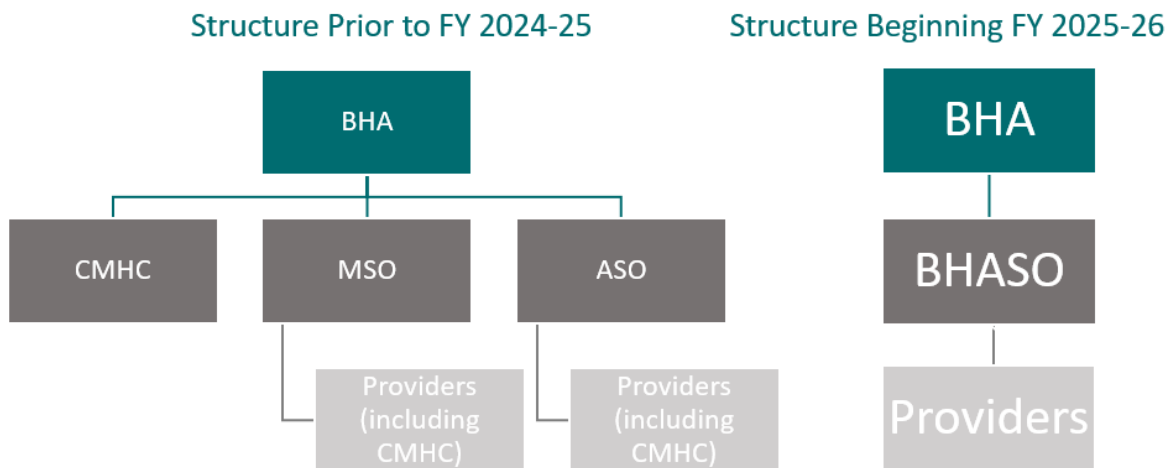
The Behavioral Health Administration (BHA) was created by H.B. 21-1097 to oversee the state's public behavioral health system. House Bill 22-1278 established the responsibilities of the agency, including the development of new provider types and regional entities to subcontract for services. The BHA is in a transition point for FY 2024-25, as new provider types have been established but regional entities will not take effect until July 1, 2025.



Prior to FY 2024-25

Prior to FY 2024-25, the BHA (and the Office of Behavioral Health before) contracted with Community Mental Health Centers (CMHCs) across the state to provide mental health services

that were not otherwise available. As part of the contract, CMHCs were required to provide services ranging from public education to inpatient treatment. The BHA separately contracted with Managed Care Organizations (MSOs) and Administrative Service Organizations (ASOs) to subcontract with providers, including CMHCs, for the provision of substance use treatment and crisis response services respectively.



FY 2024-25 – Provider Types Implementation

The BHA was required to establish a comprehensive safety net system throughout the state by July 1, 2024.⁵ Safety net providers cannot turn away patients based on insurance, acuity level, involvement in the justice system, disability, or other demographic factors. House Bill 22-1278 established criteria for new comprehensive and essential provider designations listed below.⁶

Comprehensive	Essential
<ul style="list-style-type: none"> • Must provide all of the following: • Care coordination; • Emergency and crisis services; • Mental health and substance use outpatient; • High-intensity outpatient; • Care management; • Outreach, education, and engagement services; • Substance use recovery; • Outpatient competency restoration; • Screening, risk assessment, and diagnosis. 	<ul style="list-style-type: none"> • Must provide care coordination and at least one of the following: • Crisis services; • Behavioral health outpatient; • High-intensity outpatient; • Behavioral health residential; • Withdrawal management; • Behavioral health inpatient; • Integrated care services; • Hospital alternatives; or • Additional services deemed necessary by the BHA

⁵ Section 27-50-301 (1), C.R.S.

⁶ Section 27-50-101 (11) and (13), C.R.S.

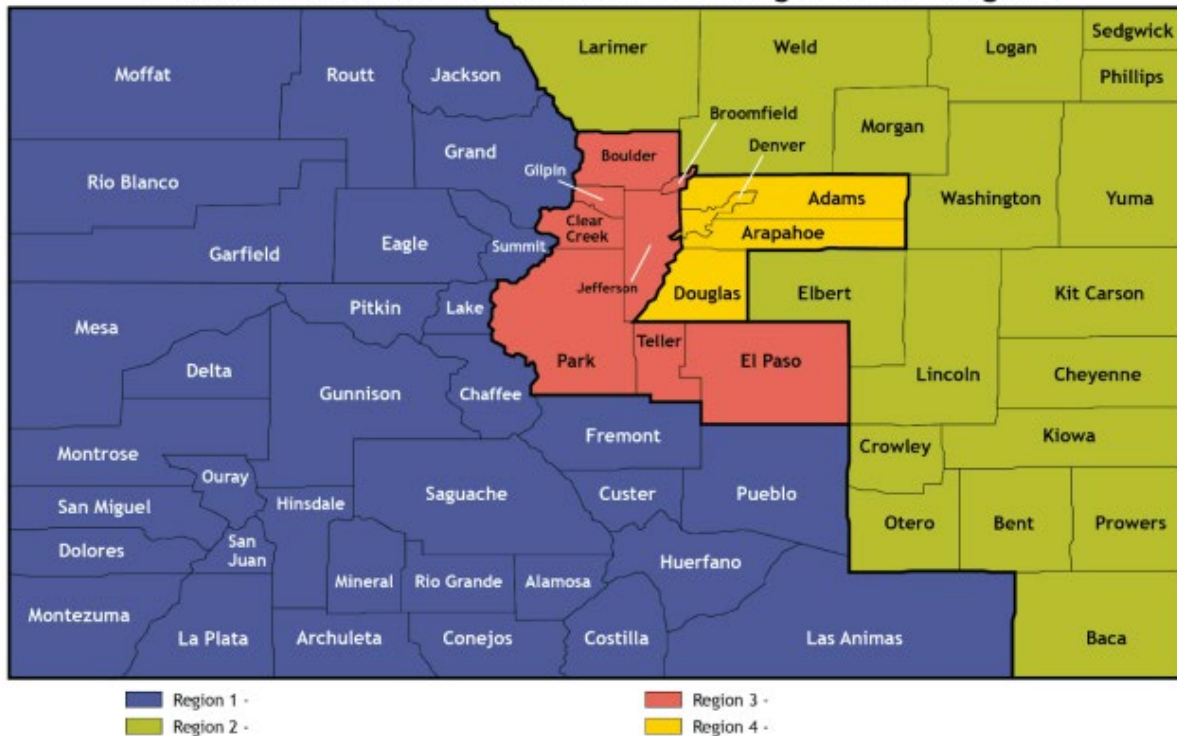
The comprehensive provider designation replaces the prior CMHC designation, while essential providers are expected to provide specific services to fill gaps in the care continuum. Comprehensive providers are eligible for the Prospective Payment System (PPS) from the Department of Health Care Policy and Financing (HCPF). Essential providers receive an enhanced payment from HCPF.

Providers could first apply for comprehensive or essential designations with the BHA for FY 2024-25. The BHA reports that **17 comprehensive providers and 93 essential providers** are approved for FY 2024-25. Providers may apply on a rolling basis and receive enhanced funds from HCPF immediately. However, BHA contracts are only awarded on an annual fiscal year basis.

FY 2025-26 – BHASO Implementation

The BHA is statutorily required to contract with regional entities for the provision of safety net services no later than July 1, 2025.⁷ These entities are referred to as Behavioral Health Administration Service Organizations (BHASOs). BHASOs will subcontract with behavioral health providers for the provision of services. BHASOs are expected to geographically align with Regional Accountability Entities (RAEs) under the Department of Health Care Policy and Financing.

Behavioral Health Administrative Service Organizations Regions



⁷ Section 27-50-401, C.R.S.

HCPF is in the process of transitioning from a 6 RAE system to 4 RAEs beginning July 1, 2025. The BHA announced BHASO awardees in October 2024. Rocky Mountain Health Plans is the BHASO awardee for Region 1, while Signal Behavioral Health is the awardee for Regions 2, 3, and 4.⁸ Rocky Mountain has been the RAE for the Western Slope under the 6 RAE system, and Signal has previously served as a Managed Service Organization (MSO) and Administrative Service Organization (ASO).

No funding has been requested in FY 2024-25 or FY 2025-26 to support implementation of the BHASOs or new provider types. The BHA indicates that existing funding that supported administration of MSO and ASO contracts is sufficient to cover administration of BHASO contracts.

BHA Budget Requests

The first two prioritized requests from the BHA include additional funding for care coordination and the Child and Youth Behavioral Health Implementation Plan.

R1 Care coordination resources

The BHA's first prioritized request is an increase of \$3.2 million General Fund for care coordination and navigation resources. Of that amount, \$2.2 million is ongoing and \$1.0 million is requested annually through FY 2027-28. Funding includes three components: increase provider resources for expanded requirements, provider capacity building, and care navigation for BHASOs.

Care coordination is a clinical practice to organize patient care activities and share information among providers.

Care navigation helps patients navigate the healthcare system to identify appropriate resources and continuity of care.

Comprehensive and essential providers, BHASOs, and the BHA are all statutorily required to provide care coordination. The BHA has an existing \$1.7 million General Fund appropriation to support care coordination.

Ongoing \$1.2 million increase for expanded provider requirements

The request includes \$1.2 million on an ongoing basis to increase provider payments for expanded care coordination legislative requirements. Comprehensive and essential providers are statutorily required to provide care coordination.⁹

The priority population for the BHA is statutorily defined as people who are uninsured, underinsured, Medicaid-eligible, privately insured, or whose income is below thresholds

⁸ [BHA BHASO Award Announcement \(October 2, 2024\)](#).

⁹ Section 27-50-101 (11) and (13), C.R.S.

established by the BHA, and present with acute or chronic behavioral health needs. Needs include but are not limited to individuals determined incompetent to stand trial, adults with serious mental illness, and children with serious emotional disturbance. The BHA may further identify underserved populations meeting this criteria for prioritization.¹⁰

The request indicates that the BHA prioritizes filling service gaps for individuals that are uninsured, diagnosed with serious mental illness (SMI) or serious emotional disturbance (SED), and below 300% Federal Poverty Level. The BHA expects this population totals 5,993 people based on annual federal block grant reporting.

If a safety net provider cannot provide services for a priority population individual, they must connect that individual with an appropriate provider to coordinate for their care. While some Medicaid billing codes include care coordination, the request indicates that care coordination for the uninsured was not part of safety net provider contracts prior to H.B. 22-1278.

Currently, comprehensive safety net providers may bill Medicaid for Targeted Case Management. Targeted Case Management supports activities such as assessment, service planning, referrals, monitoring and remediation, and transition coordination.¹¹ There is no similar billing option for uninsured patients.

The request proposes a new funding stream intended to reimburse providers for care coordination time for non-Medicaid priority population clients, similar to the Targeted Case Management Medicaid model. The \$1.2 million total is based on the estimated population size (5,993), and utilization of targeted case management. Targeted case management costs \$24 per 15-minute session, with average utilization of two hours per year per client.

Term-limited \$1.0 million increase for provider capacity building

The second component of the request includes an increase of \$1.0 million annually for three years to provide care coordination capacity building resources for comprehensive providers. The BHA indicates that the request is the result of feedback from providers that additional resources are needed on a one-time basis to meet new care coordination standards.

The amount is based on an assumption that \$125,000 will be allocated to a total of 24 comprehensive providers. This amount is assumed to cover policy updates, training, and electronic health records enhancements. The BHA assumes that these resources will total \$250,000 for each provider, but that 50.0 percent of costs will be covered by Medicaid. The BHA indicates that these amounts are already included in the behavioral health capitation forecast.

Ongoing \$1.0 million increase for BHASO care navigation

The request includes \$1.0 million ongoing to increase care coordination resources for BHASOs. The request indicates that the increase is the result of feedback provided to the BHA during the BHASO RFI process. The amount is expected to provide \$250,000 to each BHASO region. Of that

¹⁰ Section 27-50-102 (17), C.R.S.

¹¹ HCPF Targeted Case Management Overview. <https://hcpf.colorado.gov/tcm-tc-manual>

amount, \$200,000 is expected to support 2.0 additional staff at each BHASO, and \$50,000 is expected to support technology improvements.

The BHASOs are statutorily charged with providing care coordination services for individuals utilizing the behavioral health safety net system. Coordination may be provided by BHASOs directly, or through subcontracts with safety net providers.¹²

Current care coordination resources

The FY 2024-25 Long Bill included \$1.7 million General Fund for a care coordination line item in the BHA. The line item originated from a FY 2023-24 budget request after S.B. 21-137, S.B. 22-177, and H.B. 22-1278 increased care coordination responsibilities for the BHA.

[Senate Bill 21-137 \(Behavioral Health Recovery Act\)](#) appropriated \$26.0 million ARPA funds to the BHA to develop statewide care coordination infrastructure. [Senate Bill 22-177 \(Investments in Care Coordination Infrastructure\)](#) expanded on the requirements of the initial legislation and appropriated an additional \$12.2 million ARPA funds. The BHA indicates that \$1.4 million from S.B. 21-137 was not expended and spending authority has expired. Of the original appropriation for S.B. 22-177, \$9.1 million remains unencumbered and is available for expenditure through December 2026. The BHA prioritized spending the S.B. 21-137 appropriations first, and will utilize remaining S.B. 22-177 funds to continue to develop infrastructure in coordination with BHASO development for FY 2025-26.

