

Joint Budget Committee



Staff Figure Setting FY 2025-26

Department of Human Services

(Executive Director's Office, Behavioral Health Administration,
and Office of Civil and Forensic Mental Health)

JBC Working Document - Subject to Change

Staff Recommendation Does Not Represent Committee Decision

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How to Use this Document: The Department Overview contains a table summarizing the staff recommended changes. Brief explanations of each change follow the table. Each division description includes a similar table but does not repeat the brief explanations. Sections following the Department Overview and the division summary tables provide more details about the changes.

To find decision items, look at the Decision Items Affecting Multiple Divisions or the most relevant division. This applies to both decision items requested by the department and recommended by the staff. Decision items appear in the requested priority order within sections.

Department Overview

The Department of Human Services is responsible for the administration and supervision of most non-medical public assistance and welfare activities of the State. This document includes two divisions within the Department, the Behavioral Health Administration and the Office of Civil and Forensic Mental Health.

The **Behavioral Health Administration (BHA)** was created by H.B. 21-1097 and H.B. 22-1278. The legislation transferred existing programs from the Office of Behavioral Health, changed existing service contract structures, and created new responsibilities. The BHA is tasked with oversight of the state’s behavioral health system. Funding supports administration as well as community, substance use treatment, crisis, youth, and jail-based services.

The **Office of Civil and Forensic Mental Health (OCFMH)** was renamed by the Department from the Office of Behavioral Health when the BHA was created to more accurately describe the remaining programs. The Office oversees two state mental health hospitals in Pueblo and the Fort Logan campus in Denver. The hospitals serve civil and forensic patients.

Forensic patients include people with pending criminal charges who require inpatient services to be deemed competent to stand trial, and people who have been deemed not guilty by reason of insanity (NFRI).

Civil patients include people committed to the Department’s care by a civil court due to serious and persistent mental health conditions. Commitments may be voluntary or involuntary.

OCFMH also supports programs outside the state hospitals, including court navigators, jail-based programs, inpatient private hospital contracts, and mental health transitional living homes.

Summary of Staff Recommendations

Department of Human Services						
Item	Total Funds	General Funds	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$2,534,339,966	\$1,282,851,761	\$433,777,402	\$227,127,067	\$590,583,736	5,418.0
S.B. 25-095 (Supplemental Bill)	952,878	-2,295,480	3,069,770	2,055,209	-1,876,621	-8.4
H.B. 24-1466 (ARPA Swap)	0	-63,182,048	63,182,048	0	0	0.0
Other Legislation	70,447,048	29,872,606	14,967,190	0	25,607,252	16.3
Total	\$2,605,739,892	\$1,247,246,839	\$514,996,410	\$229,182,276	\$614,314,367	5,425.9
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$2,605,739,892	\$1,247,246,839	\$514,996,410	\$229,182,276	\$614,314,367	5,425.9
R1 County public assistance resources	0	0	0	0	0	0.0
R2a Eliminate IMPACT General Fund	-500,000	-500,000	0	0	0	0.0
R2b Increase CYDC	0	0	0	0	0	0.0

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Department of Human Services						
Item	Total Funds	General Funds	Cash Funds	Reapprop. Funds	Federal Funds	FTE
R2c Early repeal HB 22-1056	-199,877	-182,568	0	0	-17,309	0.0
R3/BA2 Increase youth detention	0	0	0	0	0	0.0
R4 Reduce competency contracts	-2,000,000	-2,000,000	0	0	0	0.0
R5 Reduce consent decree fines	278,556	278,556	0	0	0	0.0
R6 Staffing Fort Logan G-wing	6,395,945	6,395,945	0	0	0	55.9
R7 Transitional living home Medicaid	4,722,040	-442,990	0	5,165,030	0	32.9
R8 Increase county oversight/support	0	0	0	0	0	0.0
R9 Maintain electronic hospital records	467,916	467,916	0	0	0	0.0
R10 Communication services for people with disabilities	615,268	-103,214	0	718,482	0	0.0
R11 DYS food inflation	0	0	0	0	0	0.0
R12 Child abuse and neglect appeals	143,863	0	89,993	0	53,870	2.0
R13 DYS career technical education	0	0	0	0	0	0.0
R14 Teen Parent Driver's License	-100,000	-100,000	0	0	0	0.0
R15 Reduce DYS contract placements	-2,200,000	-2,073,165	0	-68,040	-58,795	0.0
R16 HCA reduction	-1,050,000	-1,000,000	-50,000	0	0	0.0
R17 Transitional Jobs Program reduction	251,250	251,250	0	0	0	0.0
R18 Reduce child welfare core services	-3,000,000	-3,000,000	0	0	0	0.0
BA1 Adoption and relative guardianship	21,768,124	9,145,990	2,140,344	0	10,481,790	0.0
BA3 NSLP fund source correction	100,000	0	100,000	0	0	0.0
BHA R1 Care coordination	0	0	0	0	0	0.0
BHA R2 Youth implementation plan	0	0	0	0	0	0.0
BHA R3 Crisis hotline consolidation	-200,000	-3,696,622	3,496,622	0	0	0.0
BHA R4a Reduce CYMHTA	-600,000	-600,000	0	0	0	0.0
BHA R4b Reduce treatment and detox	-200,000	-200,000	0	0	0	0.0
BHA R4c Reduce Circle program	-161,714	0	-161,714	0	0	0.0
BHA R5 School screenings	-2,536,706	-2,536,706	0	0	0	0.0
BHA R6 Align IMatter	-6,074,762	-6,074,762	0	0	0	0.0
BHA R7 BHE Licensing	420,977	0	420,977	0	0	4.0
BHA R8 High acuity youth	1,160,250	4,510,666	0	0	-3,350,416	0.0
BHA BA1 Correctional Board funding	-2,316,933	0	0	-2,316,933	0	0.0
Statewide BA1 SSA-MOE and PTC Rebate	0	0	0	0	0	0.0
Statewide BA2 Proposition KK	8,000,000	0	8,000,000	0	0	0.0
Non-base building staff incentives	0	0	0	0	0	0.0
SI federal funds alignment	37,535,364	0	4,000,000	0	33,535,364	0.0
SI EDO Admin reduction	-20,444	-20,444	0	0	0	0.0
SI BHA Admin reduction	-1,046,952	-1,046,952	0	0	0	-10.0
SI BHA Admin refinance	0	-1,000,000	1,000,000	0	0	0.0
SI Repeal rural vouchers	-50,000	-50,000	0	0	0	0.0
SI OCFMH Admin reduction	-33,731	-33,731	0	0	0	0.0
Centrally appropriated line items	26,137,286	13,167,202	1,267,099	4,238,192	7,464,793	0.0
Impacts driven by other agencies	9,097,862	3,972,977	119,418	3,796,141	1,209,326	0.9
Indirect costs	2,038,088	0	272,945	507,220	1,257,923	0.0
SI Title IV-E Judicial alignment	1,603,712	0	1,603,712	0	0	0.0
Annualize prior year legislation	-16,145,955	66,409,404	-72,469,970	134,069	-10,219,458	-8.9
Annualize prior year budget actions	-12,006,204	-12,016,660	-2,051,036	55,741	2,005,751	9.3
SI OES reductions	-3,537,413	-5,526,414	1,997,992	0	-8,991	0.0
SI child welfare reductions	-3,524,666	-3,359,627	1,000,000	-1,165,039	0	0.0

Department of Human Services						
Item	Total Funds	General Funds	Cash Funds	Reapprop. Funds	Federal Funds	FTE
SI child welfare reversions	-1,825,000	-1,825,000	0	0	0	0.0
SI OAADS reductions	-732,655	-31,296	-684,374	-5,104	-11,881	0.0
Technical adjustment	-640,000	0	-640,000	0	0	0.0
Total	\$2,665,773,381	\$1,304,426,594	\$463,448,418	\$240,242,035	\$656,656,334	5,512.0
Changes from FY 2024-25	\$60,033,489	\$57,179,755	-\$51,547,992	\$11,059,759	\$42,341,967	86.1
Percentage Change	2.2%	4.6%	-10.2%	4.8%	6.9%	0.0
Change without HB 24-1466 (ARPA Swap)	\$58,033,489	-\$6,002,293	\$9,634,056	\$11,059,759	\$42,341,967	\$86
	2.2%	-0.5%	2.1%	4.8%	6.9%	1.6%
FY 2025-26 Executive Request	\$2,656,706,075	\$1,336,185,674	\$460,710,658	\$235,943,610	\$623,866,133	5,588.8
Staff Rec. Above/-Below Request	\$7,067,306	-\$31,759,080	\$1,737,760	\$4,298,425	\$32,790,201	-76.8

Description of Incremental Changes

DHS R4 Reduce private hospital contracts: The Department requests an ongoing decrease of \$2.0 million General Fund. The request decreases private hospital inpatient competency restoration contract beds. The reduction is expected to serve 15 fewer clients per year. Staff recommends approval of the request.

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. Staff recommends an ongoing increase of \$278,556 General Fund.

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. Staff recommends an increase of \$6.4 million General Fund in FY 2025-26.

DHS R7 Transitional living homes: The Department requests an ongoing increase of \$5.2 million total funds. 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. Staff recommends a net increase of \$4.7 million total funds.

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. Staff recommends an increase of \$467,916 General Fund.

DHS Targeted compensation increase: The total compensation request includes an increase of \$3.9 million General Fund for non-base building staff incentives. The compensation request has included one-time salary increases for select direct care staff since FY 2023-24 in response to

the Colorado Workers for Innovative New Solutions (COWINS) Partnership Agreement. The amounts were not submitted as a prioritized request, but are built into the salary survey common policy for the Departments of Human Services, Corrections, and Public Safety. Staff recommends denial of the request.

BHA R1 Care coordination: The BHA 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. Staff recommends denial of the request.

BHA R2 Children and Youth implementation plan: The BHA 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. Staff recommends denial of the request.

BHA R3 Crisis line consolidation (requires legislation): The BHA 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. Staff recommends approval of the request.

BHA R4 Alternative funding for behavioral health services: The BHA 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. Staff recommends a decrease of \$961,714 total funds.

BHA R5 School mental health screening: The BHA requests a decrease of \$775,998 General Fund on an ongoing basis to adjust for lower than anticipated contracting costs for school mental health screenings. Staff recommends repeal of the program for an ongoing reduction of \$2.5 million General Fund.

BHA R6 Right-sizing IMatter: The BHA 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). Staff recommends approval of the request.

BHA R7 BHE Licensing spending authority: The BHA requests an increase of \$420,977 cash fund spending authority from the Behavioral Health Licensing Cash Fund in FY 2025-26. Staff recommends approval of the request.

BHA R8 High acuity crisis: The BHA requests an increase of \$1.2 million total funds in FY 2025-26 for the implementation of H.B. 24-1038 (High Acuity Youth). 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. Staff recommends approval of the request.

BHA BA1 Correctional Treatment Board: The BHA requests an increase of \$2.3 million General Fund to support programs that did not receive funding awards from the Correctional Treatment

Board. Staff recommends a decrease of \$2.3 million reappropriated funds from the Correctional Treatment Cash Fund, with no offsetting General Fund increase.

Statewide BA2 Proposition KK (legislation recommended): The Office of State Planning and Budgeting submitted a statewide request for the necessary cash fund spending authority to implement Proposition KK. The request includes an increase of \$8.0 million cash funds from the Behavioral and Mental Health Cash Fund to the BHA.

Staff recommends approval of the requested cash fund spending authority. Staff further recommends that the General Assembly change the cash fund that receives Proposition KK behavioral health funds, which may fit under the title and purpose of existing legislation.

Major Differences from the Request

Staff recommends denial of several requested increases and common policy adjustments for FTE requests. Staff further recommends administration reductions in each office, and repeal of two programs in the Behavioral Health Administration.

(1) Executive Director's Office

The Executive Director’s Office is responsible for the management and administration of the department, including budgeting, human resources, and quality control. Appropriations in this office include primarily consist of employee compensation and other centrally appropriated line items determined by common policy decisions made in the Departments of Personnel, Law, and Office of Information Technology.

Executive Director’s Office						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$176,876,913	\$115,003,865	\$8,663,549	\$29,696,554	\$23,512,945	28.1
S.B. 25-095 (Supplemental Bill)	-2,401	0	\$0	-2,082	-319	0.0
H.B. 24-1466 (ARPA Swap)	0	-63,182,048	63,182,048	0	0	0.0
Other Legislation	32,005	32,005	0	0	0	0.0
Total FY 2024-25	\$176,906,517	\$51,853,822	\$71,845,597	\$29,694,472	\$23,512,626	28.1
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$176,906,517	\$51,853,822	\$71,845,597	\$29,694,472	\$23,512,626	28.1
R3/BA2 Increase youth detention	0	0	0	0	0	0.0
R6 Staffing Fort Logan G-wing	0	0	0	0	0	0.0
R7 Transitional living home Medicaid	0	0	0	0	0	0.0
R8 Increase county oversight/support	0	0	0	0	0	0.0
R10 Communication services for people with disabilities	0	0	0	0	0	0.0
Annualize prior year budget actions	-30,489,243	-22,285,133	-1,825,233	-2,822,095	-3,556,782	0.2
Annualize prior year legislation	35,206	63,229,101	-63,182,048	-11,847	0	0.0

Executive Director’s Office						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Impacts driven by other agencies	-304,754	0	0	-304,788	34	-4.0
Centrally appropriated line items	26,430,142	13,812,840	1,234,593	4,048,596	7,334,113	0.0
Indirect costs	3,364	0	-1,243	3,745	862	0.0
Non-base building staff incentives	0	0	0	0	0	0.0
SI EDO Admin reduction	-20,444	-20,444	0	0	0	0.0
Total FY 2025-26	\$172,560,788	\$106,590,186	\$8,071,666	\$30,608,083	\$27,290,853	24.3
Changes from FY 2024-25	-\$4,345,729	\$54,736,364	-\$63,773,931	\$913,611	\$3,778,227	-3.8
Percentage Change	-2.5%	105.6%	-88.8%	3.1%	16.1%	-13.5%
FY 2025-26 Executive Request	\$177,486,000	\$111,314,483	\$8,093,278	\$30,787,356	\$27,290,883	24.3
Staff Rec. Above/-Below Request	-\$4,925,212	-\$4,724,297	-\$21,612	-\$179,273	-\$30	0.0

Decision Items

→ Non-base building compensation

Request

The Total Compensation package includes an increase of \$3.9 million General Fund for non-base building staff incentives. The amounts were not submitted as a prioritized request by the Departments of Personnel or Human Services, but are built into the salary survey common policy.