The care coordination line item has increased through the annualization of [H.B. 22-1256 \(Modifications to Civil Involuntary Commitment\)](#). The bill requires the BHA to provide oversight and notifications related to involuntary civil commitments, care coordination, and assistance to emergency medical facilities. Care coordination costs related to the bill included \$1.4 million in FY 2024-25. The appropriation is intended to support 5.1 FTE to respond to notifications from emergency facilities 24 hours a day to locate appropriate inpatient or outpatient placement options.

In FY 2023-24, the General Assembly also approved a significant staffing increase to support BHA implementation. Of the approved 26.0 FTE, 2.0 were expected to support care coordination as well as workforce development and technical assistance. These FTE and associated costs are reflected in the overall administration line item for the BHA rather than the care coordination line item.

R2 Child and youth implementation plan

The Children and Youth Behavioral Health Implementation Plan was released by the Behavioral Health Administration (BHA) in January 2024.¹³ The plan is intended to respond to the work of several task forces and legislative requirements to coordinate efforts across the state. The plan

¹² Section 27-50-404 (1)(a) and (c), C.R.S.

¹³

includes 95 action steps across 13 state agencies, and the BHA indicates that 15 percent of the action steps in the plan are implemented. **A list of each action step is provided in Appendix D.**

The cost of fully implementing the implementation plan is not provided in the report and is unknown. Some actions involve assessing the cost of implementing or continuing services, or working to identify new fund sources. The actions also overlap with recent legislation and budget actions, including H.B. 24-1038 (High Acuity Youth) and the GA vs Bimestefer Settlement Agreement.

The request includes an increase of \$350,000 General Fund on a one-time basis to contract for an assessment of existing resources as part of the implementation plan. The BHA indicates that third-party expertise is necessary to conduct the assessment and achieve the year two priorities of the implementation plan. The assessment is expected to answer some of the outstanding questions unanswered by the implementation plan, including the cost of the plan and how existing resources should be leveraged or improved.

The assessment is expected to include the following components:

- **Capacity assessment** to determine the availability of services by region and payer, including how often children are placed in an inappropriate setting due to a lack of available placements. This will include identifying the number of clinicians and facilities for high intensity outpatient programs.
- **Financial assessment** to identify how to maximize federal funding opportunities or streamline existing funding mechanisms.
- **Workforce assessment** to identify the impact of credentialing requirements for high-acuity youth treatment providers.

Issue: Competency Updates and Requests

This issue brief provides an overview of the most recent information from the Office of Civil and Forensic Mental Health regarding the competency restoration waitlist, consent decree fines, and additional context for four of the Office’s prioritized requests.

Summary

- The waitlist for competency restoration services and utilization of contract staffing has improved since the last budget cycle.
- Prioritized requests for OCFMH include reductions to private hospital contracts, reductions for projected consent decree fines, and operating increases related to new facilities constructed using ARPA funds from H.B. 22-1303.

Discussion

The Office of Civil and Forensic Mental Health (OCFMH) is responsible for court-ordered competency evaluations and restoration services. Individuals deemed incompetent to proceed may receive competency restoration services through inpatient state or private hospitals, jail-based, or outpatient community-based programs. OCFMH is operating under a consent decree that requires the Department to pay fines based on the wait times for evaluations and restoration services. The Department received stimulus funds to construct new units at the state hospitals, as well as mental health transitional living homes.

The overall request includes the following changes:

- Decrease General Fund for private hospital competency restoration contracts.
- Decrease General Fund for consent decree fines.
- Increase General Fund to staff a new unit at Fort Logan constructed with ARPA funds.
- Increase Medicaid funding for mental health transitional living homes.

The following sections provide additional context related to the competency restoration process, the consent decree, and related prioritized requests.

Competency evaluation and restoration background

In legal proceedings, “competency” refers to an individual’s ability to aid and assist in their own trial. Competency may be called into question at any point by the defense, prosecution, or court in a criminal case, but is most often raised by the defense in pre-trial hearings.¹⁴ When competency is raised, the court orders a forensic evaluation and legal proceedings are

¹⁴ Office of Behavioral Health.

https://leg.colorado.gov/sites/default/files/images/understanding_competency_one-pager.pdf

suspended until the evaluation is complete. The question of competency can therefore interrupt the right to a speedy trial.

Evaluations

The Office of Civil and Forensic Mental Health is responsible for conducting competency evaluations. The court may order that competency evaluations be completed in an inpatient hospital, jail, or community-based setting. The evaluation pertains specifically to the individual's factual knowledge of legal proceedings, and ability to make reasoned decisions to assist in their own defense rather than a comprehensive mental health exam.

A defendant is determined to be "incompetent to proceed" if they have a mental disability or developmental disability that: (1) prevents them from having sufficient present ability to consult with the defense attorney with a reasonable degree of rational understanding in order to assist in the defense; or (2) prevents them from having a rational and factual understanding of the criminal proceedings.¹⁵ The standard for competency is lower than the standard imposed for a sanity evaluation, in part because it only measures the defendant's "present" ability rather than the defendant's mental status at the time of the crime. The evaluator makes a recommendation to the court, and a judge makes the final determination of whether the defendant is competency to proceed.

Restoration

If a defendant is determined competent to proceed, court proceedings may continue. If a defendant is determined to be incompetent to proceed, the court may pursue services to restore competency before proceeding with the trial. Restoration services focus on barriers to competency identified in the evaluation, including education or access to medication. Restoration services may or may not include mental health treatment, and do not include long-term comprehensive care.

Competency restoration services may occur in an inpatient state or private hospital, jail, or outpatient community-based setting. The provision of outpatient competency restoration services is a requirement for comprehensive providers under the BHA. An individual may not be confined for purposes of receiving competency restoration treatment for a period in excess of the maximum term of confinement that could be imposed for the offenses with which the defendant is charged, less any earned time.¹⁶ The defendant may therefore be released without completing competency restoration.

Caseload

Competency caseload is driven by court orders for evaluations and restoration services. Demand is therefore outside of the control of the Department. Factors including staffing levels

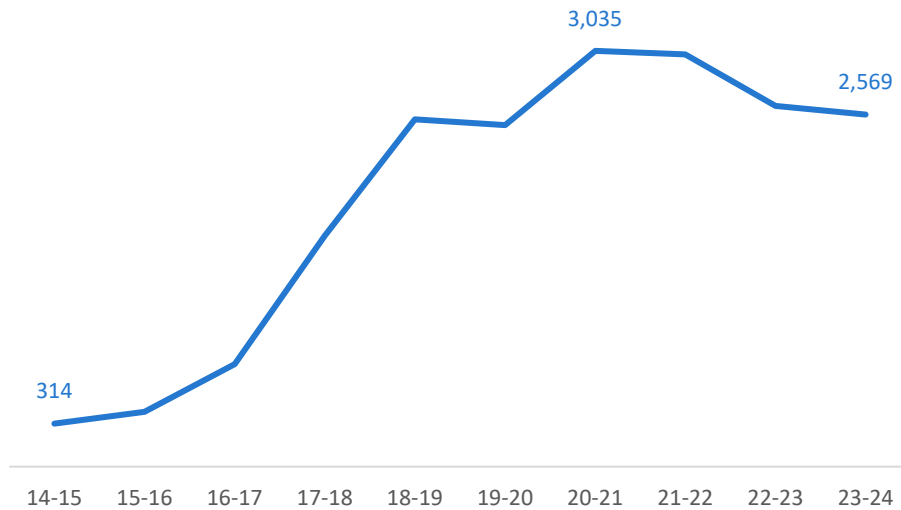
¹⁵ Section 16-8.5-101 (12), C.R.S.

¹⁶ Section 16-8.5-116 (1), C.R.S

and health conditions also impact capacity at the state hospitals and the Department’s ability to serve patients.

The Department reports that there were a total of 2,659 competency evaluation orders in FY 2023-24. Of that amount, 0.6 percent were inpatient, 61.4 percent were jail-based, and 38.0 percent were outpatient. Average wait time for jail-based evaluations was 9.7 days, compared to 32.7 days for outpatient. Inpatient monthly averages ranged from 0 to 226 days. Maximum wait was 70 days for jail-based and 224 days for outpatient in July 2023. Maximum wait for inpatient was 309 days in August 2023.

Court ordered competency evaluations have decreased since FY 2020-21.



Consent decree

The Department reached an agreement with plaintiffs in a federal lawsuit concerning the length of time that pre-trial detainees wait for competency services in 2019. The resulting consent decree is legally binding and judicially enforceable through December 1, 2027. However, the consent decree would be terminated if the Department sustained a two-year period of compliance. Until the consent decree is terminated, compliance is overseen by the Court and a Special Master (Groundswell Services, Inc., and its team of forensic mental health experts).

The consent decree establishes a set timeframe for competency evaluation and restoration services. The Department must pay fines for each day of violation for these timeframes, varying from \$100 to \$500 per day. However, fines are capped to an annual amount adjusted for inflation each year. Fines were capped to \$12.2 million General Fund in FY 2024-25.

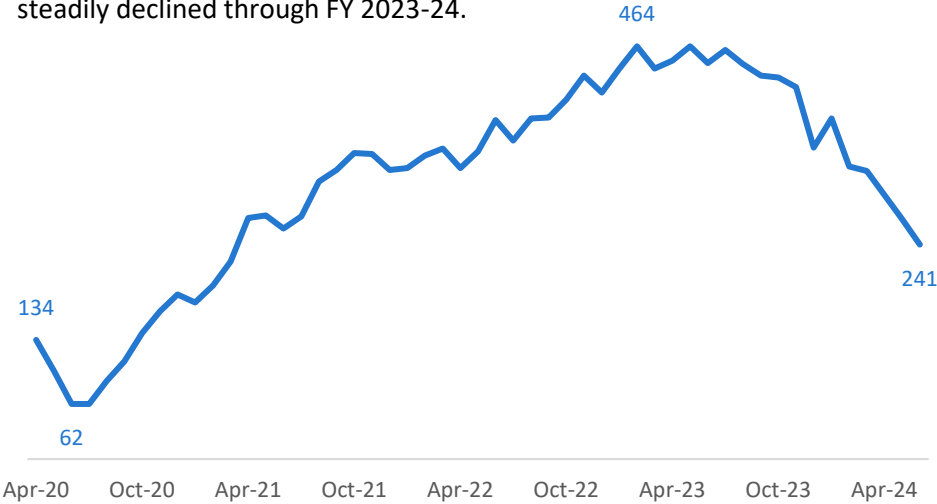
The consent decree provides separate requirements and fines for Tier 1 and Tier 2 patients. Patients who are gravely disabled or are an immediate threat to themselves or others are considered to be Tier 1. Tier 2 patients require restoration services, but do not meet Tier 1 criteria. Requirements for evaluation and restoration under the consent decree are described below.

Consent Decree Daily Fines by Patient and Service Type		
Service	Timeframe	Fines
Inpatient evaluation admission	14 days	\$100
Jail-based evaluation	21 days	\$100
Tier 1 Inpatient restoration admission	7 days	\$500
Tier 2 Inpatient restoration admission	28 days	\$500

Waitlist

The waitlist for inpatient competency restoration decreased consistently through FY 2023-24, beginning at 460 in July 2023 and ending at 241 by June 2024. Average wait time was 95.8 days, with a maximum wait of 576 days in September 2023. The Department increased capacity during the last fiscal year, with total jail-based and inpatient competency restoration beds increasing from 350 to 455.

The waitlist for inpatient competency restoration peaked in May 2023, and steadily declined through FY 2023-24.



Fines Committee

The Colorado Fines Committee was established by the consent decree and is overseen by the Special Master. The Fines Committee disburses consent decree fines to local programs to divert individuals from the competency system. As of June 2024, \$41.3 million has been received in fines. As of September 2024, \$48.9 million has been awarded. Awards are intended to support one-time program start-up costs, and have ranged from \$17,850 to \$8.9 million.¹⁷

Funding primarily supports housing programs. Housing and transportation are consistently identified as the largest barriers to consistent participation in court proceedings and long-term stability. Housing programs and vouchers otherwise available through the Department of Local Affairs may have barriers limiting participation for individuals actively or previously involved in

¹⁷ <https://coloradocompetencysolutions.com/fines-fund>

the criminal justice system. Fines committee programs also include peer support and wrap-around services necessary for this population that are not available through voucher programs. Fines committee awards have always been designed to support one-time costs. Some programs hope to receive ongoing funding through Medicaid. However, fines committee funding has provided a flexible funding source for new and innovative community-based programs that is not otherwise available. Without fines committee funding, there is no investment in competency diversion within OCFMH. The Bridges program in the Judicial Branch has continued investment in competency diversion, but does not currently include any similar resources to sustain grants for community programs.

R5 Reduce consent decree fines

The Department requests a reduction of \$5.0 million General Fund for consent decree fines in FY 2025-26, resulting in a final appropriation of \$7.2 million. The request reflects consent decree fines paid pre-pandemic adjusted for inflation. The request is the result of a declining waitlist as staffing has improved and additional units at the state hospitals. However, any slight changes to staffing, hospital capacity, or non-state hospital capacity could dramatically change expected fines.