Recommendation

Staff recommends denial of the request.

Analysis

The total compensation request has included non-base building, targeted salary increases in the Department of Human Services since FY 2023-24. “Targeted” salary increases refer to increases for specific positions, rather than (and often in addition to) an across-the-board, common policy increase. “Non-base building” means that the increases are one-time and do not carry over into the next fiscal year.

Article 32.3 [Critical Staffing Incentive] of the FY 2025-26 Partnership Agreement includes the following:

“The Parties agree to seek funding of \$12 million in general funds for fiscal year 2025-26 and agree that the job classifications listed below working in 24/7 facilities shall receive an equally distributed non-base building incentive.

- Correctional Officers (DOC)
- Nurses (DOC and CDHS)

- State teachers (DOC and CDHS)
- Social Workers (DOC)
- Legal Assistants (DOC)
- Client Care Aids (CDHS)
- Health Professionals (CDHS)
- Health Care Tech (DOC and CDHS)
- Clinical Youth Safety and Security Officers (CDHS)
- State Patrol Dispatch (CDPS)
- State Firefighters (CDPS)”¹

The General Assembly is not bound by the Partnership Agreement, and may choose to appropriate a different level of funding. Non-base building increases have been included each year since the COWINS Partnership Agreement came into effect. Many positions at the state hospitals have also received base-building, targeted salary increases through budget requests and General Assembly actions prior to COWINS.

Staff has consistently raised concerns each year that the lack of a prioritized request from the Department of Human Services leads to a lack of information and justification for the Committee’s consideration of the increase.

FY 2023-24

In FY 2023-24, the Department of Personnel submitted a prioritized request that included \$4.7 million total funds, including \$2.6 million General Fund for targeted, non-base building salary increases in the Department of Human Services. The request included detail on the increase for each individual position.

The request included increases for 417 nurses, 198 client care aids, 413 health care technicians, and 59 state teachers for two fiscal years. The increase reflected an 8.0 percent increase for nurses, and 3.2 percent increase for non-nurse positions. All positions are associated with 24/7 facilities. The Committee approved the amounts as requested.

FY 2024-25

The Departments did not submit a prioritized request in FY 2024-25. However, the total compensation request included \$4.7 million total funds, including \$3.7 million General Fund, for targeted, non-base building salary increases. The Committee approved a staff recommendation for an increase of \$1.7 million total funds.

The Partnership Agreement included the following language:

“Based on funding for fiscal year 2023-24 and 2024-25, the State and COWINS agree that the job classifications listed below working in 24/7 facilities shall receive up to 10% non-base building temporary differential. All the employees in each job classification in the same

¹ [2024 COWINS Partnership Agreement](#)

department shall receive an equal pay differential for the duration of two fiscal years. Subject to available appropriations, the State will notify COWINS if additional 24/7 job classifications may be added based on need.”

Because there was no prioritized request, staff was not provided information on the impacted job classifications or number of positions targeted. However, staff worked with the Department to provide the Committee with the number of positions, as well as the impact by facility and job classification.

The targeted increase included an 8.0 percent salary increase for 381 nurse and mid-level provider positions and a 3.17 percent increase for 369 health care technicians, 214 client care aids, and 53 state teachers. This included 1,017 employees in total. JBC Staff found that the increase applied to 309 individuals making over \$90,000 per year, and 62 individuals making over \$120,000 per year. The staff recommendation excluded individuals making more than \$90,000 annually.

The Committee separately approved a staff recommendation to provide one-time hiring and retention incentives at 24/7 facilities. The recommendation decreased funding associated with contract nurses at the state hospitals by \$3.3 million General Fund. A new line item was created in an equal amount, with the following footnote:

“It is the General Assembly’s intent that the funding be used to provide hiring incentives up to \$25,000 for nurses, licensed practical nurses, mid-level providers, health professionals, and social workers. The Department may also use this appropriation to provide incentives for psychologists if they identify that position as an area of greatest need. It is also the General Assembly’s intent that of the \$25,000 hiring incentive, new hires receive incentives as installments paid over the course of a year as determined by the Department, with the final installment after twelve months of employment. This appropriation remains available until the close of the 2025-26 state fiscal year.”

As part of the hearing responses the Department indicated that the nursing vacancy rate decreased from 52.0 to 45.0 percent from October 2023 to October 2024. Vacancies at Fort Logan decreased from 26.0 to 23.0 percent in the same time. Information provided through an RFI indicates that while utilization of contract staff has decreased at the state hospitals, it has increased at Veterans and Regional Centers.

Table 1: Residential Facility Contract Staffing						
Facility	FY 2022-23			FY 2023-24		
	State FTE	Contract Employees	Contract Expenditure	State FTE	Contract Employees	Contract Expenditure
State Hospitals						
Fort Logan	241	44	\$10,823,968	290	48	\$1,013,257
Pueblo	841	248	45,133,117	819	208	44,728,096
State Hospital Subtotal	1,082	292	\$55,957,085	1,109	256	\$45,741,353
Veterans Centers						
Fitzsimons	202	25	\$2,155,650	196	36	\$3,125,557
Florence	96	16	1,721,718	107	6	639,783
Homelake	69	2	281,816	75	0	49,285
Rifle	83	11	357,837	95	23	2,500,373

Table 1: Residential Facility Contract Staffing						
Facility	FY 2022-23			FY 2023-24		
	State FTE	Contract Employees	Contract Expenditure	State FTE	Contract Employees	Contract Expenditure
Veterans Center Subtotal	450	54	\$4,517,021	473	66	\$6,314,997
Regional Centers						
Wheat Ridge	264	19	\$1,930,214	267	44	\$3,463,815
Pueblo	142	4	1,030,003	160	8	645,244
Grand Junction	174	21	2,229,886	192	14	1,061,536
Regional Center Subtotal	580	43	\$5,190,102	619	65	\$5,170,596
Youth Services						
Aspire	15	NA	NA	16	NA	NA
Betty K. Marler	7	NA	NA	37	NA	NA
Clear Creek	23	NA	NA	26	NA	NA
Gilliam	78	NA	NA	78	NA	NA
Golden Peak	44	NA	NA	44	NA	NA
Grand Mesa	105	NA	NA	104	NA	NA
Lookout Mountain	6	NA	NA	NA	NA	NA
Marvin Foote	70	NA	NA	76	NA	NA
Mount View	135	NA	NA	78	NA	NA
Platte Valley	118	NA	NA	127	NA	NA
Prairie Vista	69	NA	NA	69	NA	NA
Pueblo	57	NA	NA	60	NA	NA
Rocky Mountain	8	NA	NA	35	NA	NA
Spring Creek	98	NA	NA	99	NA	NA
Summit	33	NA	NA	36	NA	NA
Willow Point	6	NA	NA	25	NA	NA
Zebulon Pike	70	NA	NA	72	NA	NA
DYS Subtotal	942	85	\$2,575,527	982	16	\$386,143
Total	3,054	474	\$68,239,735	3,183	403	\$57,613,089

Prior fiscal years

The General Assembly has approved targeted salary increases related to direct care positions at the state hospitals in six of the last seven fiscal years. Recent targeted increases are provided in the table below. The FY 2018-19 increase was a Long Bill amendment that included a footnote indicating the General Assembly’s intent that the increase support all direct care staff, but no specific job classifications were indicated. All other amounts are associated with Department requests or the total compensation plan.

Table 2: Historic Targeted Salary Increases		
Fiscal year	Targeted Position	Total Increase
2017-18	Nurses	2,978,791
2018-19	Direct care staff	10,650,207
2019-20	Direct care and contract staff	16,757,694
2020-21	Psychologists	540,984
2022-23	Food service and housekeeping	593,760
2023-24	Direct care staff	4,689,034

Fiscal year	Targeted Position	Total Increase
2024-25	Direct care staff	1,688,649
Total		\$37,899,119

Many increases are specific to the state hospitals, but the actions in FY 2019-20, and FY 2022-23 through FY 2024-25 include all nurses and direct care staff under the Department. While an increase for psychologists appears to have been retained in FY 2020-21, the Committee did approve a \$14.5 million General Fund reduction to the personal services lines for the state hospitals for budget balancing. The decreased funding was restored in FY 2021-22.

The Department also utilized one-time ARPA funds to support incentive payments for nurses and other direct care staff. The Department hiring incentives started at \$1,000 before increasing to \$7,000 and eventually \$14,000. Incentives were increased because no hiring improvements were realized until the \$14,000 incentive. ARPA incentives ended during FY 2023-24.

Recommendation

Staff recommends denial of the targeted increase for General Fund balancing and due to the lack of information provided to the Committee regarding the justification and calculations for the amounts included in the salary survey common policies.

→ Staff initiated EDO Administrative 1% Reduction

Recommendation

Staff recommends a reduction of \$20,444 General Fund for General Fund balancing. The reduction reflects a 1.0 percent reduction to the FY 2025-26 General Fund request.

Analysis

Staff recommends a reduction to align with Committee action on the Offices of Economic Security and Adults, Aging, and Disability Services. The Committee chose to delay action on a similar recommendation in the Office of Children, Youth and Families.

The reduction is not tied to specific vacancies or reversions and is only presented as a budget balancing option. The decrease is expected to be absorbable and not impact the Department’s ability to deliver services. The request reflects an increase of 2.5 percent over the FY 2024-25 appropriation due to the annualization of salary survey and step pay.

Line Item Detail

(A) General Administration

Personal Services

This line item funds the personnel costs of the Executive Director’s Office.

Statutory authority: Section 26-1-105, C.R.S.

Reversion: The line item reverted \$128,598 reappropriated funds in FY 2023-24, but no General Fund.

Request: \$3.0 million total funds, including \$2.0 million General Fund and 19.3 FTE.

Adjustments include the annualization of prior year salary survey, step pay, and H.B. 23-1283 (Transfer Refugee Services).

Recommendation: The staff recommendation is provided in the table below.

Executive Director's Office, General Administration, Personal Services						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$3,156,620	\$1,849,324	\$0	\$1,307,296	\$0	23.3
Total FY 2024-25	\$3,156,620	\$1,849,324	\$0	\$1,307,296	\$0	23.3
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$3,156,620	\$1,849,324	\$0	\$1,307,296	\$0	23.3
Annualize prior year budget actions	193,477	193,057	0	420	0	0.0
Annualize prior year legislation	0	2,101	0	-2,101	0	0.0
Impacts driven by other agencies	-320,579	0	0	-320,579	0	-4.0
SI EDO Admin reduction	-20,444	-20,444	0	0	0	0.0
Total FY 2025-26	\$3,009,074	\$2,024,038	\$0	\$985,036	\$0	19.3
Changes from FY 2024-25	-\$147,546	\$174,714	\$0	-\$322,260	\$0	-4.0
Percentage Change	-4.7%	9.4%	n/a	-24.7%	n/a	-17.2%
FY 2025-26 Executive Request	\$3,029,518	\$2,044,482	\$0	\$985,036	\$0	19.3
Staff Rec. Above/-Below Request	-\$20,444	-\$20,444	\$0	\$0	\$0	0.0

Health, Life, and Dental

This line item funds the Department’s share of the state’s group health, life, and dental insurance plans for state employees.

Statutory authority: Sections 24-50-603 (9) and 24-50-611, C.R.S.

Reversion: The line item did not revert in FY 2023-24.

Request: \$71.5 million total funds, including \$43.2 million General Fund.

Recommendation: The staff recommendation is pending Committee action on compensation common policies and the Department of Health Care Policy and Financing. Staff requests permission to adjust the appropriation as necessary to align with final action.

Executive Director's Office, General Administration, Health, Life, and Dental						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$62,408,454	\$37,631,312	\$3,549,403	\$9,226,025	\$12,001,714	0.0
Total FY 2024-25	\$62,408,454	\$37,631,312	\$3,549,403	\$9,226,025	\$12,001,714	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$62,408,454	\$37,631,312	\$3,549,403	\$9,226,025	\$12,001,714	0.0
Centrally appropriated line items	8,139,331	4,617,034	385,809	1,819,829	1,316,659	0.0
Impacts driven by other agencies	12,906	0	0	12,906	0	0.0
R3/BA2 Increase/accelerate youth detention	0	0	0	0	0	0.0
R6 Staffing Fort Logan G-wing	0	0	0	0	0	0.0
R8 Increase county oversight and support	0	0	0	0	0	0.0
R10 Communication services for people with disabilities	0	0	0	0	0	0.0
R7 Transitional living home Medicaid	0	0	0	0	0	0.0
Total FY 2025-26	\$70,560,691	\$42,248,346	\$3,935,212	\$11,058,760	\$13,318,373	0.0
Changes from FY 2024-25	\$8,152,237	\$4,617,034	\$385,809	\$1,832,735	\$1,316,659	0.0
Percentage Change	13.1%	12.3%	10.9%	19.9%	11.0%	n/a
FY 2025-26 Executive Request	\$71,527,165	\$43,174,382	\$3,949,240	\$11,085,170	\$13,318,373	0.0
Staff Rec. Above/-Below Request	-\$966,474	-\$926,036	-\$14,028	-\$26,410	\$0	0.0

Short-term Disability

This line item funds the Department's share of state's short-term disability which is administered by the Department of Personnel.

Statutory Authority: Sections 24-50-603 (13) and 24-50-611, C.R.S.

Reversion: The line item did not revert in FY 2023-24.

Request: \$0.3 million total funds, including \$0.2 million General Fund.

Recommendation: The staff recommendation is pending Committee action on compensation common policies and the Department of Health Care Policy and Financing. Staff requests permission to adjust the appropriation as necessary to align with final action.