Actual fines paid and awarded by the fines committee are determined by the consent decree and wait times rather than the appropriation. If the appropriation is not decreased and actual fines paid decrease as proposed by the request, \$5.0 million General Fund could be reverted. If the appropriation is decreased and actual fines paid do not decrease, the appropriation would need to be increased mid-year through a regular or emergency supplemental.

At this time, stakeholders seem to agree that actual fines paid could be less than FY 2024-25. However, **staff is concerned about the impact decreasing investment in diversion programs could have on caseload at the state hospitals** and community-based services in the short and long-term.

Private Hospital Contracts

The Department began contracting with private hospitals for inpatient restoration treatment beds following a FY 2018-19 budget request. The original appropriation included \$3.2 million General Fund to support 10 private hospital beds in the Denver metro area. The appropriation supported 8 private hospital beds by FY 2023-24.

[House Bill 22-1386 \(Competency to Proceed and Restoration Competency\)](#) also included a one-time appropriation of \$28.6 million ARPA funds to support additional private hospital competency restoration beds. That appropriation was fully expended by FY 2023-24 to support 61 private hospital beds. The General Assembly approved an increase of \$26.3 million General Fund in FY 2024-25 to maintain the ARPA funded beds and add an additional 2 beds.

The Department estimates that private hospital beds have a 95.0 percent occupancy rate and each serve 3 individuals a year. Funding in FY 2024-25 is expected to serve 216 patients at a cost of \$29.5 million, representing \$136,900 per individual and **\$416,100 per bed**.

R4 Reduce private hospital contracts

The Department's request includes a reduction of \$2.0 million General Fund for private hospital competency restoration contracts. The reduction is expected to reduce contracts by 5 beds, and serve 15 fewer patients per year. Funding is expected to maintain at least 64 contracts and serve approximately 200 patients. The decreased capacity is potentially offset by the opening of a new unit at Fort Logan.

Private hospital contracts allow for more nimble capacity adjustments than opening or closing full units at the state hospital. Contracts can also be more reliable capacity increases than the state hospitals, which are subject to volatility in staffing levels and associated costs. However, hospital contracts are expensive and private hospitals may turn away the highest acuity patients.

Staffing

Capacity at the state hospitals has been limited by staffing rather than facilities in recent years. The Department is forced to close units if proper staff to patient ratios cannot be maintained. Data provided by the Department indicates that 31.5 percent of direct care staff left the hospital at Pueblo between 2021 and 2023. The Department therefore became increasingly reliant on contract nurses in an effort to maintain capacity. Contract staff come at a higher General Fund cost to the state, and increase turnover of state staff.

The Department overspent the General Fund appropriation for personal services at the state hospitals in FY 2022-23, requiring an interim emergency supplemental increase of \$13.1 million General Fund. The General Assembly approved increases of \$36.1 million General Fund in FY 2023-24 and \$23.4 million in FY 2024-25 to maintain contract staffing. The amount decreased between fiscal years because the Department anticipated a decrease in contract staffing.

The State has implemented several compensation incentives to improve hiring at 24/7 facilities including the state hospitals. Executive Branch reports indicate that \$11.1 million ARPA funds from S.B. 21-288 (American Rescue Plan Cash Fund) were utilized for staff incentives and bonuses for Department direct care staff. ARPA funds supported hiring incentives of \$14,000 until funds were exhausted in 2024.

The General Assembly has also approved targeted salary increases for direct care staff at 24/7 through the COWINS agreement. The targeted increase included \$452,323 for 178 employees at the state hospitals in FY 2024-25 in addition to common policy increases. The FY 2024-25 Long Bill also included a one-time appropriation of \$3.3 million General Fund to support hiring and retention bonuses up to \$25,000. The JBC approved an RFI for the Department to describe implementation of the bonuses in January 2025.

Data provided by the Department indicates that **the number of contract employees at the state hospitals decreased** from 292 in FY 2022-23 to 256 in FY 2024-25 (decrease of 36). The decrease resulted in a \$10.2 million decrease in expenditures for contract employees between fiscal years. State FTE increased from 1,082 to 1,109 in the same time frame (increase of 27).

While the utilization of contract staff has decreased at OCFMH and DYS facilities, contract staffing increased at Veterans Centers and Regional Centers.

The base request for FY 2025-26 includes a decrease of \$5.1 million General Fund to annualize the FY 2024-25 budget decision. The budget request assumed a decreased utilization of contract staff in FY 2025-26, resulting in a lower appropriation. The request also includes a targeted salary increase of \$3.9 million. This amount is \$2.2 million higher than the FY 2024-25 targeted increase. The base request does not continue the \$3.3 million retention bonuses because the appropriation was expected to be one-time.

New ARPA funded units

The General Assembly appropriated stimulus funds that originated from the American Rescue Plan Act of 2021 (ARPA) for construction projects to increase capacity and services through OCFMH. House Bill 22-1283 included funding to construct a new youth psychiatric residential treatment facility at Fort Logan, while H.B. 22-1303 included funding for renovations existing state facilities and contracts for a new unit at Fort Logan and mental health transitional living homes.

Appropriations from H.B. 22-1303 were reduced in H.B. 24-1465, and all three were rolled forward through December 2026 in H.B. 24-1466. The appropriation for H.B. 22-1303 were reduced because construction costs were lower than anticipated in the original fiscal note, and were not anticipated to impact services.

ARPA Funded OCFMH Construction Projects							
Bill	Facility	Beds	Original Appropriation	Reduction	New Appropriation	Encumbered/expended	Unencumbered
HB 22-1238	FL PRTF	16	\$35,539,926	\$0	\$35,539,926	\$5,905,389	\$29,496,847
HB 22-1303	FL G-wing	16	13,933,981	6,578,266	7,355,715	7,355,715	0
HB 22-1303	MHTL	125	43,910,438	26,108,742	17,801,726	9,061,889	8,739,836
Total		157	\$93,384,345	\$32,687,008	\$60,697,367	\$22,322,993	\$38,236,683

Fort Logan PRTF

The youth psychiatric residential treatment facility (PRTF) is expected to provide 16 inpatient beds at Fort Logan. These beds provide intensive inpatient treatment and are not related to competency.

The Department reports that the schematic design for the unit was completed in April 2024. The cost estimate came in over budget, and engineering redesign occurred to stay within budget. Demolition of existing facilities began in September, and construction may be able to conclude by December 2026 in alignment with extended statutory deadlines but has not yet begun.

Fort Logan G-wing

The Fort Logan G-wing project included the renovation of an existing facility at Fort Logan to establish an additional 16 bed unit. House Bill 22-1303 specifies that beds may support forensic

clients until the competency waitlist is eliminated, or trending so that it may be eliminated within one year. After that point beds may be transitioned to civil beds.

The Department reports that hazardous material abatement began in September 2024. Construction will begin after abatement, and is expected to be complete by and certified to open by July 1, 2025. The original fiscal note estimated that \$6.2 million General Fund would be required to support the ongoing operations of the unit.

The General Assembly approved \$2.9 million General Fund related to the unit in FY 2024-25. Even though it was known that the unit would not open until FY 2025-26, the Department indicated that one quarter of staffing costs was necessary to ensure that staff could be hired and trained in order for the unit to be operational by July.

R6 Staffing for Fort Logan G-wing

The Department's request includes an increase of \$6.8 million General Fund to support the ongoing operations of the new Fort Logan G-wing. The request indicates that the staffing cost estimates provided for the original fiscal note assumed a civil staffing level rather than a forensic staffing level. An additional 13.3 FTE are required to comply with third-party staffing recommendations.

The request brings total funding to \$9.6 million General Fund and 72.5 FTE to support the new unit. This amount reflects an estimated ongoing annual cost of **\$590,000 per bed**. Of the FY 2025-26 request, \$1.0 million is associated with contract staff.

Mental Health Transitional Living Homes

House Bill 22-1303 included funding to establish mental health transitional living homes through private contracts and the renovation of existing state group homes. The Department reports that most homes are operational, and all construction is expected to be complete by December 2024. OCFMH must support at least 125 beds statutorily, but expects that current funding will support 164 beds.

The homes are intended to support patients who may need a residential level of care, but can step down from the state hospitals. The Department indicates that the immediate priority is to use the beds to step down hospital patients, but that the beds could also be used as a step up from community-based services. It is too early to determine average length of stay or whether a waitlist will develop for the beds, but the Department anticipates that patients could stay up to one year.

The original fiscal note assumed an ongoing cost of \$20.6 million to operate the homes. However, the bill required the Department of Health Care Policy and Financing to apply for a waiver to support the homes. The fiscal note therefore assumed that some ongoing operating costs would be Medicaid eligible.

R7 Mental health transitional living homes Medicaid adjustment

The request includes an overall increase of \$5.2 million related to the mental health transitional living homes. Amounts include a decrease of \$12,195 General Fund offset by an increase of

\$5,207,824 reappropriated funds from the Department of Health Care Policy and Financing. The adjustment reflects the federal approval of the Medicaid waiver from H.B. 22-1303, and federal funds available to the Department that they are not currently authorized to spend.

The General Assembly approved an appropriation of \$12.6 million General Fund for the homes in FY 2024-25. The request increases total funding for the homes to \$17.6 million and 53.2 FTE. This reflects an estimated annual cost of **\$92,790 per bed**, including the General Fund Medicaid impact.

Footnotes and Requests for Information

Update on Long Bill Footnotes

The General Assembly includes footnotes in the annual Long Bill to: (a) set forth purposes, conditions, or limitations on an item of appropriation; (b) explain assumptions used in determining a specific amount of an appropriation; or (c) express legislative intent relating to any appropriation. Footnotes to the 2024 Long Bill (H.B. 24-1430) can be found at the end of each departmental section of the bill at <https://leg.colorado.gov/bills/HB24-1430> The Long Bill footnotes relevant to this document are listed below.

- 52 Department of Human Services, Behavioral Health Administration, Community-based Mental Health Services, Assertive Community Treatment Programs and Other Alternatives to the Mental Health Institutes – It is the General Assembly’s intent that \$576,050 of this General Fund appropriation be allocated to a community mental health center in western Colorado for the purpose of providing behavioral health services for individuals who seek care from the emergency department of a regional medical center and who are diagnosed with physical health conditions that may be exacerbated by co-occurring mental health conditions.

Comment: The Department reports that they are in compliance with this footnote.

The footnote was first included in the FY 2016-17 Long Bill (though subsequently adjusted) in connection with a \$500,000 General Fund increase in the appropriation for “Services for Indigent Mentally Ill Clients” to expand access to inpatient psychiatric care for individuals who are diagnosed with physical health conditions that are exacerbated by co-occurring mental health problems. This footnote was included to specify the General Assembly’s intent in making the appropriation. The Department used a request for proposal process and awarded the funds to Mind Springs Health. The General Assembly amended the footnote mid-year (through S.B. 17-163) after staff became aware that the funding was unlikely to be spent based on procurement-related delays and footnote language that did not reflect the manner in which the services are being provided. Several appropriations in the behavioral health section of the Department’s Long Bill appropriations were reorganized in FY 2017-18. As a result, this footnote now references the relevant funding in the “Assertive Community Treatment Programs and Other Alternatives to the Mental Health Institutes” line item.

- 53 Department of Human Services, Behavioral Health Administration, Substance Use Treatment and Prevention Services, Treatment and Detoxification Programs – It is the General Assembly’s intent that this appropriation be used to provide services and to expand access to residential treatment services for individuals with substance use disorders, including initial expenses necessary to establish, license, and begin operating one or more programs that provide these services, such as building renovations, furnishings, and equipment.

Comment: This footnote added to the FY 2021-22 Long Bill to indicate the intent of the General Assembly with respect to this appropriation. The Department reports that they are in compliance with this footnote.

54 Department of Human Services, Behavioral Health Administration, Integrated Behavioral Health Services, Circle Program and Other Rural Treatment Programs for People with Co-occurring Disorders – It is the General Assembly’s intent that this appropriation be used to: support the community-based Circle Program; support the provision of a full continuum of co-occurring behavioral health treatment services in southern Colorado and the Arkansas Valley; and expand access to residential treatment services in one or more rural areas of Colorado for individuals with co-occurring mental health and substance use disorders. It is also the General Assembly’s intent that the appropriation may be used to provide services and to cover the initial expenses necessary to establish, license, and begin operating one or more programs that provide these services, such as building renovations, furnishing, and equipment.

Comment: The Department reports that they are in compliance with this footnote.

The footnote was modified for the FY 2019-20 Long Bill, in coordination with the consolidation of two line items that support treatment for individuals with co-occurring mental health and substance use disorders: “Community-based Circle Program” and “Rural Co-occurring Disorder Services.” There were two existing footnotes that expressed legislative intent concerning the line items; this footnote consolidated those to express similar intent. Additionally, the Department indicated that it was seeking legislative clarification that it is authorized to fund services in other co-occurring treatment facilities in other regions of the State while new facilities are being established. This footnote is intended to address that issue.

55 Department of Human Services, Office of Behavioral Health, Mental Health Institute at Ft. Logan; Mental Health Institute at Pueblo; Forensic Services; Consent Decree Fines and Fees – In addition to the transfer authority provided in Section 24-75-108, C.R.S., the Department may transfer up to 5.0 percent of the total appropriations in these subsections among line items in these subsections.

Comment: The Department reports that they are in compliance with this footnote.

This footnote was first included in the FY 2014-15 Long Bill. The FY 2014-15 Long Bill included two format changes to maintain a transparent delineation of expenditures at the mental health institutes while allowing the Department more flexibility to manage these appropriations and minimize the number mid-year appropriation adjustments. First, funding for outside medical expenses was removed from the Personal Services line items for each Institute and placed in a two new line item appropriations for "Contract Medical Services" – one for each Institute. Second, the above footnote was added to allow the Department to transfer up to 10 percent of the total appropriations in the Mental Health Institutes subsection of the Long Bill, starting in FY 2014-15. The footnote was modified in FY 2019-20 to reduce the allowable transfer authority from 10.0 percent to 5.0 percent.

Update on Requests for Information

The Joint Budget Committee annually submits requests for information (RFIs) to executive departments and the judicial branch via letters to the Governor, other elected officials, and the Chief Justice. Each request is associated with one or more specific Long Bill line item(s), and the requests have been prioritized by the Joint Budget Committee as required by Section 2-3-203 (3), C.R.S. Copies of these letters are included as an Appendix in the annual Appropriations Report (Appendix H in the FY 2024-25 Report):

<https://leg.colorado.gov/sites/default/files/fy24-25apprept.pdf>

The RFIs relevant to this document are listed below.

Department of Human Services Requests

- 18 Department of Human Services, Behavioral Health Administration -- The Department is requested to provide the following information no later than November 1: (1) the number of comprehensive and essential providers; (2) the amount of funding distributed to each comprehensive safety net provider under each programmatic contract for FY 2021-22, FY 2022-23, and FY 2023-24, as well as the estimated amounts for FY 2024-25; (3) a summary of the methodology for the allocation of such funds among the comprehensive safety net providers, and how any such allocations have changed over that period, including with the addition of new comprehensive safety net providers; and (4) a description of how the Department expects any such allocations to change with the implementation of the Behavioral Health Administrative Service Organizations. In addition, the response should include information on how the system going forward will account for additional comprehensive and essential safety net providers.

Comment: The Administration’s response includes the following information. As of September, there are 93 essential providers and 17 comprehensive providers approved by the BHA. The response indicates that funding for comprehensive providers was awarded for FY 2024-25 based on the historic allocations to Community Mental Health Centers. Award amounts are provided in the table below.

Comprehensive Provider Funding Awards	
Provider	FY 2024-25
AllHealth	\$3,452,956
Aurora	3,572,481
Axis	4,156,422
Centennial	2,234,674
Community Reach	3,699,240
Diversus Health	4,514,148
Eagle Valley/Vail	1,287,036
Health Solutions	3,743,889
Jefferson Center	5,458,466
Boulder	2,688,305
Mind Springs	4,927,668
North Range	3,549,878

Comprehensive Provider Funding Awards	
Provider	FY 2024-25
San Luis Valley	1,572,709
Solvista	1,689,317
Southeast	1,360,950
SummitStone	3,781,367
WellPower	16,053,450
	\$67,742,956

The BHA indicates that they have awarded BHASOs to two organizations, and will partner with the BHASOs to determine funding allocations in FY 2025-26.

- 20 Department of Human Services, Office of Civil and Forensic Mental Health, Mental Health Institute at Fort Logan – The Department is requested to provide by November 1, 2024 information on the current status of capital projects authorized by H.B. 22-1283 (Youth and Family Behavioral Health Care) and H.B. 22-1303, including the estimated timeline for project completion, and the estimated timeline for hiring new staff. Projects should include the youth neuro-psych facility established by H.B. 22-1283, and the G-wing renovation and State Residential Group Home beds established by H.B. 22-1303.

Comment: The Department provided the following summary.

H.B. 22-1283 Youth Neuro-psych: Demolition is expected to be completed by the end of December, 2024. Construction could begin in September after redesign efforts, and may be able to conclude by 2026 in alignment with statutory timelines.

H.B. 22-1303 G-wing: Abatement is expected to be completed by the end of October 2024. Construction will begin once demolition and abatement is complete. Construction is expected to be complete and certified for occupancy by June 2025.

H.B. 22-1303 Mental Health Transitional Living Homes: Renovations are nearly complete and expected to be final by the end of December 2024. Positions have already been hired, and hiring is expected to be complete by December 2024.

- 21 Department of Human Services, Office of Civil and Forensic Mental Health, Consent Decree Fines and Fees – The Department is requested to provide by November 1 of each fiscal year, the actual monthly fines and fees paid by the Department in the prior fiscal year related to the Consent Decree resulting from the *Center for Legal Advocacy (d/b/a Disability Law Colorado) v. Barnes and Marshall (Colorado Department of Human Services)*.

Comment: The Department provided the following information.

FY 2023-24 Actual Consent Decree Fines and Fees			
Month	Fines Accrued	Fees Accrued	Fines and Fees Paid
July	\$6,189,500	\$23,265	\$6,212,765
August	5,510,800	45,609	5,336,669
September	5,311,600	15,668	15,668
October	5,398,500	27,353	27,353
November	4,983,000	36,147	36,147
December	4,825,500	18,311	18,311
January	4,723,500	29,656	29,656

FY 2023-24 Actual Consent Decree Fines and Fees			
Month	Fines Accrued	Fees Accrued	Fines and Fees Paid
February	3,788,500	25,954	25,954
March	3,978,000	17,933	17,933
April	3,566,000	22,647	22,647
May	3,150,000	24,881	24,881
June	2,787,100	19,314	19,314
	\$54,212,000	\$306,738	\$11,787,298

- 22 Department of Human Services, Office of Civil and Forensic Mental Health – The Department is requested to provide, by November 1 of each fiscal year, the following monthly data for the prior fiscal year related to competency caseload:
- a The number of court ordered competency evaluations;
 - b The number of people on the competency restoration wait list;
 - c The average wait time for competency evaluation;
 - d The range of wait time for competency evaluation;
 - e The average wait time for outpatient competency restoration services;
 - f The range of wait time for outpatient competency restoration;
 - g The average wait time for inpatient competency restoration services;
 - h The range of wait time for inpatient competency restoration services; and
 - i Estimated number of inpatient competency restoration beds.

Comment: The Department provided the following data.

Competency Evaluation Orders				
Month	Inpatient	Jail	Outpatient	Total
July	2	121	73	196
August	0	153	85	238
September	1	109	74	184
October	1	148	89	238
November	2	139	76	217
December	1	119	73	193
January	3	141	83	227
February	0	143	59	202
March	0	129	73	202
April	1	167	112	280
May	3	155	110	268
June	1	109	104	214
	15	1,633	1,011	2,659

Competency Evaluation Wait Times						
Month	Inpatient Average*	Inpatient Max*	Jail Average	Jail Max	Outpatient Average	Outpatient Max
July	135	278	10	70	45	224
August	226	309	9	22	46	181
September	0	0	8	24	36	169
October	0	0	8	21	36	139
November	13	24	7	18	27	169

Competency Evaluation Wait Times						
Month	Inpatient Average*	Inpatient Max*	Jail Average	Jail Max	Outpatient Average	Outpatient Max
December	0	0	12	21	31	200
January	0	0	10	21	25	90
February	22	22	9	21	25	118
March	0	0	10	21	30	150
April	8	8	11	21	28	137
May	17	22	9	21	29	135
June	29	48	13	41	34	165

Competency Restoration Waitlist			
Month	Individuals on Waitlist	Average Wait Time	Maximum Wait Time
July	460	112	514
August	444	91	545
September	431	106	576
October	429	99	379
November	418	96	409
December	350	94	375
January	383	93	371
February	329	95	391
March	324	90	394
April	297	89	425
May	270	91	456
June	241	93	464

Competency Restoration Beds						
Month	Jail-based	Private Hospitals	Fort Logan	Pueblo	Total	
July	86	69	22	173	350	
August	86	69	22	194	371	
September	86	69	22	194	371	
October	90	69	22	194	375	
November	90	69	44	194	397	
December	96	69	44	194	403	
January	96	69	44	194	403	
February	96	69	44	218	427	
March	96	69	44	218	427	
April	96	87	44	218	445	
May	96	97	44	218	455	
June	96	97	44	218	455	

Department Annual Performance Report

Pursuant to Section 2-7-205 (1)(b), C.R.S., the Department of Human Services is required to publish an **Annual Performance Report** for the *previous state fiscal year* by November 1 of each year. This report is to include a summary of the Department's performance plan and most recent performance evaluation for the designated fiscal year. In addition, pursuant to Section 2-7-204 (3)(a)(I), C.R.S., the Department is required to develop a **Performance Plan** and submit the plan for the *current fiscal year* to the Joint Budget Committee and appropriate Joint Committee of Reference by July 1 of each year.

For consideration by the Joint Budget Committee in prioritizing the Department's FY 2025-26 budget request, the FY 2023-24 Annual Performance Report and the FY 2024-25 Performance Plan can be found at the following link:

<https://www.colorado.gov/pacific/performance/department-performance-plans>

Appendix A: Numbers Pages

Appendix A details actual expenditures for the last two state fiscal years, the appropriation for the current fiscal year, and the requested appropriation for next fiscal year. This information is listed by line item and fund source.

Appendix A: Numbers Pages

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
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Department of Human Services
Michelle Barnes, Executive Director

(5) Behavioral Health Administration

(A) Community Behavioral Health Administration

ijuana Tax Cash Fund.

Program Administration	<u>14,120,364</u>	<u>11,208,806</u>	<u>19,758,626</u>	<u>22,362,560</u>
FTE	95.8	115.1	165.4	170.1
General Fund	6,251,106	2,926,300	12,001,405	12,885,631
Cash Funds	1,533,863	1,332,878	2,208,232	3,120,877
Reappropriated Funds	354,645	501,260	905,883	926,843
Federal Funds	5,980,750	6,448,368	4,643,106	5,429,209
Behavioral Health Capacity Tracking System	<u>0</u>	<u>31,809 1.0</u>	<u>42,611</u>	<u>42,611</u>
General Fund	0	0	0	0
Cash Funds	0	31,809	42,611	42,611
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0
Behavioral Health Workforce Learning Management System	<u>0</u>	<u>705,906</u>	<u>808,935</u>	<u>773,935</u>
FTE	0.0	0.0	1.0	1.0
General Fund	0	705,906	808,935	773,935
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0

Note: An asterisk (*) indicates that the FY 2025-26 request for a line item is affected by one or more decision items.

Appendix A: Numbers Pages

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
Emergency Commitment Data Collection and Storage	0	0	18,945	0	
General Fund	0	0	18,945	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
SUBTOTAL - (A) Community Behavioral Health					
Administration	14,120,364	11,946,521	20,629,117	23,179,106	12.4%
<i>FTE</i>	95.8	116.1	166.4	171.1	2.8%
General Fund	6,251,106	3,632,206	12,829,285	13,659,566	6.5%
Cash Funds	1,533,863	1,364,687	2,250,843	3,163,488	40.5%
Reappropriated Funds	354,645	501,260	905,883	926,843	2.3%
Federal Funds	5,980,750	6,448,368	4,643,106	5,429,209	16.9%

(B) Community-based Mental Health Services

General Fund, the federal Mental Health Services Block Grant, and the Marijuana Tax Cash Fund.

Mental Health Community Programs	<u>51,124,291</u>	<u>53,902,847</u> 2.2	<u>38,303,570</u>	<u>40,653,570</u>	
General Fund	28,616,022	29,474,503	30,063,993	32,413,993	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	22,508,269	24,428,344	8,239,577	8,239,577	
 ACT Programs and Other Alternatives to the MHIs	 <u>17,481,813</u>	 <u>18,006,267</u>	 <u>18,366,392</u>	 <u>18,366,392</u>	
General Fund	17,481,813	18,006,267	18,366,392	18,366,392	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

Appendix A: Numbers Pages

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
Mental Health Services for Juvenile and Adult Offenders	<u>5,910,980</u>	<u>5,899,047</u>	<u>6,210,075</u>	<u>6,210,075</u>	
General Fund	0	0	0	0	
Cash Funds	5,910,980	5,899,047	6,210,075	6,210,075	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Children and Youth Mental Health Treatment Act	<u>6,048,856</u>	<u>6,765,224</u>	<u>8,455,159</u>	<u>8,110,513</u>	
General Fund	5,617,032	6,368,097	7,863,781	7,519,135	
Cash Funds	431,824	397,127	453,698	453,698	
Reappropriated Funds	0	0	137,680	137,680	
Federal Funds	0	0	0	0	
Family First Prevention Services Act	<u>631,309</u>	<u>650,248</u>	<u>663,253</u>	<u>663,253</u>	
General Fund	631,309	650,248	663,253	663,253	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Behavioral Health Vouchers	<u>49,831</u>	<u>50,000</u>	<u>50,000</u>	<u>50,000</u>	
General Fund	49,831	50,000	50,000	50,000	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Access to Behavioral Health Care	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,150,656</u>	
General Fund	0	0	0	1,150,656	

Appendix A: Numbers Pages

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
Veteran Suicide Prevention Pilot Program	<u>2,953,200</u>	<u>3,022,813</u>	<u>3,089,376</u>	<u>0</u>	
General Fund	2,953,200	3,022,813	3,089,376	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Involuntary Mental Health Care and Treatment	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
SUBTOTAL - (B) Community-based Mental Health Services	84,200,280	88,296,446	75,137,825	75,204,459	0.1%
<i>FTE</i>	<u>0.0</u>	<u>2.2</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
General Fund	55,349,207	57,571,928	60,096,795	60,163,429	0.1%
Cash Funds	6,342,804	6,296,174	6,663,773	6,663,773	0.0%
Reappropriated Funds	0	0	137,680	137,680	0.0%
Federal Funds	22,508,269	24,428,344	8,239,577	8,239,577	0.0%

Appendix A: Numbers Pages

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
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(C) Substance Use Treatment and Prevention Services

er Cash Fund, transfers from the Department of Health Care Policy and Financing (which originate as General Fund and federal Medicaid funds), and transfers from the Judicial Branch (which originate as General Fund and drug offender surcharge revenue).