Executive Director's Office, General Administration, Short-term Disability						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$543,692	\$350,914	\$27,666	\$70,505	\$94,607	0.0

Executive Director's Office, General Administration, Short-term Disability						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Total FY 2024-25	\$543,692	\$350,914	\$27,666	\$70,505	\$94,607	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$543,692	\$350,914	\$27,666	\$70,505	\$94,607	0.0
Impacts driven by other agencies	114	0	0	114	0	0.0
R8 Increase county oversight and support	0	0	0	0	0	0.0
R3/BA2 Increase/accelerate youth detention	0	0	0	0	0	0.0
R6 Staffing Fort Logan G-wing	0	0	0	0	0	0.0
R10 Communication services for people with disabilities	0	0	0	0	0	0.0
R7 Transitional living home Medicaid	0	0	0	0	0	0.0
Centrally appropriated line items	-276,253	-180,093	-14,437	-35,620	-46,103	0.0
Total FY 2025-26	\$267,553	\$170,821	\$13,229	\$34,999	\$48,504	0.0
Changes from FY 2024-25						
Changes from FY 2024-25	\$276,139	\$180,093	\$14,437	-\$35,506	\$46,103	0.0
Percentage Change	-50.8%	-51.3%	-52.2%	-50.4%	-48.7%	n/a
FY 2025-26 Executive Request						
FY 2025-26 Executive Request	\$275,045	\$178,047	\$13,336	\$35,158	\$48,504	0.0
Staff Rec. Above/-Below Request	-\$7,492	-\$7,226	-\$107	-\$159	\$0	0.0

Paid Family Medical Leave Insurance

Colorado Proposition 118, Paid Family Medical Leave Initiative, was approved by voters in November 2020 and created a paid family and medical leave insurance program for all Colorado employees administered by the Colorado Department of Labor and Employment. This requires employers and employees in Colorado to pay a payroll premium (0.9 percent with a minimum of half paid by the employer) to finance paid family and medical leave insurance benefits beginning January 1, 2023. It finances up to 12 weeks of paid family and medical leave to eligible employees beginning January 1, 2024.

Statutory Authority: Section 8-13.3-516, C.R.S.

Reversion: Actual expenditures are not reported for FY 2023-24.

Request: \$1.7 million total funds, including \$1.1 million General Fund.

Recommendation: The staff recommendation is pending Committee action on compensation common policies and the Department of Health Care Policy and Financing. Staff requests permission to adjust the appropriation as necessary to align with final action.

Executive Director's Office, General Administration, Paid Family Medical Leave Insurance						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$1,631,023	\$1,052,687	\$82,999	\$211,515	\$283,822	0.0
Total FY 2024-25	\$1,631,023	\$1,052,687	\$82,999	\$211,515	\$283,822	0.0

Executive Director's Office, General Administration, Paid Family Medical Leave Insurance						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$1,631,023	\$1,052,687	\$82,999	\$211,515	\$283,822	0.0
Centrally appropriated line items	88,227	45,446	2,043	12,746	27,992	0.0
Impacts driven by other agencies	343	0	0	343	0	0.0
R3/BA2 Increase/accelerate youth detention	0	0	0	0	0	0.0
R6 Staffing Fort Logan G-wing	0	0	0	0	0	0.0
R8 Increase county oversight and support	0	0	0	0	0	0.0
R10 Communication services for people with disabilities	0	0	0	0	0	0.0
R7 Transitional living home Medicaid	0	0	0	0	0	0.0
Total FY 2025-26	\$1,719,593	\$1,098,133	\$85,042	\$224,604	\$311,814	0.0
Changes from FY 2024-25						
Changes from FY 2024-25	\$88,570	\$45,446	\$2,043	\$13,089	\$27,992	0.0
Percentage Change	5.4%	4.3%	2.5%	6.2%	9.9%	n/a
FY 2025-26 Executive Request						
FY 2025-26 Executive Request	\$1,742,072	\$1,119,812	\$85,364	\$225,082	\$311,814	0.0
Staff Rec. Above/-Below Request	-\$22,479	-\$21,679	-\$322	-\$478	\$0	0.0

Unfunded Liability Amortization Equalization Disbursement Payments

This line item provides funding for amortization and supplemental amortization payments to increase the funded status of the Public Employees' Retirement Association (PERA).

Statutory Authority: Section 24-51-411, C.R.S.

Reversion: The AED and SEAD line items reverted \$59,554 cash funds in FY 2023-24, but no General Fund.

Request: \$38.7 million total funds, including \$24.9 million General Fund.

Recommendation: The staff recommendation is pending Committee action on compensation common policies and the Department of Health Care Policy and Financing. Staff requests permission to adjust the appropriation as necessary to align with final action.

Executive Director's Office, General Administration, Unfunded Liability Amortization Equalization Disbursement Payments						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$36,244,938	\$23,393,044	\$1,844,426	\$4,700,324	\$6,307,144	0.0
Total FY 2024-25	\$36,244,938	\$23,393,044	\$1,844,426	\$4,700,324	\$6,307,144	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$36,244,938	\$23,393,044	\$1,844,426	\$4,700,324	\$6,307,144	0.0
Centrally appropriated line items	1,960,598	1,009,901	45,405	283,246	622,046	0.0
Impacts driven by other agencies	7,621	0	0	7,621	0	0.0
R3/BA2 Increase/accelerate youth detention	0	0	0	0	0	0.0

Executive Director's Office, General Administration, Unfunded Liability Amortization Equalization Disbursement Payments						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
R6 Staffing Fort Logan G-wing	0	0	0	0	0	0.0
R8 Increase county oversight and support	0	0	0	0	0	0.0
R10 Communication services for people with disabilities	0	0	0	0	0	0.0
R7 Transitional living home Medicaid	0	0	0	0	0	0.0
Total FY 2025-26	\$38,213,157	\$24,402,945	\$1,889,831	\$4,991,191	\$6,929,190	0.0
Changes from FY 2024-25	\$1,968,219	\$1,009,901	\$45,405	\$290,867	\$622,046	0.0
Percentage Change	5.4%	4.3%	2.5%	6.2%	9.9%	n/a
FY 2025-26 Executive Request	\$38,712,682	\$24,884,694	\$1,896,986	\$5,001,812	\$6,929,190	0.0
Staff Rec. Above/-Below Request	-\$499,525	-\$481,749	-\$7,155	-\$10,621	\$0	0.0

Salary Survey

This line item supports annual salary increases and senior executive service positions. Salary survey increases may include across-the-board increases, movement to minimum related to salary range adjustments, and specified classification increases.

Statutory Authority: Section 24-50-104, C.R.S.

Reversion: The line item reverted \$90,899 cash funds in FY 2023-24, but no General Fund.

Request: \$13.7 million total funds, including \$10.0 million General Fund. Adjustments consist of the compensation common policy and the annualization of the prior year common policy.

Recommendation: The staff recommendation is pending Committee action on compensation common policies. Staff requests permission to adjust the appropriation as necessary to align with final action.

Executive Director's Office, General Administration, Salary Survey						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$13,579,244	\$8,743,496	\$669,022	\$1,746,293	\$2,420,433	0.0
Total FY 2024-25	\$13,579,244	\$8,743,496	\$669,022	\$1,746,293	\$2,420,433	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$13,579,244	\$8,743,496	\$669,022	\$1,746,293	\$2,420,433	0.0
Centrally appropriated line items	9,752,706	6,130,933	505,351	1,314,359	1,802,063	0.0
Non-base building staff incentives	0	0	0	0	0	0.0
Annualize prior year budget actions	-13,579,244	-8,743,496	-669,022	-1,746,293	-2,420,433	0.0
Total FY 2025-26	\$9,752,706	\$6,130,933	\$505,351	\$1,314,359	\$1,802,063	0.0
Changes from FY 2024-25	-\$3,826,538	-\$2,612,563	-\$163,671	-\$431,934	-\$618,370	0.0
Percentage Change	-28.2%	-29.9%	-24.5%	-24.7%	-25.5%	n/a

Executive Director's Office, General Administration, Salary Survey						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2025-26 Executive Request	\$13,661,755	\$10,039,982	\$505,351	\$1,314,359	\$1,802,063	0.0
Staff Rec. Above/-Below Request	-\$3,909,049	-\$3,909,049	\$0	\$0	\$0	0.0

Step Pay

This line item provides detail on the amount of funding appropriated to each department as a result of the step pay plan. The step pay plan takes effect in FY 2024-25 and is a result of negotiations between the State of Colorado and Colorado Workers for Innovative and New Solutions (COWINS).

Statutory Authority: Sections 24-50-1101, et seq., C.R.S.

Reversion: The line item was not included in the FY 2023-24 Long Bill.

Request: \$2.3 million total funds, including \$1.7 million General Fund. Adjustments consist of the compensation common policy and the annualization of the prior year common policy.

Recommendation: The staff recommendation is pending Committee action on compensation common policies. Staff requests permission to adjust the appropriation as necessary to align with final action.

Executive Director's Office, General Administration, Step Pay						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$13,878,502	\$10,507,319	\$1,156,211	\$1,078,304	\$1,136,668	0.0
Total FY 2024-25	\$13,878,502	\$10,507,319	\$1,156,211	\$1,078,304	\$1,136,668	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$13,878,502	\$10,507,319	\$1,156,211	\$1,078,304	\$1,136,668	0.0
Centrally appropriated line items	2,272,768	1,651,181	155,850	250,808	214,929	0.0
Annualize prior year budget actions	-13,878,502	-10,507,319	-1,156,211	-1,078,304	-1,136,668	0.0
Total FY 2025-26	\$2,272,768	\$1,651,181	\$155,850	\$250,808	\$214,929	0.0
Changes from FY 2024-25	-\$11,605,734	-\$8,856,138	-\$1,000,361	-\$827,496	-\$921,739	0.0
Percentage Change	-83.6%	-84.3%	-86.5%	-76.7%	-81.1%	n/a
FY 2025-26 Executive Request	\$2,272,768	\$1,651,181	\$155,850	\$250,808	\$214,929	0.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Incentives and Bonuses

This line item was added in the FY 2024-25 Long Bill as a result of a staff recommendation to support hiring and retention bonuses for staff at 24/7 facilities in the Departments of Human Services and Corrections.

Reversion: The line item was not included in the FY 2023-24 Long Bill.

Request: The Department requests no appropriation.

Recommendation: Staff recommends approval of the request. The line item was included on a one-time basis in FY 2024-25 to provide hiring and retention incentives for medical staff at 24/7 facilities.

PERA Direct Distribution

This line item is included as a common policy allocation payment for the state portion of the PERA Direct Distribution created in Section 24-51-414, C.R.S., enacted in S.B. 18-200.

Statutory Authority: Section 25-51-414 (2), C.R.S.

Reversion: The line item did not revert in FY 2023-24.

Request: \$7.4 million total funds, including \$5.0 million General Fund. Adjustments consist only of the compensation common policy.

Recommendation: The staff recommendation is pending Committee action on compensation common policies. Staff requests permission to adjust the appropriation as necessary to align with final action.

Executive Director's Office, General Administration, PERA Direct Distribution						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$7,859,623	\$5,305,245	\$0	\$2,554,378	\$0	0.0
Total FY 2024-25	\$7,859,623	\$5,305,245	\$0	\$2,554,378	\$0	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$7,859,623	\$5,305,245	\$0	\$2,554,378	\$0	0.0
Centrally appropriated line items	-480,504	-324,340	0	-156,164	0	0.0
Total FY 2025-26	\$7,379,119	\$4,980,905	\$0	\$2,398,214	\$0	0.0
Changes from FY 2024-25	-\$480,504	-\$324,340	\$0	-\$156,164	\$0	0.0
Percentage Change	-6.1%	-6.1%	n/a	-6.1%	n/a	n/a
FY 2025-26 Executive Request	\$7,379,119	\$4,980,905	\$0	\$2,398,214	\$0	0.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Shift Differential

This line item provides additional funds for employees working outside the traditional business hours of 8am to 5pm.

Statutory Authority: Section 24-50-104 (1)(a), C.R.S.

Reversion: The line item reverted \$45,879 cash funds in FY 2023-24, but no General Fund. Adjustments consist only of the compensation common policy.

Request: \$13.2 million total funds, including \$6.0 million General Fund.

Recommendation: The staff recommendation is pending Committee action on compensation common policies. Staff requests permission to adjust the appropriation as necessary to align with final action.

Executive Director's Office, General Administration, Shift Differential						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$10,232,894	\$6,798,902	\$373,939	\$2,069,602	\$990,451	0.0
Total FY 2024-25	\$10,232,894	\$6,798,902	\$373,939	\$2,069,602	\$990,451	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$10,232,894	\$6,798,902	\$373,939	\$2,069,602	\$990,451	0.0
Centrally appropriated line items	3,003,367	-804,750	154,572	257,105	3,396,440	0.0
Total FY 2025-26	\$13,236,261	\$5,994,152	\$528,511	\$2,326,707	\$4,386,891	0.0
Changes from FY 2024-25	\$3,003,367	-\$804,750	\$154,572	\$257,105	\$3,396,440	0.0
Percentage Change	29.4%	-11.8%	41.3%	12.4%	342.9%	n/a
FY 2025-26 Executive Request	\$13,236,261	\$5,994,152	\$528,511	\$2,326,707	\$4,386,891	0.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Temporary Employees Related to Authorized Leave

This line item supports the backfill costs associated with state employees utilizing 160 hours or four weeks of Paid Family Medical Leave.

Statutory Authority: 24-50-104 (1)(a)(I), C.R.S.

Reversion: The line item reverted \$28,183 cash and federal funds in FY 2023-24, but no General Fund.

Request: \$1.6 million total funds, including \$1.0 million General Fund. The request reflects no change from the prior year appropriation.

Recommendation: The staff recommendation is pending Committee action on compensation common policies. Staff requests permission to adjust the appropriation as necessary to align with final action.

Executive Director's Office, General Administration, Temporary Employees Related to Authorized Leave						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$1,575,658	\$1,042,082	\$57,247	\$226,064	\$250,265	0.0
Total FY 2024-25	\$1,575,658	\$1,042,082	\$57,247	\$226,064	\$250,265	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$1,575,658	\$1,042,082	\$57,247	\$226,064	\$250,265	0.0

Executive Director's Office, General Administration, Temporary Employees Related to Authorized Leave						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Total FY 2025-26	\$1,575,658	\$1,042,082	\$57,247	\$226,064	\$250,265	0.0
Percentage Change	0.0%	0.0%	0.0%	0.0%	0.0%	n/a
FY 2025-26 Executive Request	\$1,575,658	\$1,042,082	\$57,247	\$226,064	\$250,265	0.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Workers' Compensation

This line item is used to pay the Department's share of the state's workers' compensation program administered by the Department of Personnel.

Statutory Authority: Section 24-30-1510.7, C.R.S.

Reversion: The line item reverted \$454 reappropriated funds in FY 2023-24, but no General Fund.