FY 2017-18 Long Bill Structure

Treatment and Detoxification Programs	<u>54,839,980</u>	<u>69,319,959</u>	<u>40,310,674</u>	<u>42,840,774</u>
FTE	0.8	0.7	2.1	2.1
General Fund	15,301,518	19,900,258	14,096,426	15,871,526
Cash Funds	6,222,496	9,494,636	7,020,781	7,520,781
Reappropriated Funds	0	0	0	0
Federal Funds	33,315,966	39,925,065	19,193,467	19,448,467
 Increasing Access to Effective Substance Use Disorder Services	<u>17,397,132</u>	<u>25,092,008</u>	<u>16,938,566</u>	<u>16,938,566</u>
General Fund	0	0	0	0
Cash Funds	17,397,132	25,092,008	16,938,566	16,938,566
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0
 Prevention Contracts	<u>6,818,698</u>	<u>8,133,881</u>	<u>6,382,165</u>	<u>6,382,165</u>
General Fund	0	0	0	0
Cash Funds	9,744	22,388	51,149	51,149
Reappropriated Funds	0	0	0	0
Federal Funds	6,808,954	8,111,493	6,331,016	6,331,016

Appendix A: Numbers Pages

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
Community Prevention and Treatment Programs	<u>2,233,232</u>	<u>2,334,631</u>	<u>5,971,093</u>	<u>5,971,093</u>	
FTE	0.0	0.0	0.0	0.0	
General Fund	0	0	0	0	
Cash Funds	2,233,232	2,334,631	2,583,275	2,583,275	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	3,387,818	3,387,818	
Housing Assistance for Individuals with a Substance use Disorder	<u>4,390,630</u>	<u>3,913,513</u>	<u>4,000,000</u>	<u>4,004,823</u>	
FTE	0.5	0.4	1.0	1.0	
General Fund	4,390,630	3,913,513	4,000,000	4,004,823	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Offender Services	<u>4,021,790</u>	<u>4,012,532</u>	<u>4,423,789</u>	<u>4,423,789</u>	
FTE	0.0	0.0	0.0	0.0	
General Fund	2,853,778	3,087,591	3,318,616	3,318,616	
Cash Funds	0	0	0	0	
Reappropriated Funds	1,168,012	924,941	1,105,173	1,105,173	
Federal Funds	0	0	0	0	
Recovery Residence Certification Program	<u>224,646</u>	<u>200,000</u>	<u>200,000</u>	<u>200,000</u>	
General Fund	224,646	200,000	200,000	200,000	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

Appendix A: Numbers Pages

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
Fentanyl Education Program	<u>150,000</u>	<u>25,000</u>	<u>25,000</u>	<u>25,000</u>	
General Fund	0	0	0	0	
Cash Funds	150,000	25,000	25,000	25,000	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Study on the Health Effects of Criminal Penalties	<u>200,000</u>	<u>200,000</u>	<u>202,963</u>	<u>52,963</u>	
FTE	0.0	0.0	0.5	0.0	
General Fund	0	0	0	0	
Cash Funds	200,000	200,000	202,963	52,963	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Contract and Data Management	<u>0</u>	<u>0</u>	<u>545,495</u>	<u>0</u>	
General Fund	0	0	545,495	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Contingency Management Grant	<u>0</u>	<u>0</u>	<u>750,000</u>	<u>0</u>	
FTE	0.0	0.0	1.0	0.0	
General Fund	0	0	750,000	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

Appendix A: Numbers Pages

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
Managed Service Organization Regional Evaluations	<u>316,250</u>	<u>0</u>	<u>0</u>	<u>0</u>	
General Fund	316,250	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
SUBTOTAL -	90,592,358	113,231,524	79,749,745	80,839,173	1.4%
<i>FTE</i>	<u>1.3</u>	<u>1.1</u>	<u>4.6</u>	<u>3.1</u>	<u>(32.6%)</u>
General Fund	23,086,822	27,101,362	22,910,537	23,394,965	2.1%
Cash Funds	26,212,604	37,168,663	26,821,734	27,171,734	1.3%
Reappropriated Funds	1,168,012	924,941	1,105,173	1,105,173	0.0%
Federal Funds	40,124,920	48,036,558	28,912,301	29,167,301	0.9%
SUBTOTAL - (C) Substance Use Treatment and Prevention Services	90,592,358	113,231,524	79,749,745	80,839,173	1.4%
<i>FTE</i>	<u>1.3</u>	<u>1.1</u>	<u>4.6</u>	<u>3.1</u>	<u>(32.6%)</u>
General Fund	23,086,822	27,101,362	22,910,537	23,394,965	2.1%
Cash Funds	26,212,604	37,168,663	26,821,734	27,171,734	1.3%
Reappropriated Funds	1,168,012	924,941	1,105,173	1,105,173	0.0%
Federal Funds	40,124,920	48,036,558	28,912,301	29,167,301	0.9%

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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
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(D) Integrated Behavioral Health Services

al Fund, the Marijuana Tax Cash Fund, and transfers from the Judicial Branch (which originate as General Fund and drug offender surcharge revenue).

Crisis Response System - Walk-in, Stabilization, Mobile,
Residential, and Respite Services

	<u>29,634,712</u>	<u>29,902,111</u>	<u>31,134,228</u>	<u>36,837,978</u>
General Fund	25,497,236	25,640,511	26,787,396	31,327,708
Cash Funds	4,137,476	4,261,600	4,346,832	4,346,832
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	1,163,438

Behavioral Health Crisis Response System Secure

Transportation Program	<u>401,842</u>	<u>570,189</u>	<u>594,572</u>	<u>594,572</u>
General Fund	0	0	0	0
Cash Funds	401,842	570,189	594,572	594,572
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0

Crisis Response System - Telephone Hotline

	<u>3,623,434</u>	<u>3,746,083</u>	<u>3,863,938</u>	<u>3,863,938</u>
General Fund	3,623,434	3,428,061	3,496,622	0
Cash Funds	0	318,022	367,316	3,863,938
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0

Crisis Response System - Marketing

	<u>792,075</u>	<u>733,356</u>	<u>792,075</u>	<u>792,075</u>
General Fund	792,075	733,356	792,075	792,075
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0

Appendix A: Numbers Pages

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
Community Transition Services	<u>7,563,171</u>	<u>7,790,066</u>	<u>7,945,867</u>	<u>7,945,867</u>	
General Fund	7,563,171	7,790,066	7,945,867	7,945,867	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Criminal Justice Diversion Programs	<u>6,870,981</u>	<u>8,353,703</u>	<u>8,087,273</u>	<u>7,954,471</u>	
FTE	0.7	1.1	2.3	2.3	
General Fund	1,556,480	2,393,262	1,987,498	1,740,348	
Cash Funds	5,314,501	5,960,441	6,099,775	6,214,123	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Jail-based Behavioral Health Services	<u>16,038,875</u>	<u>14,104,530</u>	<u>16,748,929</u>	<u>16,748,929</u>	
FTE	0.0	0.0	0.0	0.0	
General Fund	9,033,797	7,099,462	7,241,451	7,241,451	
Cash Funds	0	0	0	0	
Reappropriated Funds	7,005,078	7,005,068	9,507,478	9,507,478	
Federal Funds	0	0	0	0	
Circle Program and Other Rural Treatment Programs for People with Co-occurring Disorders	<u>6,268,800</u>	<u>7,236,329</u>	<u>7,083,945</u>	<u>6,533,945</u>	
General Fund	607,520	626,462	638,286	0	
Cash Funds	5,213,646	5,705,585	5,741,377	5,829,663	
Reappropriated Funds	447,634	904,282	704,282	704,282	
Federal Funds	0	0	0	0	

Appendix A: Numbers Pages

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
Recovery Support Services Grant program	<u>1,621,034</u>	<u>1,416,537</u>	<u>1,600,000</u>	<u>1,604,988</u>	
FTE	0.7	1.9	1.0	1.0	
General Fund	1,621,034	1,416,537	1,600,000	1,604,988	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Temporary Youth Mental Health Services Program	<u>0</u>	<u>5,021,630</u> 0.6	<u>5,000,000</u> 1.0	<u>5,002,872</u> 1.0	
General Fund	0	5,021,630	5,000,000	5,002,872	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Care Coordination	<u>0</u>	<u>231,570</u>	<u>1,751,331</u>	<u>1,751,331</u>	
General Fund	0	231,570	1,751,331	1,751,331	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Behavioral Health-care Continuum Gap Program	<u>0</u>	<u>0</u>	<u>4,000,000</u>	<u>0</u>	
FTE	0.0	0.0	0.0	0.0	
General Fund	0	0	0	0	
Cash Funds	0	0	4,000,000	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
988 Crisis Hotline	<u>9,894,591</u>	<u>14,742,251</u>	<u>12,530,464</u>	<u>12,584,264</u>	
FTE	1.6	3.7	2.0	2.0	
General Fund	0	0	0	0	
Cash Funds	9,894,591	14,742,251	12,530,464	12,584,264	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
School Mental Health Screening Program	<u>0</u>	<u>0</u>	<u>2,536,706</u>	<u>1,760,708</u>	
General Fund	0	0	2,536,706	1,760,708	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Medication Consistency and Health Information Exchange	<u>621,789</u>	<u>677,748</u>	<u>760,700</u>	<u>760,700</u>	
General Fund	0	0	0	0	
Cash Funds	621,789	677,748	760,700	760,700	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Youth Residential Treatment	<u>0</u>	<u>0</u>	<u>4,768,854</u>	<u>0</u>	
FTE	0.0	0.0	0.0	0.0	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	4,768,854	0	

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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
Behavioral Health Consent Forms	<u>0</u>	<u>0</u>	<u>18,599</u>	<u>0</u>	
FTE	0.0	0.0	0.2	0.0	
General Fund	0	0	18,599	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
School-based Mental Health Support Program	<u>0</u>	<u>0</u>	<u>2,500,000</u>	<u>0</u>	
General Fund	0	0	2,500,000	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
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SUBTOTAL - (D) Integrated Behavioral Health Services	83,331,304	94,526,103	111,717,481	104,736,638	(6.2%)
<i>FTE</i>	<u>3.0</u>	<u>7.3</u>	<u>6.5</u>	<u>6.3</u>	(3.1%)
General Fund	50,294,747	54,380,917	62,295,831	59,167,348	(5.0%)
Cash Funds	25,583,845	32,235,836	34,441,036	34,194,092	(0.7%)
Reappropriated Funds	7,452,712	7,909,350	10,211,760	10,211,760	0.0%
Federal Funds	0	0	4,768,854	1,163,438	(75.6%)

(E) Indirect Cost Assessment

Indirect Cost Assessment	<u>2,844,287</u>	<u>2,992,538</u>	<u>3,697,193</u>	<u>3,815,694</u> *	
General Fund	0	0	0	0	
Cash Funds	1,898,396	2,066,982	1,976,728	2,036,680	
Reappropriated Funds	6,407	374	59,304	60,706	
Federal Funds	939,484	925,182	1,661,161	1,718,308	
SUBTOTAL - (E) Indirect Cost Assessment	2,844,287	2,992,538	3,697,193	3,815,694	3.2%
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	0.0%
General Fund	0	0	0	0	0.0%
Cash Funds	1,898,396	2,066,982	1,976,728	2,036,680	3.0%
Reappropriated Funds	6,407	374	59,304	60,706	2.4%
Federal Funds	939,484	925,182	1,661,161	1,718,308	3.4%

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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
TOTAL - (5) Behavioral Health Administration	275,088,593	310,993,132	290,931,361	287,775,070	(1.1%)
<i>FTE</i>	<u>100.1</u>	<u>126.7</u>	<u>177.5</u>	<u>180.5</u>	<u>1.7%</u>
General Fund	134,981,882	142,686,413	158,132,448	156,385,308	(1.1%)
Cash Funds	61,571,512	79,132,342	72,154,114	73,229,767	1.5%
Reappropriated Funds	8,981,776	9,335,925	12,419,800	12,442,162	0.2%
Federal Funds	69,553,423	79,838,452	48,224,999	45,717,833	(5.2%)

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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
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(6) Office of Behavioral Health

h Services Block Grant, transfers from the Judicial Branch (originating as General Fund and drug offender surcharge revenues), and patient revenues.

(A) Administration

Personal Services	<u>712,007</u>	<u>0</u>	<u>0</u>	<u>0</u>
FTE	14.1	0.0	0.0	0.0
General Fund	712,007	0	0	0
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0
OBH Administration	<u>0</u>	<u>143,367</u>	<u>835,871</u>	<u>939,071</u>
FTE	0.0	42.8	4.3	4.0
General Fund	0	143,367	835,871	939,071
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0
Electronic Health Record and Pharmacy System	<u>2,075,147</u>	<u>2,403,802</u>	<u>2,403,802</u>	<u>3,223,526</u>
General Fund	2,075,147	2,403,802	2,403,802	3,223,526
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0

Appendix A: Numbers Pages

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
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SUBTOTAL - (A) Administration	2,787,154	2,547,169	3,239,673	4,162,597	28.5%
<i>FTE</i>	<u>14.1</u>	<u>42.8</u>	<u>4.3</u>	<u>4.0</u>	<u>(7.0%)</u>
General Fund	2,787,154	2,547,169	3,239,673	4,162,597	28.5%
Cash Funds	0	0	0	0	0.0%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	0	0	0	0	0.0%

(B) Mental Health Institute - Ft. Logan

Personal Services	<u>33,124,142</u>	<u>44,484,996</u>	<u>49,735,907</u>	<u>55,597,071</u>	
<i>FTE</i>	208.9	257.5	331.2	386.6	
General Fund	31,531,849	11,868,289	47,929,302	53,577,469	
Cash Funds	1,497,867	32,584,829	1,712,179	1,861,650	
Reappropriated Funds	94,426	31,878	94,426	157,952	
Federal Funds	0	0	0	0	
Contract Medical Services	<u>1,519,456</u>	<u>1,328,471</u>	<u>815,297</u>	<u>1,003,297</u>	
General Fund	1,519,456	1,328,471	815,297	1,003,297	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
Operating Expenses	<u>1,819,406</u>	<u>2,518,163</u>	<u>1,871,796</u>	<u>2,545,364</u>	
General Fund	1,680,741	2,403,306	1,732,263	2,405,831	
Cash Funds	114,762	114,857	115,630	115,630	
Reappropriated Funds	23,903	0	23,903	23,903	
Federal Funds	0	0	0	0	
Capital Outlay	<u>112,916</u>	<u>112,916</u>	<u>112,916</u>	<u>112,916</u>	
General Fund	112,916	112,916	112,916	112,916	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Pharmaceuticals	<u>1,474,080</u>	<u>1,723,534</u>	<u>1,707,007</u>	<u>1,975,007</u>	
General Fund	1,357,472	1,629,498	1,590,399	1,858,399	
Cash Funds	94,036	94,036	94,036	94,036	
Reappropriated Funds	22,572	0	22,572	22,572	
Federal Funds	0	0	0	0	

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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
SUBTOTAL - (B) Mental Health Institute - Ft. Logan	38,050,000	50,168,080	54,242,923	61,233,655	12.9%
<i>FTE</i>	<u>208.9</u>	<u>257.5</u>	<u>331.2</u>	<u>386.6</u>	<u>16.7%</u>
General Fund	36,202,434	17,342,480	52,180,177	58,957,912	13.0%
Cash Funds	1,706,665	32,793,722	1,921,845	2,071,316	7.8%
Reappropriated Funds	140,901	31,878	140,901	204,427	45.1%
Federal Funds	0	0	0	0	0.0%

(C) Mental Health Institute - Pueblo

Personal Services	<u>117,380,918</u>	<u>119,036,952</u>	<u>138,793,222</u>	<u>138,560,765</u>
<i>FTE</i>	756.9	704.6	1,059.0	1,059.0
General Fund	106,324,737	20,343,955	126,890,902	125,889,736
Cash Funds	3,309,068	91,403,812	3,898,149	4,287,703
Reappropriated Funds	7,747,113	7,289,185	8,004,171	8,383,326
Federal Funds	0	0	0	0
Contract Medical Services	<u>3,550,458</u>	<u>2,279,175</u>	<u>2,784,664</u>	<u>2,784,664</u>
General Fund	3,550,458	2,279,175	2,784,664	2,784,664
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0
Operating Expenses	<u>7,412,663</u>	<u>8,861,263</u>	<u>8,568,451</u>	<u>8,568,451</u>
General Fund	3,751,788	5,284,527	4,395,918	4,395,918
Cash Funds	395,155	60,079	395,155	395,155
Reappropriated Funds	3,265,720	3,516,657	3,777,378	3,777,378
Federal Funds	0	0	0	0

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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
Capital Outlay	<u>375,945</u>	<u>324,068</u>	<u>324,068</u>	<u>324,068</u>	
General Fund	375,945	324,068	324,068	324,068	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Pharmaceuticals	<u>5,170,630</u>	<u>4,467,447</u>	<u>4,714,182</u>	<u>4,714,182</u>	
General Fund	4,937,148	4,271,586	4,480,700	4,480,700	
Cash Funds	195,861	195,861	195,861	195,861	
Reappropriated Funds	37,621	0	37,621	37,621	
Federal Funds	0	0	0	0	
Educational Programs	<u>126,547</u>	<u>137,622</u>	<u>236,402</u>	<u>236,402</u>	
FTE	0.0	0.1	2.7	2.7	
General Fund	31,094	31,094	31,094	31,094	
Cash Funds	0	0	0	0	
Reappropriated Funds	80,868	91,776	205,308	205,308	
Federal Funds	14,585	14,752	0	0	
SUBTOTAL - (C) Mental Health Institute - Pueblo	134,017,161	135,106,527	155,420,989	155,188,532	(0.1%)
<i>FTE</i>	<u>756.9</u>	<u>704.7</u>	<u>1,061.7</u>	<u>1,061.7</u>	<u>0.0%</u>
General Fund	118,971,170	32,534,405	138,907,346	137,906,180	(0.7%)
Cash Funds	3,900,084	91,659,752	4,489,165	4,878,719	8.7%
Reappropriated Funds	11,131,322	10,897,618	12,024,478	12,403,633	3.2%
Federal Funds	14,585	14,752	0	0	0.0%

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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
(D) Forensic Services					
Forensic Services Administration	<u>1,167,746</u>	<u>956,334</u>	<u>1,279,624</u>	<u>1,328,736</u>	
FTE	8.9	11.9	15.9	15.9	
General Fund	1,167,746	192,287	1,279,624	1,328,736	
Cash Funds	0	764,047	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Forensic Support Team	<u>1,495,996</u>	<u>1,933,714</u>	<u>2,518,734</u>	<u>2,551,541</u>	
FTE	18.3	20.4	28.0	28.0	
General Fund	1,495,996	491,795	2,518,734	2,551,541	
Cash Funds	0	1,441,919	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Court Services	<u>8,978,501</u>	<u>8,513,156</u>	<u>8,877,265</u>	<u>8,984,890</u>	
FTE	49.9	47.5	67.6	67.6	
General Fund	8,978,501	3,347,495	8,877,265	8,984,890	
Cash Funds	0	5,165,661	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Forensic Community-based Services	<u>2,970,739</u>	<u>2,934,469</u>	<u>4,439,893</u>	<u>4,560,186</u>	
FTE	16.6	17.2	20.4	20.4	
General Fund	2,970,739	1,696,679	4,439,893	4,560,186	
Cash Funds	0	1,237,790	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
Jail-based Competency Restoration Program	<u>13,303,990</u>	<u>16,078,727</u>	<u>17,050,457</u>	<u>17,106,519</u>	
FTE	4.3	6.6	5.3	5.3	
General Fund	13,303,990	16,078,727	17,050,457	17,106,519	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Purchased Psychiatric Bed Capacity	<u>32,206</u>	<u>9,186,285</u>	<u>29,860,026</u>	<u>27,860,801</u>	
FTE	0.0	0.1	1.0	1.0	
General Fund	32,206	9,186,285	29,860,026	27,860,801	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Outpatient Competency Restoration Program	<u>2,551,274</u>	<u>4,524,561</u>	<u>4,490,063</u>	<u>4,513,757</u>	
FTE	4.6	5.3	3.0	3.0	
General Fund	2,551,274	4,524,561	4,490,063	4,513,757	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Quality Assurance	<u>0</u>	<u>30,546</u>	<u>389,428</u>	<u>393,605</u>	
General Fund	0	30,546	389,428	393,605	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
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SUBTOTAL - (D) Forensic Services	30,500,452	44,157,792	68,905,490	67,300,035	(2.3%)
<i>FTE</i>	<u>102.6</u>	<u>110.5</u>	<u>147.2</u>	<u>147.2</u>	<u>0.0%</u>
General Fund	30,500,452	35,548,375	68,905,490	67,300,035	(2.3%)
Cash Funds	0	8,609,417	0	0	0.0%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	0	0	0	0	0.0%

(E) Consent Decree Fines and Costs

Consent Decree Fines and Costs	<u>11,134,173</u>	<u>11,787,297</u>	<u>12,230,000</u>	<u>7,230,000</u>	
General Fund	11,134,173	11,787,297	12,230,000	7,230,000	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
SUBTOTAL - (E) Consent Decree Fines and Costs	11,134,173	11,787,297	12,230,000	7,230,000	(40.9%)
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
General Fund	11,134,173	11,787,297	12,230,000	7,230,000	(40.9%)
Cash Funds	0	0	0	0	0.0%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	0	0	0	0	0.0%

(F) Residential Behavioral Health Beds

Residential Bed Program	<u>0</u>	<u>0</u>	<u>12,599,486</u>	<u>17,598,272</u>	
<i>FTE</i>	0.0	0.0	21.8	53.2	
General Fund	0	0	12,599,486	12,613,693	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	4,984,579	
Federal Funds	0	0	0	0	

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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
SUBTOTAL - (F) Residential Behavioral Health Beds	0	0	12,599,486	17,598,272	39.7%
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>21.8</u>	<u>53.2</u>	<u>144.0%</u>
General Fund	0	0	12,599,486	12,613,693	0.1%
Cash Funds	0	0	0	0	0.0%
Reappropriated Funds	0	0	0	4,984,579	0.0%
Federal Funds	0	0	0	0	0.0%
(G) Indirect Cost Assessment					
Indirect Cost Assessment	<u>1,645,564</u>	<u>2,232,857</u>	<u>3,548,420</u>	<u>3,645,472</u> *	
General Fund	0	0	0	0	
Cash Funds	1,645,564	892,983	1,969,395	2,029,124	
Reappropriated Funds	0	1,339,874	1,579,025	1,616,348	
Federal Funds	0	0	0	0	
SUBTOTAL - (G) Indirect Cost Assessment	1,645,564	2,232,857	3,548,420	3,645,472	2.7%
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
General Fund	0	0	0	0	0.0%
Cash Funds	1,645,564	892,983	1,969,395	2,029,124	3.0%
Reappropriated Funds	0	1,339,874	1,579,025	1,616,348	2.4%
Federal Funds	0	0	0	0	0.0%
TOTAL - (6) Office of Behavioral Health	218,134,504	245,999,722	310,186,981	316,358,563	2.0%
<i>FTE</i>	<u>1,082.5</u>	<u>1,115.5</u>	<u>1,566.2</u>	<u>1,652.7</u>	<u>5.5%</u>
General Fund	199,595,383	99,759,726	288,062,172	288,170,417	0.0%
Cash Funds	7,252,313	133,955,874	8,380,405	8,979,159	7.1%
Reappropriated Funds	11,272,223	12,269,370	13,744,404	19,208,987	39.8%
Federal Funds	14,585	14,752	0	0	0.0%

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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	Request vs. Appropriation
TOTAL - Department of Human Services	493,223,097	556,992,854	601,118,342	604,133,633	0.5%
<i>FTE</i>	<u>1,182.6</u>	<u>1,242.2</u>	<u>1,743.7</u>	<u>1,833.2</u>	<u>5.1%</u>
General Fund	334,577,265	242,446,139	446,194,620	444,555,725	(0.4%)
Cash Funds	68,823,825	213,088,216	80,534,519	82,208,926	2.1%
Reappropriated Funds	20,253,999	21,605,295	26,164,204	31,651,149	21.0%
Federal Funds	69,568,008	79,853,204	48,224,999	45,717,833	(5.2%)

Appendix B: Behavioral Health Programs

The following table describes statewide appropriations for behavioral health programs in FY 2024-25. The table uses a narrow definition of behavioral health programs, and does not include programs that may overlap with but are not primarily intended to focus on behavioral health. Examples of programs not included are Child Welfare, the Division of Youth Services, Regional Centers, Veterans Community Living Centers, Office of Community Living, the Division of Insurance, or insurance benefits for state employees.