Request: \$9.8 million total funds, including \$6.1 million General Fund. Adjustments consist of compensation common policies and the annualization of H.B. 23-1283 (Transfer Refugee Services).

Recommendation: The staff recommendation is pending Committee action on compensation common policies. Staff requests permission to adjust the appropriation as necessary to align with final action.

Executive Director's Office, General Administration, Workers' Compensation						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$9,541,384	\$5,924,423	\$0	\$3,616,961	\$0	0.0
Total FY 2024-25	\$9,541,384	\$5,924,423	\$0	\$3,616,961	\$0	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$9,541,384	\$5,924,423	\$0	\$3,616,961	\$0	0.0
Centrally appropriated line items	212,162	131,735	0	80,427	0	0.0
Annualize prior year legislation	0	2,765	0	-2,765	0	0.0
Total FY 2025-26	\$9,753,546	\$6,058,923	\$0	\$3,694,623	\$0	0.0
Changes from FY 2024-25	\$212,162	\$134,500	\$0	\$77,662	\$0	0.0
Percentage Change	2.2%	2.3%	n/a	2.1%	n/a	n/a
FY 2025-26 Executive Request	\$9,767,694	\$6,067,770	\$0	\$3,699,924	\$0	0.0
Staff Rec. Above/-Below Request	-\$14,148	-\$8,847	\$0	-\$5,301	\$0	0.0

Operating Expenses

This line funds the operating expenses of the Executive Director's Office.

Statutory Authority: Section 26-1-105, C.R.S.

Reversion: The line item reverted \$57 federal funds in FY 2023-24, but no General Fund.

Request: \$0.5 million total funds, including \$0.2 million General Fund. Adjustments consist of the annualization of H.B. 23-1283 (Transfer Refugee Services) and an Equity Office request from the Department of Personnel.

Recommendation: The staff recommendation is provided in the table below. Staff requests permission to adjust the appropriation as necessary to align with Committee final action on the Department of Personnel.

Executive Director's Office, General Administration, Operating Expenses						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$494,244	\$243,052	\$0	\$250,242	\$950	0.0
Total FY 2024-25	\$494,244	\$243,052	\$0	\$250,242	\$950	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$494,244	\$243,052	\$0	\$250,242	\$950	0.0
Annualize prior year legislation	0	492	0	-492	0	0.0
Impacts driven by other agencies	-5,400	0	0	-5,400	0	0.0
Total FY 2025-26	\$488,844	\$243,544	\$0	\$244,350	\$950	0.0
Changes from FY 2024-25	-\$5,400	\$492	\$0	-\$5,892	\$0	0.0
Percentage Change	-1.1%	0.2%	n/a	-2.4%	0.0%	n/a
FY 2025-26 Executive Request	\$488,844	\$243,544	\$0	\$244,350	\$950	0.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Legal Services

This line item is used to pay the Department of Law for the provision of legal services to all divisions.

Statutory Authority: Sections 24-31-101 (1)(a), 24-31-111, and 24-75-112 (1)(i), C.R.S.

Reversion: The line item reverted \$657 reappropriated funds in FY 2023-24, but no General Fund.

Request: \$5.8 million total funds, including \$4.2 million General Fund. Adjustments include the legal services common policy and annualizations of H.B. 24-1217 (Patient Info), S.B. 24-117 (Eating Disorder Treatment), and H.B. 23-1283 (Transfer Refugee Services).

Recommendation: The staff recommendation is pending Committee action on the Department of Law. Staff requests permission to adjust the appropriation as necessary to align with final action on the legal services common policy.

Executive Director's Office, General Administration, Legal Services						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$5,964,485	\$4,354,074	\$0	\$1,610,411	\$0	0.0
Other Legislation	\$32,005	\$32,005	\$0	\$0	\$0	0.0
Total FY 2024-25	\$5,996,490	\$4,386,079	\$0	\$1,610,411	\$0	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$5,996,490	\$4,386,079	\$0	\$1,610,411	\$0	0.0
Annualize prior year legislation	35,206	41,030	0	-5,824	0	0.0
Centrally appropriated line items	-250,944	-207,160	0	-43,784	0	0.0
Total FY 2025-26	\$5,780,752	\$4,219,949	\$0	\$1,560,803	\$0	0.0
Changes from FY 2024-25	-\$215,738	-\$166,130	\$0	-\$49,608	\$0	0.0
Percentage Change	-3.6%	-3.8%	n/a	-3.1%	n/a	n/a
FY 2025-26 Executive Request	\$5,780,752	\$4,219,949	\$0	\$1,560,803	\$0	0.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Administrative Law Judge Services

This line item funds the cost of purchasing administrative law judge services from the Department of Personnel.

Statutory Authority: Sections 24-30-1001 (3) and 24-30-1002, C.R.S.

Reversion: The line item did not revert in FY 2023-24.

Request: \$1.6 million total funds, including \$1.0 million General Fund. Adjustments include the ALJ common policy and a request for OAC staffing in the Department of Personnel.

Recommendation: The staff recommendation is provided in the table below. Staff requests permission to adjust the appropriation as necessary to align with Committee final action on the Department of Personnel.

Executive Director's Office, General Administration, Administrative Law Judge Services						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$834,562	\$514,280	\$0	\$320,282	\$0	0.0
Total FY 2024-25	\$834,562	\$514,280	\$0	\$320,282	\$0	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$834,562	\$514,280	\$0	\$320,282	\$0	0.0
Centrally appropriated line items	810,337	702,987	0	107,350	0	0.0

Executive Director's Office, General Administration, Administrative Law Judge Services						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Impacts driven by other agencies	0	0	0	0	0	0.0
Total FY 2025-26	\$1,644,899	\$1,217,267	\$0	\$427,632	\$0	0.0
Changes from FY 2024-25	\$810,337	\$702,987	\$0	\$107,350	\$0	0.0
Percentage Change	97.1%	136.7%	n/a	33.5%	n/a	n/a
FY 2025-26 Executive Request	\$1,646,250	\$1,014,464	\$0	\$631,786	\$0	0.0
Staff Rec. Above/-Below Request	-\$1,351	\$202,803	\$0	-\$204,154	\$0	0.0

Payment to Risk Management and Property Funds

This line item supports reimbursements the Department of Personnel for the Department's share of the state's liability and property insurance.

Statutory Authority: Sections 24-30-1510 and 24-30-1510.5, C.R.S.

Reversion: The line item reverted \$402 reappropriated funds in FY 2023-24, but no General Fund.

Request: \$4.7 million total funds, including \$4.1 million General Fund. Adjustments include the risk management common policy and annualization of H.B. 23-1283 (Transfer Refugee Services).

Recommendation: The staff recommendation is provided in the table below. Staff requests permission to adjust the appropriation as necessary to align with Committee final action on the Department of Personnel.

Executive Director's Office, General Administration, Payment to Risk Management and Property Funds						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$4,043,601	\$3,511,144	\$0	\$532,457	\$0	0.0
Total FY 2024-25	\$4,043,601	\$3,511,144	\$0	\$532,457	\$0	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$4,043,601	\$3,511,144	\$0	\$532,457	\$0	0.0
Centrally appropriated line items	1,197,674	1,039,966	0	157,708	0	0.0
Annualize prior year legislation	0	665	0	-665	0	0.0
Total FY 2025-26	\$5,241,275	\$4,551,775	\$0	\$689,500	\$0	0.0
Changes from FY 2024-25	\$1,197,674	\$1,040,631	\$0	\$157,043	\$0	0.0
Percentage Change	29.6%	29.6%	n/a	29.5%	n/a	n/a
FY 2025-26 Executive Request	\$4,725,290	\$4,103,845	\$0	\$621,445	\$0	0.0
Staff Rec. Above/-Below Request	\$515,985	\$447,930	\$0	\$68,055	\$0	0.0

Office of the Ombudsman for Behavioral Health Access to Care

House Bill 18-1357 created the Office of the Ombudsman for Behavioral Health Access to Care (Office). The Office is required to operate with complete autonomy, independent of the Department. The duties of the Ombudsman include:

- Resolving access and coverage issues.
- Monitoring concerns, complaints, and potential violations of state or federal rules, regulations, or law.
- Receiving and reporting concerns and complaints relating to inappropriate care.
- Providing information to help consumers obtain behavioral health care.
- Developing appropriate points of contact for referrals.
- Assisting in filing appeals or complaints.
- Reporting every September 1 to the Governor, the DHS Executive Director, the Commissioner of Insurance, and the House and Senate Health committees.

Statutory authority: Section 27-80-301, et seq., C.R.S. [Behavioral Health Access to Care Ombudsman Act]; Section 24-1-120 (12), C.R.S. [Creation within the Department of Human Services]

Reversion: The line item did not revert in FY 2023-24.

Request: \$0.6 million General Fund. Adjustments include the annualization of prior year salary survey and a FY 2024-25 budget request to increase the Ombudsman Office.

Recommendation: Staff recommends approval of the request as provided in the table below.

Executive Director's Office, General Administration, Office of the Ombudsman for Behavioral Health Access to Care						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$482,087	\$482,087	\$0	\$0	\$0	4.8
Total FY 2024-25	\$482,087	\$482,087	\$0	\$0	\$0	4.8
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$482,087	\$482,087	\$0	\$0	\$0	4.8
Annualize prior year budget actions	73,105	73,105	0	0	0	0.2
Total FY 2025-26	\$555,192	\$555,192	\$0	\$0	\$0	5.0
Changes from FY 2024-25	\$73,105	\$73,105	\$0	\$0	\$0	0.2
Percentage Change	15.2%	15.2%	n/a	n/a	n/a	4.2%
FY 2025-26 Executive Request	\$555,192	\$555,192	\$0	\$0	\$0	5.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

(B) Indirect Cost Assessment

This line item funds the indirect costs associated with the operation of the Department.

Statutory Authority: Section 24-75-1401, C.R.S

Reversion: The line item reverted \$242,438 cash funds in FY 2023-24.

Request: \$1.1 million total funds.

Recommendation: The staff recommendation is provided below. Staff requests permission to adjust the appropriation as necessary to align with Committee final action.

Executive Director's Office, Indirect Cost Assessment, Indirect Cost Assessment						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$1,105,422	\$0	\$902,636	\$175,895	\$26,891	0.0
S.B. 25-095 (Supplemental Bill)	-2,401	0	0	-2,082	-319	0.0
Total FY 2024-25	\$1,103,021	\$0	\$902,636	\$173,813	\$26,572	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$1,103,021	\$0	\$902,636	\$173,813	\$26,572	0.0
Indirect costs	3,364	0	-1,243	3,745	862	0.0
Annualize prior year budget actions	2,401	0	0	2,082	319	0.0
Centrally appropriated line items	673	0	0	586	87	0.0
Impacts driven by other agencies	241	0	0	207	34	0.0
R8 Increase county oversight and support	0	0	0	0	0	0.0
Total FY 2025-26	\$1,109,700	\$0	\$901,393	\$180,433	\$27,874	0.0
Changes from FY 2024-25	\$6,679	\$0	-\$1,243	\$6,620	\$1,302	0.0
Percentage Change	0.6%	n/a	-0.1%	3.8%	4.9%	n/a
FY 2025-26 Executive Request	\$1,109,935	\$0	\$901,393	\$180,638	\$27,904	0.0
Staff Rec. Above/-Below Request	-\$235	\$0	\$0	-\$205	-\$30	0.0

(4) Behavioral Health Administration

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

The BHA is 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.

Behavioral Health Administration						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$272,858,407	\$148,828,348	\$68,154,114	\$12,419,800	\$43,456,145	173.6
S.B. 25-095 (Supplemental Bill)	-2,481,539	-2,437,776	-23,398	-702	-19,663	0.0
Other Legislation	18,072,954	9,304,100	4,000,000	0	4,768,854	3.9
Total FY 2024-25	\$288,449,822	\$155,694,672	\$72,130,716	\$12,419,098	\$48,205,336	177.5
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$288,449,822	\$155,694,672	\$72,130,716	\$12,419,098	\$48,205,336	177.5
R8 Increase county oversight/support	0	0	0	0	0	0.0
BHA R1 Care coordination	0	0	0	0	0	0.0
BHA R2 Youth implementation plan	0	0	0	0	0	0.0
BHA R3 Crisis hotline consolidation	-200,000	-3,696,622	3,496,622	0	0	0.0
BHA R4a Reduce CYMHTA	-600,000	-600,000	0	0	0	0.0
BHA R4b Reduce treatment and detoxification	-200,000	-200,000	0	0	0	0.0
BHA R4c Reduce Circle program	-161,714	0	-161,714	0	0	0.0
BHA R5 School screenings	-2,536,706	-2,536,706	0	0	0	0.0
BHA R6 Align IMatter	-6,074,762	-6,074,762	0	0	0	0.0
BHA R7 BHE Licensing	420,977	0	420,977	0	0	4.0
BHA R8 High acuity youth	1,160,250	4,510,666	0	0	-3,350,416	0.0
BHA BA1 Correctional Treatment Board funding	-2,316,933	0	0	-2,316,933	0	0.0
Statewide BA2 Proposition KK	8,000,000	0	8,000,000	0	0	0.0
Annualize prior year budget actions	5,221,507	2,960,865	1,433,214	21,662	805,766	0.0
Annualize prior year legislation	-2,455,694	1,694,306	-4,150,000	0	0	-1.0
Impacts driven by other agencies	5,195	0	2,777	84	2,334	0.0
Centrally appropriated line items	12,319	0	6,586	198	5,535	0.0
Indirect costs	109,807	0	55,304	1,262	53,241	0.0
SI federal funds alignment	23,300,821	0	0	0	23,300,821	0.0
SI BHA Admin reduction	-1,046,952	-1,046,952	0	0	0	-10.0
SI Repeal rural vouchers	-50,000	-50,000	0	0	0	0.0
SI BHA Admin refinance	0	-1,000,000	1,000,000	0	0	0.0
Total FY 2025-26	\$311,037,937	\$149,655,467	\$82,234,482	\$10,125,371	\$69,022,617	170.5
Changes from FY 2024-25	\$22,588,115	-\$6,039,205	\$10,103,766	-\$2,293,727	\$20,817,281	-7.0
Percentage Change	7.1%	-3.9%	14.0%	-18.5%	43.2%	-3.9%
FY 2025-26 Executive Request	\$295,787,389	\$158,702,241	\$81,236,353	\$10,125,427	\$45,723,368	180.5
Staff Rec. Above/-Below Request	\$13,250,548	-\$9,046,774	-\$1,001,871	-\$56	\$23,299,249	-10.0

Decision Items

→ R1 Care coordination

Request

The BHA requests an increase of \$3.2 million General Fund for care coordination resources in FY 2025-26. Some components of the request are ongoing, and some are term-limited.