FY 2024-25 Behavioral Appropriations by Department					
Dept	Line Item	Total Funds	General Fund	Cash Funds	FTE
AGR	Personal Services	\$38,497	\$38,497	\$0	\$1
AGR	Operating Expenses	23,492	23,492	0	0.0
		\$61,989	\$61,989	\$0	0.5
COR	Mental Health Subprogram	19,856,533	19,856,533	0	168.0
COR	Drug and Alcohol Subprogram	8,694,719	8,568,037	0	87.4
COR	Parole Wrap-around Services Program	1,822,869	1,822,869	0	0.0
COR	Psychotropic Medication	31,400	31,400	0	0.0
		\$30,405,521	\$30,278,839	\$0	255.4
DEC	Early Childhood Mental Health Services	3,689,262	1,627,813	0	0.0
DEC	Child Care Services and Substance Use Disorder Treatment Pilot	500,000	500,000	0	0.0
		\$4,189,262	\$2,127,813	\$0	0.0
EDU	Behavioral Health Care Professional Matching Grant Program	14,959,883	0	14,959,883	5.0
EDU	Mental Health Education Resource Bank and Technical Assistance	49,076	49,076	0	0.6
EDU	Social and Emotional Health Pilot	2,493,916	0	2,493,916	1.0
EDU	Substance Use Disorders Recovery Grant Pilot Program	69,011	69,011	0	0.0
		\$17,571,886	\$118,087	\$17,453,799	6.6
HCPF	Behavioral Health Capitation Payments	1,028,600,571	273,047,567	78,964,399	0.0
HCPF	Fee-for-service Behavioral Health Payments	11,669,132	2,800,119	692,425	0.0
		\$1,040,269,703	\$275,847,686	\$79,656,824	0.0
HED	Center for Substance Use Disorder at the University of Colorado	4,500,000	250,000	4,250,000	0.0
HED	Institute of Cannabis Research	3,800,000	0	3,800,000	0.0
HED	Regents of U of CO	2,000,000	0	2,000,000	0.0
HED	Board of Gov. of CO State U System	900,000	0	900,000	0.0
		\$11,200,000	\$250,000	\$10,950,000	0.0
DHS	Behavioral Health Ombudsman	482,087	482,087	0	4.8
BHA	Division Total	290,931,361	158,132,448	72,154,114	178.0
OCFMH	Division Total	310,186,981	288,062,172	8,380,405	1,566.0
		\$601,600,429	\$446,676,707	\$80,534,519	1748.8

FY 2024-25 Behavioral Appropriations by Department

Dept	Line Item	Total Funds	General Fund	Cash Funds	FTE
JUD	Bridges Program	\$15,385,724	\$15,385,724	\$0	107.4
LAB	Vocational Rehabilitation Mental Health Services	\$1,748,180	\$0	\$0	0.0
DOLA	Peace Officers Behavioral Health Support and Community Partnership Fund	2,000,000	2,000,000	0	0.0
DOLA	Appropriation to the Public Defender and Prosecutor Behavioral Health Support Fund	500,000	500,000	0	0.0
DOLA	Low Income Rental Subsidies (FTE costs in PS and Operating)	999,479	0	999,479	1.0
		\$3,499,479	\$2,500,000	\$999,479	1.0
DMVA	Veterans Mental Health Services	660,143	660,143	0	2.0
CDPHE	Mental Health Promotion Subdivision	30,754,084	3,979,743	13,115,977	36.2
CDPHE	Behavioral Health Entity Licensing	225,180	43,526	116,265	3.2
		\$30,979,264	\$4,023,269	\$13,232,242	39.4
DPS	Services for Substance Abuse and Co-occurring Disorders	2,776,237	0	0	0.0
		\$1,760,347,817	\$777,930,257	\$202,826,863	2,161.1

Appendix C: Department Reduction Totals

The Department of Human Services represents 8.0 percent of total state General Fund appropriations in FY 2024-25. General Fund appropriations have increased by 16.5 percent since FY 2018-19 after adjustments for inflation and H.B. 24-1466. This is greater than the statewide increase in General Fund appropriations of 11.3 percent over the same period after adjustments.¹⁸ Total funding, after adjustments, has increased by 5.9 percent.

A General Fund reduction of 5.0 percent to this Department would require a reduction of \$62.5 million. The table below summarizes budget reduction options identified by JBC staff for the entire Department that the Committee could consider in addition to or instead of the options presented in the budget request. Many reductions require substantive service reductions. Options are approximately ranked by least to most severe.

Additional Options for General Fund Relief				
Option	General Fund	Other Funds	Bill? Y/N	Description
Revenue Enhancements				
SSFS Contingency Reserve Fund	\$680,000	\$0	Y	One-time fund balance reduction, originating as GF, by 50% of estimated FY 25-26 beginning balance.
End construction of HB 22-1283 youth neuro-psych unit	27,000,000	0	Y	\$6.0 million is encumbered or expended, but construction has not yet begun. Ending the project would make up to \$27.0 million available on a one-time basis, reduce ongoing costs by \$8.6 to \$17.2 million, and reduce residential beds for high acuity youth by 16.
Additional ARPA reversions	TBD	TBD	Y	Staff anticipates that actual reversions from ARPA programs will exceed amounts indicated in the request. However, amounts will remain unknown until contracts and grants end in 2025 and 2026.
Subtotal - Revenue	\$27,680,000	\$0		
Expenditure Reductions				
<u>Reversions</u>				
BHA Offender services reduction	-\$100,000	\$0	N	Reduction based on recent reversions.
DYS contract placements	-200,000	0	N	Reduction based on recent reversions on top of request.
Parole	-325,000	0	N	Reduction based on recent reversions.

¹⁸ FY 2024-25 appropriations are adjusted to *exclude* the impact of H.B. 24-1466 (Refinance Federal Coronavirus Recovery Funds) which provided for a one-time decrease of \$587.2 million in General Fund appropriations for FY 2024-25, spread across the Corrections, Human Services, and Judicial Departments. Temporary personal services reductions in these departments were backfilled with federal funds from the American Rescue Plan Act (ARPA). Fiscal year 2018-19 appropriations are adjusted for inflation, calculated based on the Legislative Council Staff September 2024 forecast, which reflects an increase in the Denver-Aurora-Lakewood consumer price index of 26.7 percent between FY 2018-19 and FY 2024-25.

Additional Options for General Fund Relief

Option	General Fund	Other Funds	Bill? Y/N	Description
Hotline	-300,000	-504	N	Reduction based on recent under expenditures, but the line backfills the Block rather than reverting.
Residential placement for IDD youth	-500,000	0	N	Reduction based on recent reversions.
Child support payment pass-through	-400,000	0	N	Reduction based on recent reversions.
Home Care Allowance contract reduction	-106,326	0	N	10% reduction to Home Care Allowance single entry point contract to account for recent reversions.
<u>Refinances</u>				
SUD treatment cash fund refinance	-1,000,000	1,000,000	N	Refinance General Fund from cash funds with uncommitted reserves.
Tony Grampsas Refinance	-1,000,000	1,000,000	N	One-time refinance of TGYS General Fund with the Youth Services Cash Fund.
TANF refinance of GF for basic cash assistance	-2,000,000	2,000,000	N	Refinance a portion of GF appropriation for TANF basic cash assistance payments with TANF reserves. This is a three-year refinance.
<u>Base Reductions</u>				
1% Reduction: OCFMH admin	-8,359	0	N	1% base reduction. The line item did not revert in FY 2023-24.
1% Reduction: OES admin	-20,088	-10,999	N	1% base reduction
1% Reduction: OAADS admin				1% base reduction
1% Reduction: Child welfare admin	-79,490	-14,455	N	1% base reduction, the line item did not revert General Fund in 23-24.
5% Reduction: BHA Admin	-600,370	-387,861	N	Reduces funded FTE from approximately 165.4 to 157.1
1% Reduction: S.B. 91-094 Programs	-131,163	-33,461	N	1% base reduction, the line item did not revert General Fund in 23-24. Supports detention screenings and alternatives.
5% Reduction: County tax base relief	-200,000	0	N	1% base reduction
1% Reduction: State funding for senior services	-144,877	0	N	1% base reduction for Area Agencies on Aging.
1% Reduction: DYS institutional programs	-1,041,819	-8,293	N	1% base reduction, the line item did not revert General Fund in 23-24.
1% Reduction: SUD treatment	-140,964	-262,143	N	1% base reduction. The line item reverted \$132,065 General Fund in FY 2023-24.
1% Reduction: Community mental health	-300,640	-82,396	N	1% base reduction for the line item that supports comprehensive provider contracts.
1% Reduction: Crisis services	-310,761	-53,087	N	1% base reduction for three line items that reverted a total of \$621,642 in FY 2023-24.
1% Reduction: court services	-88,773	0	N	1% base reduction. The line item did not revert in FY 2023-24.
1% Reduction: OCFMH jail-based services	-170,504	0	N	1% base reduction. The line item did not revert in FY 2023-24.
Reduction to Brain Injury Trust Fund	-225,000	0	N	Ongoing reduction of the Long Bill appropriation of GF to the trust fund. This would affect services.
Reduction to Central Fund for VCLCs	-400,000	0	N	Ongoing reduction of the Long Bill appropriation of GF to the Central Fund for VCLCs. This would affect services.

Additional Options for General Fund Relief

Option	General Fund	Other Funds	Bill? Y/N	Description
1% VCLC base reduction	-31,574	0	N	1% ongoing reduction to the state-run VCLCs and the Homelake Veterans Cemetery. This would affect services.
Regional Center waiver base reduction	-6,005	0	N	1% ongoing reduction to the Grand Junction and Pueblo Regional Centers waiver funding. This would affect services.
1% Reduction: State hospital personal services	-1,748,202	-137,089	N	1% base reduction for CMHHIP and CMHHIFL. The line items did not revert in FY 2023-24 and reductions are expected to impact the competency waitlist.
1% Reduction: Capped allocations	-3,023,674	2,291,624	N	1% base reduction, the capped allocations over expended by \$5.7 million General Fund in FY 2023-24.
<u>Reduce Recent Increases</u>				
BHA Eliminate rural vouchers	-50,000	0	Y	Eliminates contract established by SB 21-137.
BHA Eliminate recovery residence certification grant	-200,000	0	Y	Eliminates grant program established by SB 21-137.
BHA Eliminate recovery support services grant	-1,600,000	0	Y	Eliminates grant program established by SB 21-137.
Food assistance grant programs	-2,000,000	0	N	Ongoing reduction to the food assistance grant program created in H.B. 24-1407.
Diaper distribution program	-1,000,000	0	N	Ongoing reduction to the CO Diaper Distribution Program created in SB 21-027.
BHA Eliminate care coordination	-1,751,331	0	Y	Eliminates care coordination line item related to SB 21-137, SB 22-177, HB 22-1278, and a FY 2023-24 request. Would potentially require legislation to remove or reduce care coordination responsibilities.
BHA Reduce housing assistance	-2,000,000	0	Y	Reduces program established by SB 21-137.
BHA Eliminate HB 22-1283 youth crisis General Fund	-1,250,000	0	Y	One-year early end of HB 22-1283 youth crisis General Fund. Prop KK requires \$3.0 to continue and expand youth crisis beginning January 2025.
Eliminate TGYS General Fund and partially refinance	-3,724,855	0	N	Refinance a portion of TGYS General Fund with the Youth Services Fund. Refinance may be one-time.
Deny non-base building compensation increase	-3,909,049	0	N	Requires re-negotiation of the COWINS partnership agreement.
Eliminate CMP incentives	-2,500,000	0	N	Funds are distributed to counties for collaborative management programs.
BHA Reduce IMatter	-2,000,000	0	N	Reduces program continued by SB 24-001. The reduction would require service reductions.
Remove HB 21-1094 Foster Youth Transition Grant	-1,134,609	1,134,609	Y	Requires legislation to remove, not to reduce.
Remove HB 23-1307 Provider incentives	-1,780,137	0	Y	Requires legislation to remove and to reduce.
Remove HB 23-1249 CMP incentives	-1,165,039	0	Y	Requires legislation to remove, not to reduce.
Remove SB 23-082 Youth Homelessness Program	-4,572,592	-48,386	Y	Requires legislation to remove, not to reduce.
OCFMH 50% contract bed decrease	-13,930,401	0	N	Expected to support 32 private hospital contract beds, decreasing annual clients served by 91.

Additional Options for General Fund Relief

Option	General Fund	Other Funds	Bill? Y/N	Description
OCYF 30% high acuity contract bed reduction	-1,500,000	0	N	Reduces the Emergency Residential Treatment Program created by HB 24-1038. Eliminating the program would require legislation.
BHA Eliminate HB 24-1038 Room and board	-4,510,666	0	Y	Funding to providers for room and board for high acuity youth residential not covered unless youth are in county custody.
OCFMH Close state hospital unit	-9,728,306	0	N	Operating expenses associated with a new unit at Fort Logan for 16 inpatient beds.
OCFMH Reduce transitional living homes	-4,000,000	0	N	Reduce funding for contracted beds to the statutory minimum. Amounts are approximate and may include Medicaid.
OCFMH Increase consent decree fines	5,000,000	0	N	Any of the above reductions for OCFMH are expected to increase consent decree fines above the request.
Subtotal - Expenditures	-\$73,810,574	-\$464,907		
Net General Fund Relief	\$101,490,574	\$464,907		

Appendix D: Child and Youth Behavioral Health Implementation Plan

The following table provides the 96 action plan steps outlined in the BHA’s Child and Youth Behavioral Health Implementation Plan. The “status” column indicates the status of the project at the time the report was released, and does not include updates based on legislation passed during the 2024 Session.

Action steps are divided into six categories, based on the pillars of behavioral health developed by the 2019 Behavioral Health Task Force. Pillars include access, whole person, affordability, workforce, local & consumer, and accountability.