Recommendation

Staff recommends denial of the request.

Analysis

Comprehensive and essential providers, Behavioral Health Administration Service Organizations (BHASOs), and the BHA are all statutorily required to provide care coordination.

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

Care navigation assists patients with navigating the healthcare system to identify appropriate resources and continuity of care.

The request indicates that care coordination for the uninsured was not part of safety net provider contracts prior to H.B. 22-1278, and funding has not increased to meet the increased statutory requirements.

Statutory requirements

Comprehensive **providers** are required to provide care coordination and eight other safety net services.² Essential providers are required to provide care coordination and at least one of the eight safety net services required by comprehensive providers.³ 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.

BHASOs are required to provide care coordination services for individuals utilizing the behavioral health safety net system as a shared responsibility with Managed Care Entities (RAEs). BHASOs are specifically required to provide care coordination services for priority populations not currently enrolled in Medicaid.⁴

² Section 27-50-101 (11), C.R.S.

³ Section 27-50-101 (13), C.R.S.

⁴ Section 27-50-404 (1), C.R.S.

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 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.⁵

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.

The BHA is required to establish an objective and standardized process for care coordination, including:

- Coordination between BHASOs, RAEs, case management agencies, and counties.
- A referral process between entities.
- A process to ensure efficient and person-centered care coordination services for individuals who have acute and complex needs, including civil commitment, people transitioning out of acute care, child welfare, juvenile justice, or criminal justice systems.⁶

The BHA was further required to develop a care coordination infrastructure through S.B. 21-137 and S.B. 22-177. The bills required the BHA to develop a statewide care coordination infrastructure that includes a website and mobile application and a cloud-based provider platform.⁷

Together, the bills appropriated \$97.0 million that originated from ARPA for this purpose. Spending authority for S.B. 21-137 has ended, and \$7.4 million of the original appropriation reverted. The BHA indicates that \$26.0 million was dedicated to statewide care coordination infrastructure, and none of that amount reverted.

The appropriation for S.B. 22-177 was swapped with General Fund and spending authority was extended through 2026. Of the original \$12.2 million appropriation, \$6.6 million was unencumbered as of December 31, 2024. The BHA indicates that current encumbrances align with the spending plan and contract timelines, and expect that unencumbered funds will be fully expended. Reducing funding is expected to prevent completion of the project.

Finally, H.B. 22-1256 required the BHA to contract to provide care coordination services to certified individuals.⁸ The BHA must also provide care coordination for emergency medical services. The BHA must respond to notifications from emergency services 24 hours a day and coordinate for an appropriate placement option.

⁵ Section 27-50-102 (17), C.R.S.

⁶ Section 27-50-404 (2), C.R.S.

⁷ Section 27-60-204 (1)(a)(II) and (III), C.R.S.

⁸ Section 27-65-108 (2), C.R.S.

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.

The care coordination line item increased through H.B. 22-1256 (Modifications to Civil Involuntary Commitment). 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, and regional contracts. At the time, the appropriation assumed contracts for seven regions in alignment with RAEs.

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.

Request

The request is intended to address increased statutory requirements that did not come with increased appropriations for comprehensive providers and BHASOs. The request includes three components. Two are ongoing and one is term-limited to two fiscal years.

Item	Impact	FY 2025-26	FY 2028-29
BHASO Care navigation	BHASOs	\$1,000,000	\$1,000,000
Targeted case management	Providers	1,150,656	1,150,656
Capacity building	Providers	1,000,000	0
Total		\$3,150,656	\$2,150,656

BHASO care navigation. The request includes an ongoing increase of \$1.0 million General Fund to increase care navigation 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 amount, \$200,000 is expected to support 2.0 additional staff at each BHASO, and \$50,000 is expected to support technology improvements.

Coordination may be provided by BHASOs directly, or through subcontracts with safety net providers.⁹ It is staff’s understanding that one of the main purposes of the BHASO system is for BHASOs to ensure a regionally specific continuum of care. BHASOs are therefore best positioned to provide care navigation and connect clients with available resources.

⁹ Section 27-50-404 (1)(a) and (c), C.R.S.

Staff agrees that this responsibility did not come with an associated increased appropriation specific to regional care navigation. However, the funding necessary to fulfill the responsibility should have been included in BHASO RFP estimates.

Targeted case management resources. Currently, comprehensive safety net providers may bill Medicaid for Targeted Case Management for Medicaid clients. Targeted Case Management supports activities such as assessment, service planning, referrals, monitoring and remediation, and transition coordination.¹⁰ 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 history targeted case management utilization. Targeted case management costs \$24 per 15-minute session, with average utilization of two hours per year per client.

Staff would recommend approval of this component of the request before the other two. The funding mirrors an existing Medicaid benefit, and provides funding for care that is currently required and potentially uncompensated.

Comprehensive provider capacity building. The final 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.

Recommendation

Staff recommends denial of the request for General Fund balancing. The request may provide additional needed resources based on increased statutory requirements. However, providers and BHASOs have already been operating or structured to provide care coordination without these additional resources.

Multiple requirements have been added to different entities through multiple bills passed in the 2021 and 2022 Legislative Session. Staff had conversations with the BHA, BHASOs, comprehensive providers, and the Behavioral Health Ombudsman about the current care coordination structure. All entities appear to agree that the current requirements should be reevaluated to determine how resources could be directed and utilized more effectively.

If additional budget reductions are required for General Fund balancing, staff would recommend a reduction of \$750,000 General Fund to the existing care coordination line item. The line item currently reflects care coordination contracts with 7 regional entities. However,

¹⁰ HCPF Targeted Case Management Overview. <https://hcpf.colorado.gov/tcm-tc-manual>

there will only be 4 BHASOs. Staff does not currently recommend the reduction so that current funding can be utilized to address the increased requirements addressed by the denied request.

→ R2 Child and youth implementation plan

Request

The BHA requests a one-time increase of \$350,000 General Fund to conduct an assessment of existing resources for the Child and Youth Behavioral Health Implementation Plan.

Recommendation

Staff recommends denial of the request.

Analysis

The Children and Youth Behavioral Health Implementation Plan was released by the Behavioral Health Administration (BHA) in January 2024.¹¹ The plan is intended to respond to the work of several task forces and legislative requirements for the BHA to coordinate efforts across the state, but is not statutorily required. The plan includes 95 action steps across 13 state agencies expected to be completed in five years.

The plan is primarily responsive to the work of the Behavioral Health Task Force designated by the Governor in 2019. The request indicates that the plan compiles efforts from the task force, H.B. 24-1038 (High Acuity Youth), H.B. 23-1236 (BHA), and the HCPF youth system of care settlement agreement. The BHA is expected to serve as the single entity responsible, with all agencies utilizing the plan to streamline resources and align objectives.

The cost of fully implementing the plan is not provided in the report and is unknown. Some actions involve assessing the cost of implementing or continuing services, or identifying new fund sources. In addition to the 95 action steps, the plan outlines immediate priorities for the first two years of implementation detailed below.

- 1 **BHA Advisory Council:** The BHA will use existing committees and workgroups to consolidate efforts across the state into a single governance plan.
- 2 **Address needs of high acuity youth:** Create the foundation for a system of care structure, increase awareness of crisis resolution teams, expand standardized assessment, incorporate intensive care coordination as part of managed care, expand IDD support and residential services, establish standardized room and board rates, increase workforce capacity for QRTP placements, expand incentives for PRTF, WRTP, and specialized foster care.

¹¹

- 3 **Prevention efforts:** Create or identify a council to create a statewide prevention framework with sustainable and flexible funding.
- 4 **Intensive in-home and community based health:** Identify interventions that should be available, including support and habilitative residential services for IDD youth with complex behavioral health needs.
- 5 **Accountable Care Collaborative (ACC) 3.0:** Assess and develop the continuum of services included in managed care.
- 6 **BHASO implementation:** Complete RFI to establish a continuum of care framework for BHASOs to establish and maintain.

The BHA reports that 19 action steps were completed in the first year. These include resources from H.B. 24-1038, as well as improved collaboration within existing resources. The plan is divided into six categories in alignment with work from the 2019 Behavioral Health Taskforce (access, whole person, affordability, workforce, local & consumer, and accountability).

The full list of action steps is provided below. The “status” reflects the status provided in the report as updated by hearing responses and may not be fully up-to-date. Cells left blank are blank in the plan.

Pillar	Action Step	Lead	Budget Needed	Leg Needed	Status
Access	Create advisory council for coordinated state-level prevention.	CDPHE	No	No	Not started
Access	Create state-level prevention framework	CDPHE	No	No	Not started
Access	Create sustainable prevention funding	CDPHE			
Access	Establish Children's Behavioral Health Benefit	HCPF	Yes	No	In progress
Access	Define continuum of services	HCPF	No	No	Not started
Access	Conduct regional capacity assessment	BHA	No	No	Partial
Access	State agencies review screening tools and determine an avenue to streamline screening across agencies	BHA	No	No	Complete
Access	Establish protocols for school-based mental health screenings under H.B. 23-1003	BHA	No	No	Started
Access	Identify early intervention services	HCPF	Yes	No	In progress
Access	ID funding for school based staff training	CDEC	TBD	No	
Access	ID opportunities to expand CDEC Early Childhood Mental Health Consultation Program	CDEC	TBD	No	
Access	ID local capacity building and workforce training for infant/early childhood intervention, including Medicaid billing options.	CDEC	TBD	No	
Access	BHA should meet with leaders at the University of Colorado Department of Psychiatry.	BHA	TBD	TBD	Not started
Access	Review funding sufficiency of the CO Pediatric Psychiatry Consultation and Access Program.	BHA	TBD	TBD	
Access	Create a framework for state resources to support local school districts.	CDE	TBD	No	In progress
Access	Advisory council annually review school-based efforts.	BHA	No	No	Not started

Table 4: Implementation Plan Action Steps

Pillar	Action Step	Lead	Budget Needed	Leg Needed	Status
Access	ID opportunities to expand the school-based specialist program.	BHA	Yes	No	Not started
Access	Address schools without access to health centers and/or mental health professionals.	CDE	TBD	TBD	
Access	Make primary care behavioral health integration an Integrated Care Benefit for ACC Phase III.	HCPF	Yes	No	In progress
Access	Track progress of adding mobile crisis response as a Medicaid benefit.	HCPF			Complete
Access	Mobile crisis providers are trained to work with children and include IDD training.	BHA	No	No	In progress
Access	Determine necessary capacity for crisis resolution teams to be available to any child in need.	BHA	Yes	No	In progress
Access	Increase awareness of crisis response to emergency rooms and crisis response units.	BHA	No	No	Complete
Access	Assess what services could be supported with Medicaid rather than state General Fund or federal blocks.	BHA	Yes	Maybe	Not started
Access	Determine true need and capacity for transition from inpatient and home or other services to community.	BHA	Yes	Maybe	Not started
Access	Develop a list of intensive in-home and community interventions that should be available to youth.	HCPF	No	No	Complete
Access	ID necessary trauma-focused interventions that should be available and appropriate reimbursement.	BHA	No	No	In progress
Access	ID multi-agency approach to sustain a robust treatment foster care system.	CDHS	No	No	Complete
Access	ID opportunities to create a Q RTP incentive similar to PRTF.	CDHS	Yes	Yes	Complete
Access	Standardize room & board rates across agencies.	CDHS	Yes	Yes	Complete
Access	ID mechanisms to increase workforce availability to staff Q RTP.	CDHS	Yes	Yes	Pending
Access	ID capacity needed and sustain PRTF incentive.	CDHS	Yes	Yes	Complete
Access	State-owned PRTF operational by Summer 2025.	CDHS	Yes	No	In progress
Access	Review PRTF rates to ensure it is capturing cost.	HCPF	Yes	No	Pending
Access	Assess need for number of youth beds.	BHA	TBD	No	
Access	Develop a plan to operate all 20 youth beds at CMHHIP.	CDHS	TBD	No	Complete
Access	Assess youth substance use treatment service needs.	BHA	TBD	No	Not started
Access	Increase availability of youth residential substance use treatment.	BHA	TBD	TBD	In progress
Access	Expand support services for children with IDD to those with complex behavioral health needs.	HCPF	Yes	Yes	Pending
Access	Expand habilitative residential services for children with IDD to those with complex behavioral health needs.	HCPF	Yes	Yes	Pending
Access	Add high-fidelity wraparound as a benefit in ACC Phase III.	HCPF	Yes	No	Pending
Access	Incorporate intensive care coordination as part of the managed care system in ACC Phase III.	HCPF	Yes	No	Pending
Access	Select BHASO vendors in the fall of 2024.	BHA	Yes	Yes	Complete
Access	BHASOs operational by Summer 2025.	BHA	Yes	Yes	In progress
Access	ID capacity building opportunities for schools by connecting BHASOs and RAEs to school-based health centers.	CDE	No	No	Not started