Implementation Plan Action Steps								
Pillar	Category	Action Step	Lead	Secondary	Budget Needed	Leg Needed	Year	Status
Access	Prevention	Create advisory council for coordinated state-level prevention.	CDPHE	BHA, CDEC	No	No	2	Not started
Access	Prevention	Create state-level prevention framework	CDPHE	BHA, CDEC	No	No	2	Not started
Access	Prevention	Create sustainable prevention funding	CDPHE	BHA, CDEC				
Access	Intervention Continuum	Establish Children's Behavioral Health Benefit	HCPF	BHA	Yes	No	1	In progress
Access	Intervention Continuum	Define continuum of services	HCPF	BHA, CDHS	No	No	2	Not started
Access	Intervention Continuum	Conduct regional capacity assessment	BHA	HCPF, CDHS	No	No	2	Partial
Access	Screening	Streamline screening across agencies	BHA	HCPF	No	No	1	Not started
Access	Screening	Establish protocols for school-based mental health screenings under H.B. 23-1003	BHA	CDE	No	No	1	Started
Access	Early intervention	Identify early intervention services	HCPF	BHA, CDEC	Yes	No	2	In progress
Access	Early intervention	ID funding for school based staff training	CDEC	BHA	TBD	No	TBD	
Access	Early intervention	ID opportunities to expand CDEC Early Childhood Mental Health Consultation Program	CDEC	BHA	TBD	No	TBD	
Access	Early intervention	ID local capacity building and workforce training for infant/early childhood intervention,	CDEC	BHA	TBD	No	TBD	

Implementation Plan Action Steps								
Pillar	Category	Action Step	Lead	Secondary	Budget Needed	Leg Needed	Year	Status
		including Medicaid billing options.						
Access	Medication	BHA should meet with leaders at the University of Colorado Department of Psychiatry.	BHA	CDHS, HCPF	TBD	TBD	2	Not started
Access	Medication	Review funding sufficiency of the CO Pediatric Psychiatry Consultation and Access Program.	BHA	HCPF	TBD	TBD	2	
Access	School based	Create a framework for state resources to support local school districts.	CDE	BHA, HCPF, CDPHE	TBD	No	1	In progress
Access	School based	Advisory council annually review school-based efforts.	BHA	CDE	No	No	2	Not started
Access	School based	ID opportunities to expand the school-based specialist program.	BHA	CDE	Yes	No	3	Not started
Access	School based	Address schools without access to health centers and/or mental health professionals.	CDE	BHA	TBD	TBD	3	
Access	Outpatient	Make primary care behavioral health integration an Integrated Care Benefit for ACC Phase III.	HCPF		Yes	No	1	In progress
Access	Community Crisis	Track progress of adding mobile crisis response as a Medicaid benefit.	HCPF	BHA				
Access	Community Crisis	Mobile crisis providers are trained to work with children and include IDD training.	BHA	HCPF	No	No	2	In progress
Access	Transition	Determine necessary capacity for crisis resolution teams to be available to any child in need.	BHA		Yes	No	1	In progress
Access	Transition	Increase awareness of crisis response to emergency rooms and crisis response units.	BHA		No	No	1	In progress
Access	Transition	Assess what services could be supported	BHA	HCPF	Yes	Maybe	1	Not started

Implementation Plan Action Steps								
Pillar	Category	Action Step	Lead	Secondary	Budget Needed	Leg Needed	Year	Status
		with Medicaid rather than state General Fund or federal blocks.						
Access	Transition	Determine true need and capacity for transition from inpatient and home or other services to community.	BHA	HCPF	Yes	Maybe	1	Not started
Access	Intensive	Develop a list of intensive in-home and community interventions that should be available to youth.	HCPF	BHA, CDHS	No	No	1	In progress
Access	Intensive	ID necessary trauma-focused interventions that should be available and appropriate reimbursement.	BHA	HCPF, CDHS	No	No	1	In progress
Access	Intensive	ID multi-agency approach to sustain a robust treatment foster care system.	CDHS	BHA, HCPF	No	No	1	In progress
Access	QRTP	ID opportunities to create a QRTP incentive similar to PRTF.	CDHS	HCPF	Yes	Yes	1	Pending
Access	QRTP	Standardize room & board rates across agencies.	CDHS	BHA, HCPF	Yes	Yes	1	Pending
Access	QRTP	ID mechanisms to increase workforce availability to staff QRTP.	CDHS		Yes	Yes	1	Pending
Access	PRTF	ID capacity needed and sustain PRTF incentive.	CDHS	HCPF	Yes	Yes	1	Pending
Access	PRTF	State-owned PRTF operational by Summer 2025.	CDHS	HCPF	Yes	No	2	In progress
Access	PRTF	Review PRTF rates to ensure it is capturing cost.	HCPF	CDHS	Yes	No	2	Pending
Access	Crisis Stabilization	Assess need for number of youth beds.	BHA		TBD	No	2	
Access	Inpatient	Develop a plan to operate all 20 youth beds at CMHHIP.	CDHS		TBD	No	1	
Access	SUD	Assess youth substance use	BHA	HCPF	TBD	No	1	Not started

Implementation Plan Action Steps								
Pillar	Category	Action Step	Lead	Secondary	Budget Needed	Leg Needed	Year	Status
		treatment service needs.						
Access	SUD	Increase availability of youth residential substance use treatment.	BHA	HCPF	TBD	TBD	1	In progress
Access	Support	Expand support services for children with IDD to those with complex behavioral health needs.	HCPF		Yes	Yes	1	Pending
Access	Support	Expand facilitative residential services for children with IDD to those with complex behavioral health needs.	HCPF		Yes	Yes	1	Pending
Access	Support	Add high-fidelity wraparound as a benefit in ACC Phase III.	HCPF		Yes	No	2	Pending
Access	Care Coordination	Incorporate intensive care coordination as part of the managed care system in ACC Phase III.	HCPF	BHA	Yes	No	2	Pending
Access	Care Coordination	Select BHASO vendors in the fall of 2024.	BHA	HCPF	Yes	Yes	1	Complete
Access	Care Coordination	BHASOs operational by Summer 2025.	BHA	HCPF	Yes	Yes	1	In progress
Access	Care Coordination	ID capacity building opportunities for schools by connecting BHASOs and RAEs to school-based health centers.	CDE	BHA, CDEC, HCPF	No	No	3	Not started
Access	Level of Care	Develop a framework that builds off the Statewide Standardized Utilization Management guidelines and American Society of Addiction Medicine criteria for ACC Phase III.	BHA	HCPF, CDHS	No	No	2	
Access	Assessment	Establish and expand standardized assessment for youth across state agencies.	BHA	HCPF, CDHS	Yes	No	1	Pending
Access	Assessment	Include the standardized	HCPF	BHA	Yes	No	1	In progress

Implementation Plan Action Steps								
Pillar	Category	Action Step	Lead	Secondary	Budget Needed	Leg Needed	Year	Status
		assessment tool for ACC Phase III.						
Access	Assessment	Determine a schedule for applying standardized assessment and re-assessment.	BHA	HCPF, CDHS	No	No	2	
Access	Assessment	Examine reimbursement rates for standardized assessments and ability for enforcement for insurance providers.	DOI		TBD	No	3	
Access	Assessment	Increase engagement with providers and local entities on standardized assessment process to support identifying high-acuity youth.	BHA	HCPF, CDHS	No	No	1	In progress
Access	Assessment	Work with CO Hospital Association to determine how to remove barriers to timely assessment for youth awaiting placement.	BHA	HCPF, CDHS	No	No	1	
Access	Assessment	Expand capacity for collecting and analyzing CANS data and support information exchange.	BHA	CDHS, HCPF	Yes	No	2	
Access	System of Care	Structure a system of care for youth with high-acuity needs, including cross-system interaction, high-fidelity wraparound, and appropriate clinical and support services.	HCPF	BHA, CDHS	Yes	TBD	1	Pending
Access	System of Care	Add system of care to the Medicaid system in ACC Phase III.	HCPF	BHA	Yes	TBD	1	Pending
Access	System of Care	Assess potential to expand system of care beyond Medicaid members and populations presenting highest acuity.	BHA	HCPF, CDHS	Yes	TBD	3	
Whole Person	Multi-system Involved	Publish updated version of	CDHS		No	No	1	

Implementation Plan Action Steps								
Pillar	Category	Action Step	Lead	Secondary	Budget Needed	Leg Needed	Year	Status
		Psychotropic Medication Guidelines for Children and Adolescents in Child Welfare.						
Whole Person	Multi-system Involved	ID extent Core Services funding is utilized for Medicaid eligible children.	CDHS	HCPF	No	No	1	In progress
Whole Person	Multi-system Involved	Integrate Family First into the youth behavioral health continuum.	CDHS	BHA, HCPF	No	TBD	2	
Whole Person	Multi-system Involved	ID Medicaid coverage opportunities for programs on the federal Title IV-E prevention services clearinghouse.	HCPF	CDHS	No	No	3	
Whole Person	Justice Involved	ID opportunities for federal funds for behavioral health services in the juvenile justice system.	BHA	CDHS, HCPF, JUD	No	No	3	
Whole Person	Justice Involved	ID opportunities to maximize Medicaid reimbursement for juvenile sex offense-related services.	HCPF	CDHS, JUD	No	No	3	
Whole Person	Justice Involved	Determine reimbursements for pre-release transition services for committed youth.	HCPF	CDHS	TBD	No	1	
Whole Person	IDD Involved	Develop a no-wrong-door point of entry system for individuals with co-occurring diagnoses.	BHA	HCPF, CDHS	TBD	No	2	
Whole Person	IDD Involved	Develop and implement culturally and linguistically competent models of care along the continuum.	BHA	HCPF	No	No	2	
Whole Person	IDD Involved	Support individuals with co-occurring IDD and behavioral health needs in the existing crisis system.	BHA	HCPF	TBD	No	3	
Whole Person	IDD Involved	Develop capacity for crisis stabilization beds to service	BHA	HCPF	TBD	No	2	

Implementation Plan Action Steps								
Pillar	Category	Action Step	Lead	Secondary	Budget Needed	Leg Needed	Year	Status
		individuals with co-occurring disabilities.						
Whole Person	IDD Involved	ID methods to address bifurcation between behavioral health, cognitive disability, neurodiversity, and brain injury.	BHA	HCPF	No	No	2	
Whole Person	IDD Involved	Assess success and expansion of START Services pilot for people with IDD.	BHA		TBD	No	2	
Whole Person	Social Determinants	Create education opportunities for law enforcement, courts, and other partners.	BHA	HCPF	No	No		
Affordability	Payment	Explore funding options to continue payment for services when a child becomes ineligible for Medicaid due to hospitalizations or detention.	BHA	CDHS, HCPF	TBD	TBD	3	
Affordability	Payment	Examine reimbursement rates or incentives for providers to serve individuals with co-occurring disabilities.	CDHS	HCPF, BHA	Yes	TBD	1	Pending
Affordability	Payment	Assess streamlining and consolidating funding streams that maximize federal dollars to serve individuals with co-occurring disabilities.	BHA	HCPF, CDHS	TBD	TBD	3	
Affordability	Payment	Adopt a cross-agency funding accountability matrix and payment model.	HCPF	BHA, CDHS	TBD	TBD	4	
Workforce	Capacity	Grow school-based behavioral health services.	BHA	CDE	TBD	TBD		
Workforce	Capacity	Expand school-based pathways for high school students to earn an associate's degree with the Community College system.	BHA	CDHE	TBD	TBD	3	
Workforce	Capacity	Further develop workforce capacity growth including	BHA	CDHS, CDPHE, HCPF	TBD	TBD	3	Ongoing

Implementation Plan Action Steps								
Pillar	Category	Action Step	Lead	Secondary	Budget Needed	Leg Needed	Year	Status
		provider rates that support competitive salaries and a culturally and linguistically competent workforce.						
Workforce	Capacity	Explore reciprocity for positions with identified shortages.	BHA	DORA				
Workforce	Capacity	Continue to carry out SB 22-181 ARPA funded workforce programs.	BHA	CDPHE	No	No	1	
Workforce	Capacity	Establish cross-agency communication specific to lessons learned from federal stimulus utilization.	BHA					
Workforce	Education							
Workforce	Provider Requirements	Continue multi-agency efforts to reduce provider burden.	BHA	CDHS, HCPF, CDPHE, DORA				
Local & Consumer	Governance	Regular agency meetings to ensure ongoing alignment.	BHA					
Local & Consumer	Governance	Dedicated BHA staff specialized in reviewing contracts, policies, and practices, and hiring or contracting with vendors specialized in co-occurring disabilities.	BHA					
Local & Consumer	Advisory Council	Document advisory council structure to inform system wide governance.	BHA					
Local & Consumer	Advisory Council	Consolidate all children and youth behavioral health efforts across the state into a single governance plan.	BHA	CDHS, DPS, CDE				
Accountability	Metrics	Develop an outcomes and performance dashboard.	BHA					
Accountability	Metrics	Develop metrics to measure system quality.	CDHS					
Accountability	Metrics	ID and adopt metrics from federal agencies and limit variations.	BHA	HCPF, CDHS, DOI				

Implementation Plan Action Steps								
Pillar	Category	Action Step	Lead	Secondary	Budget Needed	Leg Needed	Year	Status
Accountability	Metrics	ID metrics specific to high acuity placement and payment.	BHA	CDHS, HCPF				
Accountability	Metrics	Develop standards of care to be utilized in ACC Phase III.	BHA	HCPF			2	
Accountability	Standards	Develop standards of care to be established in rule.	BHA				1	
Accountability	Standards	Publish guidance for families on accessing care and rights to care.	BHA				4	
Accountability	Standards	Establish standards of care that are inclusive of various disabilities and unique needs.	BHA					
Accountability	ACC Phase III	Incorporate accountability policy changes proposed for ACC Phase III.	HCPF				1	In Progress