Table 4: Implementation Plan Action Steps

Pillar	Action Step	Lead	Budget Needed	Leg Needed	Status
Access	Develop a framework that builds off the Statewide Standardized Utilization Management guidelines and American Society of Addiction Medicine criteria for ACC Phase III.	BHA	No	No	
Access	Establish and expand standardized assessment for youth across state agencies.	BHA	Yes	No	Pending
Access	Include the standardized assessment tool for ACC Phase III.	HCPF	Yes	No	In progress
Access	Determine a schedule for applying standardized assessment and re-assessment.	BHA	No	No	
Access	Examine reimbursement rates for standardized assessments and ability for enforcement for insurance providers.	DOI	TBD	No	
Access	Increase engagement with providers, state, and local entities on standardized assessment process to support identifying high-acuity youth.	BHA	No	No	Complete
Access	Work with CO Hospital Association to determine how to remove barriers to timely assessment for youth awaiting placement.	BHA	No	No	Complete
Access	Expand capacity for collecting and analyzing CANS data and support information exchange.	BHA	Yes	No	
Access	Create a foundation for Medicaid system of care for youth with high-acuity needs	HCPF	Yes	TBD	Complete
Access	Add system of care to the Medicaid system in ACC Phase III.	HCPF	Yes	TBD	Pending
Access	Assess potential to expand system of care beyond Medicaid members and populations presenting highest acuity.	BHA	Yes	TBD	
Whole Person	Publish updated version of Psychotropic Medication Guidelines for Children and Adolescents in Child Welfare.	CDHS	No	No	Complete
Whole Person	ID extent Core Services funding is utilized for Medicaid eligible children.	CDHS	No	No	Complete
Whole Person	Integrate Family First into the youth behavioral health continuum.	CDHS	No	TBD	
Whole Person	ID Medicaid coverage opportunities for programs on the federal Title IV-E prevention services clearinghouse.	HCPF	No	No	
Whole Person	ID opportunities for federal funds for behavioral health services in the juvenile justice system.	BHA	No	No	
Whole Person	ID opportunities to maximize Medicaid reimbursement for juvenile sex offense-related services.	HCPF	No	No	
Whole Person	Determine reimbursements for pre-release transition services for committed youth.	HCPF	TBD	No	Complete
Whole Person	Develop a no-wrong-door point of entry system for individuals with co-occurring diagnoses.	BHA	TBD	No	
Whole Person	Develop and implement culturally and linguistically competent models of care along the continuum.	BHA	No	No	
Whole Person	Support individuals with co-occurring IDD and behavioral health needs in the existing crisis system.	BHA	TBD	No	
Whole Person	Develop capacity for crisis stabilization beds to service individuals with co-occurring disabilities.	BHA	TBD	No	Complete
Whole Person	ID methods to address bifurcation between behavioral health, cognitive disability, neurodiversity, and brain injury.	BHA	No	No	

Table 4: Implementation Plan Action Steps

Pillar	Action Step	Lead	Budget Needed	Leg Needed	Status
Whole Person	Assess success and expansion of START Services pilot for people with IDD.	BHA	TBD	No	
Whole Person	Create education opportunities for law enforcement, courts, and other partners.	BHA	No	No	
Affordability	Explore funding options to continue payment for services when a child becomes ineligible for Medicaid due to hospitalizations or detention.	BHA	TBD	TBD	
Affordability	Examine reimbursement rates or incentives for providers to serve individuals with co-occurring disabilities.	CDHS	Yes	TBD	Pending
Affordability	Assess streamlining and consolidating funding streams that maximize federal dollars to serve individuals with co-occurring disabilities.	BHA	TBD	TBD	
Affordability	Adopt a cross-agency funding accountability matrix and payment model.	HCPF	TBD	TBD	
Workforce	Grow school-based behavioral health services.	BHA	TBD	TBD	
Workforce	Expand school-based pathways for high school students to earn an associate’s degree with the Community College system.	BHA	TBD	TBD	
Workforce	Further develop workforce capacity growth including provider rates that support competitive salaries and a culturally and linguistically competent workforce.	BHA	TBD	TBD	Ongoing
Workforce	Explore reciprocity for positions with identified shortages.	BHA			
Workforce	Continue to carry out SB 22-181 ARPA funded workforce programs.	BHA	No	No	Complete
Workforce	Establish cross-agency communication specific to lessons learned from federal stimulus utilization.	BHA			
Workforce					
Workforce	Continue multi-agency efforts to reduce provider burden.	BHA			
Local & Consumer	Regular agency meetings to ensure ongoing alignment.	BHA			Complete
Local & Consumer	Dedicated BHA staff specialized in reviewing contracts, policies, and practices, and hiring or contracting with vendors specialized in co-occurring disabilities.	BHA			
Local & Consumer	Document advisory council structure to inform system wide governance.	BHA			
Local & Consumer	Consolidate all children and youth behavioral health efforts across the state into a single governance plan.	BHA			
Accountability	Develop an outcomes and performance dashboard.	BHA			
Accountability	Develop metrics to measure system quality.	CDHS			
Accountability	ID and adopt metrics from federal agencies and limit variations.	BHA			
Accountability	ID metrics specific to high acuity placement and payment.	BHA			
Accountability	Develop standards of care to be utilized in ACC Phase III.	BHA			
Accountability	Develop standards of care to be established in rule.	BHA			
Accountability	Publish guidance for families on accessing care and rights to care.	BHA			
Accountability	Establish standards of care that are inclusive of various disabilities and unique needs.	BHA			
Accountability	Incorporate accountability policy changes proposed for ACC Phase III.	HCPF			In Progress

Request

The request includes a one-time increase of \$350,000 General Fund to contract for an assessment of existing resources. 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. The assessment is expected to evaluate existing and needed capacity to better understand ability to absorb demand.
- **Financial assessment** to identify current expenditures to determine 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.

The cost of the contract is based on preliminary estimates from potential contractors.

Recommendation

Staff recommends denial of the request for General Fund balancing. While staff appreciates the potential for an analysis to determine how existing resources can be better leveraged, staff does not agree that funding a study is a priority when funding basic services is in question.

The request does not require legislation. However, the Committee could sponsor legislation to specify the scope of a study if certain aspects of the behavioral health system are of interest.

→ R3 Crisis hotline consolidation (requires legislation)

Request

The BHA requests a decrease of \$3.7 million General Fund to transition the Colorado Mental Health Telephone Hotline to the 988 Enterprise.

Recommendation

Staff recommends approval of the request.

Analysis

There are currently two suicide and crisis hotlines operating in Colorado to provide free, 24/7 support by trained professionals. The Colorado Crisis Line (844-493-TALK) was created as a result of S.B. 13-266 (Coordinated Crisis Response). The 988 hotline 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.

Crisis services are available twenty-four hours a day, seven days a week, to respond to and assist individuals who are in a behavioral health emergency. The overall crisis system is required to provide a continuum of care from crisis response through stabilization and safe return to the community, with adequate transition support at each stage.

The Colorado Crisis hotline is currently supported by an appropriation of \$3.9 million total funds, including \$3.5 million General Fund and \$367,316 cash funds from the Marijuana Tax Cash Fund. The appropriation supports a contract with a service provider to support calls, texts, and chats to the hotline. The current contract provider is located in Arizona.

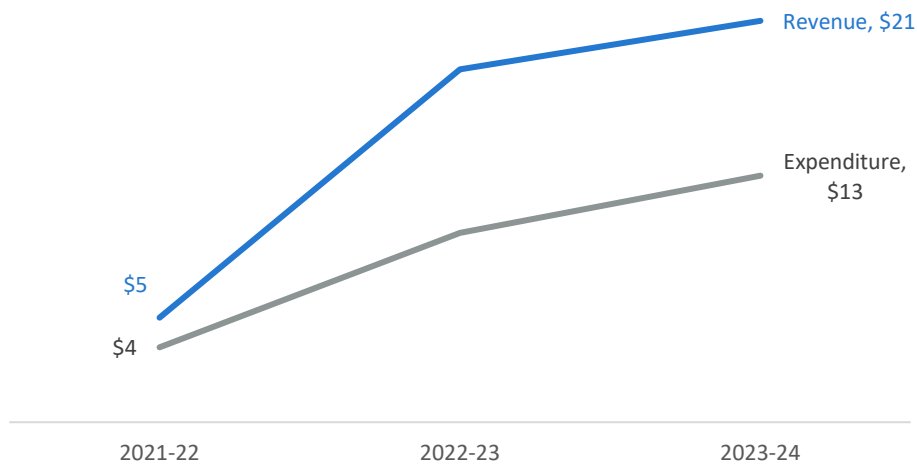
The 988 Enterprise is supported by a surcharge on all phone lines and is governed by a board of directors appointed by the Governor.¹² The Department of Revenue reports that surcharges peaked at \$0.27 in 2023, but are \$0.07 in 2025.¹³

Table 5: Historic 911 and 988 Surcharges

Line	2022	2023	2024	2025
911	\$1.63	\$1.71	\$1.88	\$2.09
988	\$0.18	\$0.27	\$0.14	\$0.07

The associated cash fund is continuously appropriated to the BHA, but is reflected in the Long Bill for informational purposes. The BHA does not submit a report on cash fund revenues and expenditures as part of the November budget submission. However, the following cash fund information is provided in the request.

988 Enterprise revenue exceeded expenditures by \$8.0 million in FY 2023-24 (in millions).



¹² Section 27-64-103 (3) and (4)(b), C.R.S.

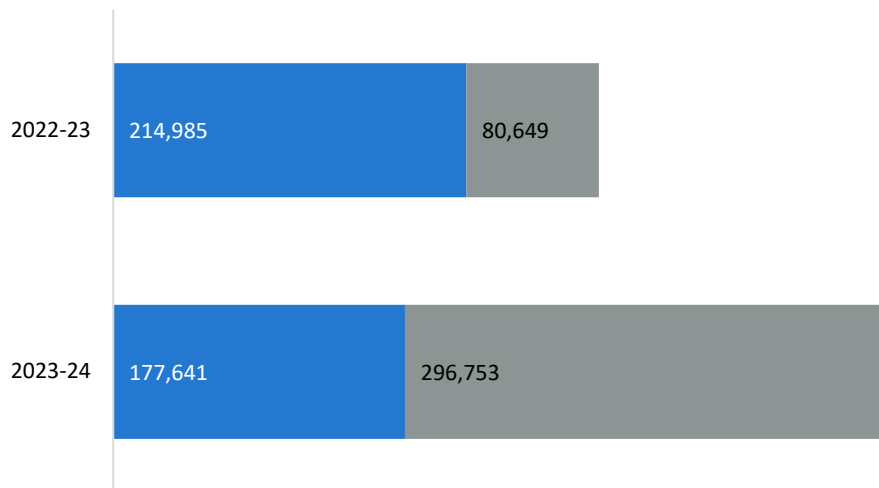
¹³ [DOR Prepaid Wireless Charges](#)

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 (FCC) 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.

The request indicates that awareness of 988 is only 5.0 percent of the Colorado Line. However, the total calls to 988 exceeded the Colorado Line in FY 2023-24.

988 calls exceeded CCL in FY 2023-24.



Request

The BHA requests that the Committee sponsor legislation to move the Colorado Crisis Line to the 988 Enterprise, and gradually phase out the Colorado Line overtime if 988 meets the same service metrics. Essential service metrics for 988 are expected to include, but may not be limited to:

- Georouting
- Peer services
- Awareness that matches current awareness of the Colorado line
- A plan for forwarding calls to historic Colorado line numbers
- Community agreement with consolidation

The bill would not eliminate the Colorado Crisis line, but would lay foundational requirements for consolidation in the future if 988 meets the same metrics.

Recommendation

Staff recommends approval of the request. The request includes a decrease of \$3.7 million General Fund and \$367,316 cash funds from the Marijuana Tax Cash Fund, offset by an equal increase from the 988 Enterprise Cash Fund. Staff anticipates that the 988 Enterprise Cash Fund has sufficient revenue to support the Colorado Crisis Line as revenue exceeded expenditures by \$8.0 million in FY 2023-24.

The staff recommendation included required legislation to move the Colorado Line under the Enterprise, and establish a framework for consolidating the hotlines if 988 meets the service metrics of the Colorado Line. Staff agrees that consolidating the lines would reduce potential confusion among users, as well as duplicative administrative resources to operate both lines. The Committee could sponsor legislation to move the Colorado Line into the Enterprise without future consolidation.

→ R4a CYMHTA reduction

Request

The BHA requests an ongoing decrease of \$600,000 General Fund for the Child and Youth Mental Health Treatment Act (CYMHTA). The request is the continuation of a \$500,000 decrease the Committee approved as part of the Supplemental process.

Recommendation

Staff recommends approval of the request.

Analysis

The Children and Youth Mental Health Treatment Act (CYMHTA) provides families with access to community-based and residential services not covered by private insurance and Medicaid. The program is expected to serve youth at risk of out-of-home placement.

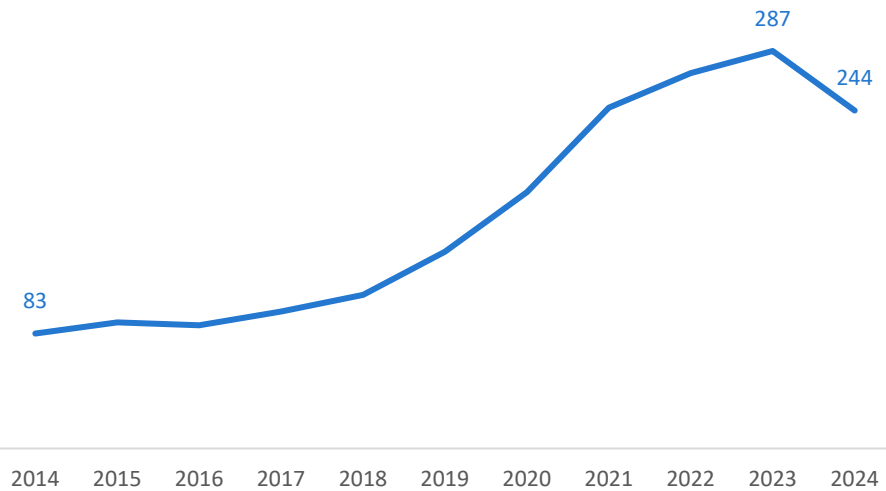
Participation in the program is voluntary and requires a CYMHTA assessment.¹⁴ Youth and families may access services by contacting a CYMHTA liaison at the Administrative Service Organization (ASO) for their region. The role of the ASO will be replaced by BHASOs beginning in FY 2025-26.

Funding for the program was increased by \$2.0 million on an ongoing basis through a budget request in FY 2023-24. Without the requested reduction, base funding for FY 2025-26 is \$8.5 million total funds, including \$7.9 million General Fund. Additional funds are from the Marijuana Tax Cash Fund and reappropriated Medicaid funds. Prior to FY 2023-24, appropriations mostly only increased by the community provider rate common policy.

¹⁴ [Children and Youth Mental Health Treatment Act 2024 Fact Sheet.](#)

The FY 2023-24 request was driven by multiple components. First, caseload more than doubled from 111 youth in 2018 to 287 youth in 2023. Patient acuity and healthcare costs increased at the same time, driving up program expenditures. Additionally, the Department received federal stimulus funds through the COVID-19 Community Mental Health Block Grant. Federal stimulus funds expired in 2023, and a General Fund increase was thought to be necessary to sustain current program levels.

After consistent increases, CYMHTA caseload decreased in 2024.



However, actual caseload decreased in 2024.¹⁵ The request indicates that overall caseload, as well as residential services, was lower than projections. Decreased utilization of high cost residential services has also decreased anticipated expenditures. Following the \$2.0 million increase, the program reverted \$1.3 million General Fund in FY 2023-24. The line item had no or limited reversions in prior fiscal years.

The BHA anticipates that expenditures in FY 2025-26 will exceed FY 2023-24, but will be lower than prior projections. The program has conducted 113 assessments this fiscal year, compared to 90 assessments at the same time in the prior year. There have been 63 admissions this fiscal year, compared to 38 at the same time last year. Similarly, the program has admitted 9 residential youth half way through the year, compared to a total of 8 residential admissions in all of FY 2023-24.

Staff recommends approval of the request for General Fund balancing. The reduction is not expected to align the appropriation with anticipated expenditures, and is not expected to impact services.

¹⁵ [Children and Youth Mental Health Treatment Act 2024 Annual Report.](#)

→ R4b Treatment and detoxification reduction

Request

The BHA requests an ongoing decrease of \$200,000 General Fund for Treatment and Detoxification programs.

Recommendation

Staff recommends approval of the request.

Analysis

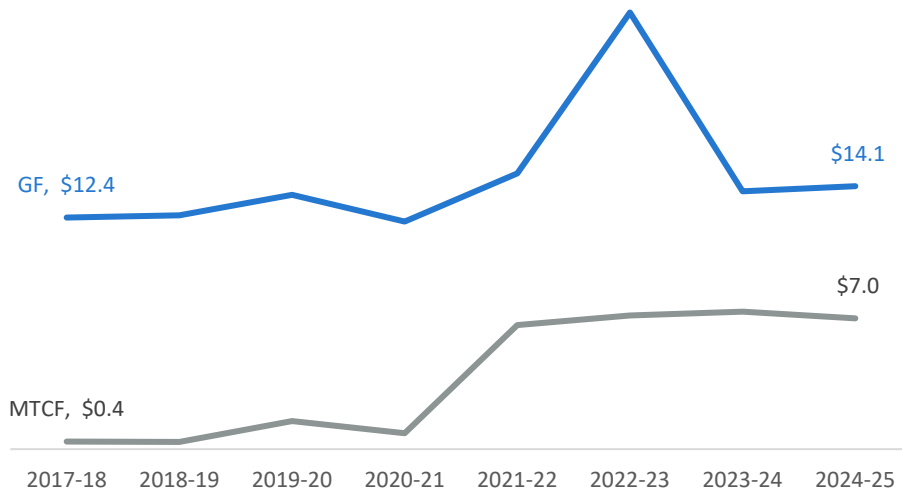
The Treatment and Detoxification Programs line item is the largest substance use treatment line item in the BHA. The line previously supported contracts with Managed Service Organizations (MSOs) to subcontract for the provision of substance use disorder treatment services. MSOs will be replaced with Behavioral Health Administration Service Organizations (BHASOs) beginning in FY 2025-26.

Funding is expected to support services that are not otherwise available. This may include services or costs that are not Medicaid eligible, or services for people who are uninsured. Funding may also support services where Medicaid reimbursement is not sufficient to continue service, such as residential or high intensity withdrawal management. The request indicates that the line supports a full continuum of services from outpatient to residential.

The FY 2024-25 appropriation is \$40.3 million total funds. Amounts include \$14.1 million General Fund and \$6.8 million cash funds from the Marijuana Tax Cash Fund. Unlike the Medicaid program, substance use disorder services provided through BHA contracts are not an entitlement. Therefore, the number of individuals receiving services is limited by the appropriation.

The line item reverted \$132,065 General Fund in FY 2023-24, and \$317,210 in FY 2022-23. The request indicates that appropriations have increased in recent years, and the reduction will allow the BHA to continue existing programming and avoid continued reversions. Historic appropriations are included in the chart below. The line item received a one-time \$10.0 million General Fund appropriation in FY 2022-23 through H.B. 22-1326 (Fentanyl Accountability).

Historic appropriations for treatment and detoxification services.



Recommendation

Staff recommends approval of the requested \$200,000 General Fund reduction based on recent reversions. The Committee could choose whether to reduce the General Fund or Marijuana Tax Cash Fund appropriation based on the forecast. However, the BHA indicates that the request reflects the maximum total amount that can be reduced without impacting services.

→ BHA R4c Circle Program reduction

Request

The BHA requests an ongoing decrease of \$800,000 total funds for the Circle Program. Amounts include a reduction of \$638,286 General Fund and \$161,714 cash funds from the Marijuana Tax Cash Fund. The Committee approved a one-time reduction of \$300,000 General Fund as part of the Supplemental process.

Recommendation

Staff recommends a decrease of \$161,714 cash funds from the Marijuana Tax Cash Fund. Staff does not recommend approval of the General Fund decrease due to a greater recommended reduction associated with another request (BHA BA1).

Analysis

The Circle Program provides intensive treatment programs for individuals with co-occurring mental health and substance use disorders. The Circle Program originally operated on the campus of the state mental health hospital in Pueblo, but transitioned to community based providers in 2018. The BHA previously contracted with Managed Service Organizations to

establish Circle Program locations in Pueblo, Fort Collins, and Grand Junction. The BHA will contract with BHASOs to support the Circle Program beginning in FY 2025-26. The purpose of the program is to provide inpatient stabilization followed by a transition to ongoing outpatient services.

The line item that supports the Circle Program also supports rural co-occurring disorder services. Funding associated with that portion of the line item was established to support a full continuum of co-occurring behavioral health services for adolescents and adults in southern Colorado and the Arkansas Valley. The appropriation was the result of service gaps identified in the region. The program is expected to cover room and board costs and other wraparound services that are not covered by Medicaid.

The current appropriation is \$7.1 million total funds, including \$638,286 General Fund, \$5.7 million from the Marijuana Tax Cash Fund, and \$704,282 from the Correctional Treatment Cash Fund. The line item has only increased by the community provider rate common policy in recent years, and was reduced for budget balancing in FY 2020-21 and FY 2024-25.

Appropriations from the Correctional Treatment Cash Fund are awarded by the Correctional Treatment Cash Fund Board in the Judicial Department. The Correctional Treatment Board did not award funds to the Circle Program for FY 2025-26. The BHA has therefore submitted a request to replace prior Correctional Treatment Cash Funds with General Fund as part of BHA BA1.

Medicaid began covering residential substance use treatment in 2021. The request indicates that 94.0 percent of Circle Program participants are Medicaid eligible. Therefore, the BHA anticipates that the Circle Program appropriation will be under-utilized in FY 2025-26. The request indicates that a reduction can be supported without impacting services.

The line item did not revert in FY 2023-24, but the request indicates that the BHA anticipates under-utilization beginning in FY 2024-25. The Committee approved a General Fund reduction as part of the Supplemental process, and a one-time decrease of \$250,000 cash funds from the Marijuana Tax Cash Fund last year.

Recommendation

Staff recommends approval of the requested Marijuana Tax Cash Fund reduction, but denial of the General Fund reduction. Staff does not recommend an offsetting General Fund increase as part of another request (BHA BA1). Approving this General Fund reduction and the staff recommendation for BA1 would expect to result in service impacts not intended by this request.

→ BHA R5 School screenings (legislation recommended)

Request

The BHA requests an ongoing decrease of \$775,998 General Fund for the school mental health screening program to adjust for lower than anticipated contracting costs.

Recommendation

Staff recommends that the Committee sponsor legislation to repeal the program, for total ongoing decrease of \$2,536,706 General Fund.

Analysis

[House Bill 23-1003](#) required the BHA to administer a school mental health screening program. The program is intended to identify potential risks related to unmet mental or emotional health needs of students. Screenings are not diagnostic. The program is expected to serve sixth through twelfth grade students, and must provide students with resources or referrals if they are screened with mental or emotional health concerns.¹⁶

Schools must meet the following requirements to participate:

- A public school must notify the BHA before May 1 of the prior school year to participate.
- School must provide written notice to parents within the first two weeks of the school year that a mental health screening will be conducted at the school. The notice must include information about the purpose, screener, date and time, right for the parent to opt out, and statement that the parent will be notified if additional resources or referrals are identified.
- Parents or guardians have the authority to opt out.
- Publish the questionnaire or any documents provided to students online, including parental consent forms, and policies and procedures.

Screenings must:

- Be conducted in a manner prescribed by the BHA.
- Utilize an evidence-based screening tool.
- Available in the student's native language.
- Reproducible in a digital format.
- Inform students of circumstances when confidentiality will not be maintained.
- Not provide direct mental health services.
- Review results and determine which students need additional mental health services within 24 hours after the screening is completed. Parents and the school must be notified immediately if suicide risk is identified. Regardless, parents must be notified within 48 hours if additional services are identified.
- Notify the county department of human services or local law enforcement if child abuse or neglect is suspected.
- Not disclose individually identifiable information. Records may not be disclosed without written consent from the student if the student is over 18, or the student's parent.
- Within six months, make de-identified data available to the school.

¹⁶ Section 27-50-903, C.R.S.

The BHA must:

- Select a trauma-informed contractor to conduct screenings through an RFP process that has infrastructure to operate statewide and collect and report data.
- Promulgate rules as necessary to implement and administer the program.
- Work with HCPF to identify Medicaid reimbursement for screenings or additional services.

The bill required that the BHA work with the departments of Public Health and Environment (CDPHE), Education (CDE), and Human Services to identify priority counties and school districts. The BHA indicates that after collaboration with CDPHE and CDE, all public schools were deemed eligible for the program.

Participation has decreased from 11 to 6 schools statewide. The BHA has been actively engaged in recruiting new schools in that time. Decreased participation is expected to be related to the requirements for the program and low capacity at public schools. Even though the contract is arranged and paid for by the BHA, schools may have concerns about the program requirements, student privacy, or even have a lack of appropriate physical space to operate the program.

While 11 schools initially signed on, 5 left the program or became unresponsive. The BHA indicates that participating schools are Yampah Mountain High School in Glenwood Springs, Mountain View Core Knowledge in Canon City, Harrison K-8 in Canon City, Canyon City Middle School, Canon City High School, and Canon Exploratory School.

Request

The request includes a reduction of \$775,998 General Fund. The fiscal note assumed a cost of \$2.5 million for the BHA to contract with a screener and data vendor to implement the bill. The BHA has since contracted with one vendor that can provide both services at a lower cost. The requested reduction reflects the decreased contract cost.

The request indicates that the BHA is actively working to increase participating schools. According to the request, the FY 2025-26 request is expected to support implementation in 100 schools. The total requested funding for the program in FY 2025-26 is \$1.6 million General Fund.

Recommendation

Staff recommends that the Committee sponsor legislation to repeal the school mental health screening program due to decreasing participation. Repeal of the program is a reduction of \$2.5 million General Fund.

This funding could be utilized to support legislation to amend and continue the program. Staff assumes that the original bill sponsors would be invested in future program changes rather than the JBC. However, staff identifies that the program meets criteria for the Committee's consideration to reduce or repeal as a new and under-utilized program.

→ BHA R6 Right-sizing IMatter

Request

The BHA requests a decrease of \$6.1 million General Fund for the IMatter program to align the ongoing appropriation with the amount appropriated for the program in FY 2024-25 by S.B. 24-001. The decrease is offset by an \$11.1 million increase through the annualization of prior year legislation. The decrease brings total funding for the program to \$5.0 million on an ongoing basis.

Recommendation

Staff recommends approval of the request.

Analysis

The IMatter program reimburses mental health counselors for providing up to six mental health sessions for each child or youth (defined as someone no more than 18 years old or up to 21 years old if that individual is receiving special education services) that is screened into the program.

The program was initially created for one year only, but has been extended through two additional bills. Funding has mostly consisted of General Fund that has decreased over time, but also included ARPA funds in FY 2022-23.

[H.B. 21-1258 \(Rapid Mental Health Response for Colorado\)](#)

- Created the program
- Appropriated \$9.0 million General Fund for FY 2021-22 (\$5.5 million actually expended)
- Repealed the program June 30, 2022

[H.B. 22-1243 \(School Security and School Behavioral Health Services Funding\)](#)

- Continued the program through June 30, 2024
- Appropriated \$6.0 million ARPA funds for FY 2022-23
- Annualized as \$6.0 million General Fund for FY 2023-24 (\$5.0 million actually expended)

[S.B. 24-001 \(Continue Youth Mental Health Services Program\)](#)

- Continued the program through June 30, 2034
- Appropriated \$5.0 million General Fund for FY 2024-25
- Annualizes to \$11.1 million General Fund in FY 2025-26 (\$5.0 million with this request)

S.B. 24-001 Fiscal Analysis

The fiscal note for S.B. 24-001 assumed that the cost of continuing IMatter would be higher than previous years because more youth would be referred through the school screening program created by H.B. 23-1003. The school screening program was assumed to screen 93,933

youth. Of those youth, 13,738 (25 percent) were expected to be referred to the IMatter program based on the 2021 Healthy Kids Colorado Survey.

Costs associated with therapy sessions were expected to be \$10.1 million. An additional \$915,083 is included for statewide marketing, and \$103,453 for 1.0 FTE at the BHA. The fiscal note assumed that the program may have to reduce therapy sessions or establish a waitlist if referral assumptions were correct and necessary funding was not appropriated.

Even though the fiscal note assumed a cost of \$11.1 million General Fund, the General Assembly adopted an appropriations clause for \$5.0 million General Fund in FY 2024-25. The appropriation annualizes to \$11.1 million General Fund in FY 2025-26.

Program Evaluation

The BHA submits reports to the legislature on the program every six months. The January 2024 report indicates that 12,486 unduplicated youth have participated in the program and a total of 49,521 free therapy sessions have been conducted.¹⁷ The program also works with 228 clinicians, including 36 Spanish speaking therapists. The program has and a waitlist, and ranged from 7 to 18 individuals a month in FY 2023-24.

The Butler Institute for Families at the University of Denver also conducted a program evaluation in 2024.¹⁸ The evaluation included surveys of youth and parents/guardians of youth that participated in the program. Overall, 100.0 percent of youth ages 6-11 reported improved well-being after participating in IMatter. The same was reported for 83.0 percent of youth ages 12 and older, and 85.0 percent of parents.

Recommendation

Staff recommends approval of the request. While staff agrees with the assumptions of the fiscal note for S.B. 24-001, implementation of the school screening program has not been wide spread. An appropriation of \$5.0 million is slightly lower than actual expenditures, but is more aligned with actual expenditures than higher appropriations in previous years.

→ BHA R7 BHE Licensing spending authority

Request

The BHA requests an increase of \$420,977 cash fund spending authority from the Behavioral Health Licensing Cash Fund.

Recommendation

Staff recommends approval of the request.

¹⁷ [IMatter July 2024 Legislative Report.](#)

¹⁸ [University of Denver IMatter Program Evaluation 2024.](#)

Analysis

A Behavioral Health Entity (BHE) is a facility or provider engaged in community-based services for behavioral health disorders.¹⁹ An agency with 10 licensed behavioral health clinicians meets BHE criteria. BHEs may include crisis, outpatient, residential, and substance use services. Individual clinicians are not BHEs, and facilities with hospital level of care are not BHEs.²⁰

[House Bill 22-1278 \(Behavioral Health Administration\)](#) transferred BHE licensing from the Department of Public Health and Environment (CDPHE) to the newly created BHA beginning July 1, 2024. The BHA is required to collect fees to administer BHE licensing. Fees are collected into the Behavioral Health Licensing Cash Fund.

The FY 2024-25 Long Bill did not account for the transfer of responsibility between the two agencies. The BHA therefore does not currently have spending authority to expend cash funds that have been received for licensing. The request would provide spending authority for existing revenues, and would not change fees or current practice. Cash fund spending authority has been removed in the CDPHE request for FY 2025-26.

An increasing number of BHEs were licensed each month in 2024, up to 277 licenses and 661 locations in November. Current fees range from \$500 to \$5,300 depending on the size of the provider.²¹ The BHA reports average monthly revenue of \$27,400. The fund balance is projected to be \$880,900 by the end of FY 2025-26 if the request is not approved.

Staff recommends approval of the request to allow the BHA to expend existing resources.

→ BHA R8 High acuity youth

Request

The BHA requests a net increase of \$1.2 million total funds in FY 2024-25 for the implementation of H.B. 24-1038 (High Acuity Youth). Amounts include an increase of \$4.5 General Fund offset by a decrease of \$3.4 million federal funds. The adjustment corrects a technical error in the fiscal note for the bill.

Recommendation

Staff recommends approval of the request.

Analysis

House Bill 24-1038 (High Acuity Youth) included a requirement that the BHA pay for room-and-board for youth in residential treatment who are Medicaid eligible and not child welfare

¹⁹ Section 27-50-101 (4), C.R.S.

²⁰ [BHA BHE facility guidelines.](#)

²¹ [BHA BHE licensing fee schedule.](#)

involved. Medicaid does not cover room-and-board costs associated with residential treatment. However, a county will cover room-and-board if a child is in county custody. Therefore, parents may have been forced to choose between absolving custody of their child to afford necessary medical care prior to the bill.

The change resolved a long-standing issue in the child welfare space that had persisted due to the high cost of room-and-board. The fiscal note assumed an ongoing cost of \$5.9 million General Fund for this purpose. During the fiscal note process, the BHA indicated that this amount could be fully covered with one-time federal funds in FY 2024-25, and partially covered in FY 2025-26.

The fiscal note indicates that costs will total \$1.4 million General Fund and \$4.5 million federal funds in FY 2025-26. The BHA submitted opposite amounts, being \$4.5 million General Fund and \$1.4 million federal funds. The fiscal note therefore includes \$3.1 million less General Fund than is expected to be required to implement the bill in FY 2025-26.

During the hearing, the BHA indicated that federal funds originated from Mental Health Block Grant awards from the Substance Abuse and Mental Health Services Administration (SAMHSA) that were available on a one-time basis. The BHA did not submit an annualization of H.B. 24-1038, and instead submitted this request to account for the difference in fund source.

Staff recommends approval of the request to correct the technical error and provide the funding necessary for room-and-board.

→ BA1 Correctional Treatment Board funding

Request

The BHA requests an increase of \$2.3 million General Fund to provide ongoing General Fund for programs that were not selected for continued funding by the Correctional Treatment Board. Affected programs include Offender Services, Jail Based Behavioral Health Services, and the Circle Program.

Recommendation

Staff recommends a decrease of \$2.3 million reappropriated funds from the Correctional Treatment Board cash fund, with no offsetting General Fund increase.

Analysis

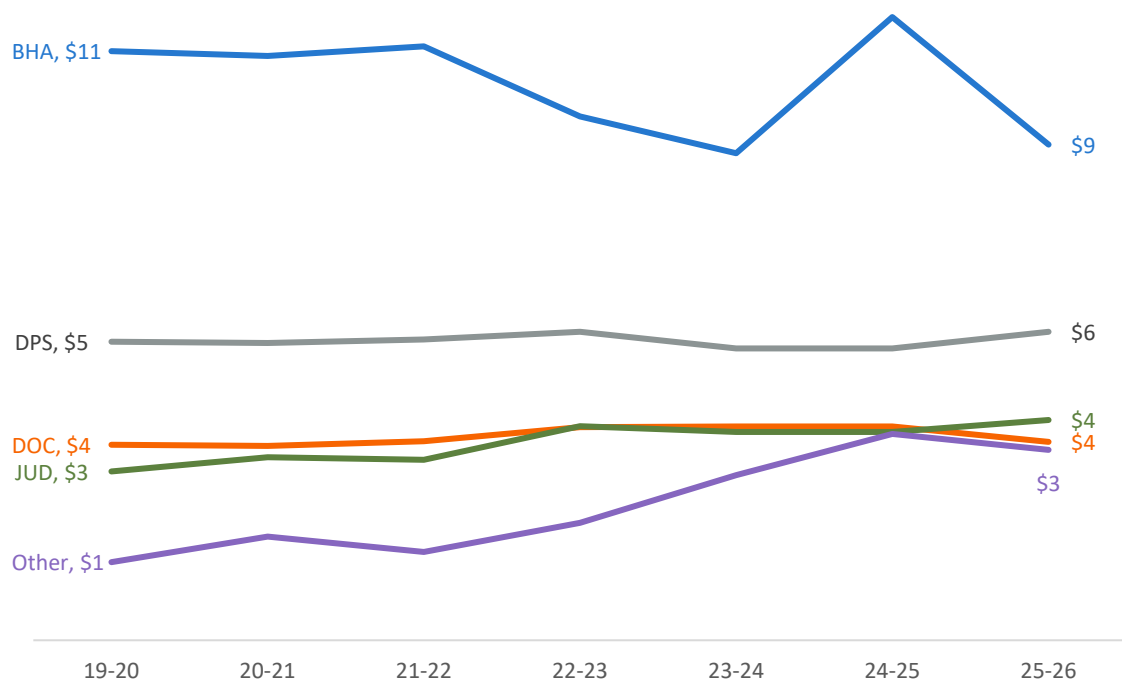
The Correctional Treatment Board is located within the Judicial Department. The Board consists of representatives from the Department of Public Safety, Division of Probation Services, Department of Human Services, District Attorney's Council, Public Defender's Office, County Sheriffs, and Department of Corrections. The purpose of the Board is to allocate cash funds for the following purposes:

- Alcohol and drug screening, assessment, and evaluation
- Alcohol and drug testing

- Substance abuse education and training
- Treatment for assess substance abuse and co-occurring disorders
- Recovery support services
- An annual statewide conference regarding substance abuse treatment
- Administrative support

The cash fund consists of surcharges from drug convictions and appropriations from the General Fund and Marijuana Tax Cash Fund. General Fund appropriations to the fund have ranged from \$13.0 million to \$17.0 million annually over the last ten fiscal years. Current appropriations include \$16.1 million General Fund and \$1.6 million Marijuana Tax Cash Funds. Recent allocations by department are provided in the chart below.

Correctional Treatment Board distributions by department (in millions).



Distributions in the “other” category primarily consist of awards to local governments, but may also include administration, conferences, travel, and evaluation projects. Funding for the BHA has generally decreased while awards to local agencies has increased. Fiscal year 2024-25 was an exception where total funding increased by \$3.2 million year over year, and the BHA received a \$2.5 million increase.

The Board has made awards for FY 2025-26 based on anticipated revenues and appropriations. While the BHA award is \$2.3 million lower than the prior year, it still exceeds the FY 2023-24 award by \$155,467. There is no year over year change for the General Fund appropriation to the cash fund in the Judicial Branch request.

The request would replace the decrease in funds from the Correctional Treatment Board with ongoing General Fund. Funds benefit Offender Services, Jail Based Behavioral Health Services, and the Circle Program.

Offender Services supports contracts with local treatment providers that offer treatment programs referred to as Strategic Individualized Remediation Treatment (STIRT) and Strategies for Self-improvement and Change (SSIC). STIRT is intended to reduce recidivism among adult offenders at high risk of incarceration due to continue criminogenic, substance use, and/or mental health concerns. The program includes three weeks of residential treatment followed by continued outpatient care.

SSIC is a three-phase program designed to motivate change in adults who have a history of criminal behavior and substance abuse. The phases include: (1) challenge to change; (2) commitment to change; and (3) taking ownership of change.

Staff had already identified Offender Services for a potential \$100,000 reduction as part of the budget balancing options presented in the briefing due to recent reversions. The line item reversed \$165,954 General Fund in FY 2023-24 and \$305,005 in FY 2022-23 before the increased award in FY 2024-25.

Jail-Based Services include screening and care for adult jail inmates with substance use and co-occurring mental health disorders. The program may also provide continuity of care within the community after release from jail. The Department contracts with county sheriffs' departments to administer these funds, and sheriffs work with local community providers to arrange services within the jail. Providers conduct screenings and develop release plans with inmates.

The line item did not revert in FY 2023-24, and reverted \$43,739 General Fund in FY 2022-23.

Circle Program provides intensive treatment programs for individuals with co-occurring mental health and substance use disorders. The Department already identified this program for an \$800,000 reduction as part of R4 due to recent under-utilization.

Funding to Corrections supports the Client Choice Model in the Parole Division. The model identifies and makes treatment plans for individuals with mental health, sex offense, or substance use treatment needs and utilizes providers throughout the state.

Funding to the Judicial Department includes substance use testing, treatment, and co-occurring treatment for probation clients, and outpatient treatment for problem-solving courts. Funding to Public Safety supports inpatient and outpatient services for community corrections.

Recommendation

Staff recommends denial of the General Fund increase. Staff does anticipate that the reduction will result in decreased services from FY 2024-25 to FY 2025-26. However, the decrease reflects a funding prioritization made by the Correctional Treatment Board and does not reflect a decrease compared to FY 2023-24.

→ Statewide BA2 Proposition KK (legislation recommended)

Request

The BHA requests an increase of \$8.0 million cash fund spending authority from the Behavioral and Mental Health cash fund to expend revenue from firearm retail fees from Proposition KK.

Recommendation

Staff recommends approval of the spending authority, and recommends that the Committee sponsor legislation to amend the cash fund that receives revenues from Proposition KK for behavioral health services.

Analysis

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 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.

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.

Cash Fund

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.

Utilizing an ARPA cash fund for Proposition KK is expected to complicate correct accounting when ARPA programs repeal. Staff therefore recommends that the Committee sponsor legislation to designate a different cash fund for the purpose of implementing behavioral health programs from Proposition KK.

→ SI Informational funds adjustments

Recommendation

Staff recommends a net increase of \$23.6 million federal funds to align informational appropriations with recent actual expenditures.

Analysis

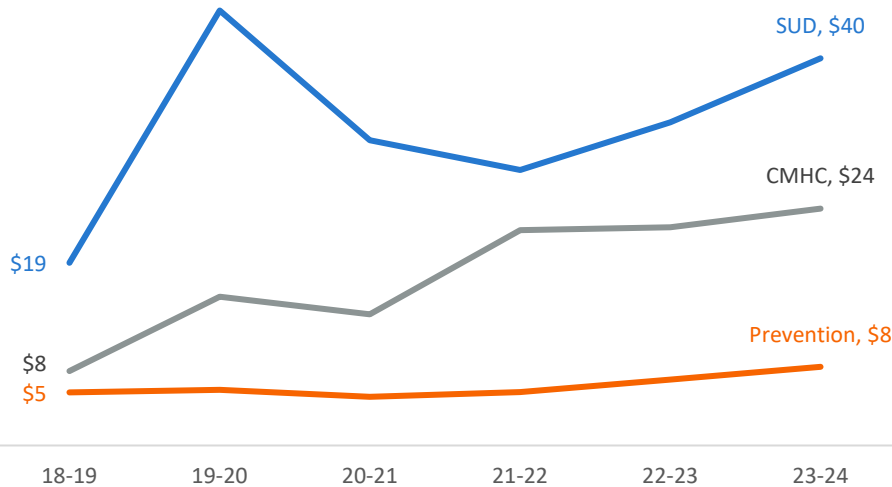
While reviewing actual expenditure reports and expenditure projections for General Fund balancing options, staff identified line items where federal funds appropriations do not accurately reflect recent expenditures.

Federal funds in the BHA are included in the Long Bill for informational purposes only. Appropriations do not limit the amount that can be spent or received from these sources. Instead, the appropriations are included to describe the general size of the program. Staff recommends adjusting five line items to more closely align with actual expenditures as provided in the table below.

Line Item	FY 2024-25 Approp.	FY 2023-24 Actual	Rec. Change	Rec. Federal Funds Total
Community Behavioral Health Administration	\$4,292,301	\$6,448,368	\$1,707,699	\$6,000,000
Mental Health Community Programs (CMHC)	8,239,577	24,428,344	13,760,423	22,000,000
Treatment and Detoxification Programs (SUD)	19,193,467	39,925,065	10,551,533	30,000,000
Prevention Programs	6,331,016	8,111,493	668,984	7,000,000
Community Prevention Programs	3,387,818	0	-3,387,818	0
Total	\$41,444,179	\$78,913,270	\$23,555,821	\$65,000,000

Staff reviewed six years of actual expenditures to inform the recommendation. The BHA has received direct federal awards throughout the COVID-19 pandemic, so federal funds expenditures in recent years may not be accurate reflections of future expenditures. Federal funds expenditures have generally increased in recent years.

Recent actual federal funds expenditures by line item.



Data for the Administration line item was only available for two years because the line item was created in 2022 with the creation of the BHA. The Community Prevention Programs line did not have a federal funds expenditure in all years reviewed.

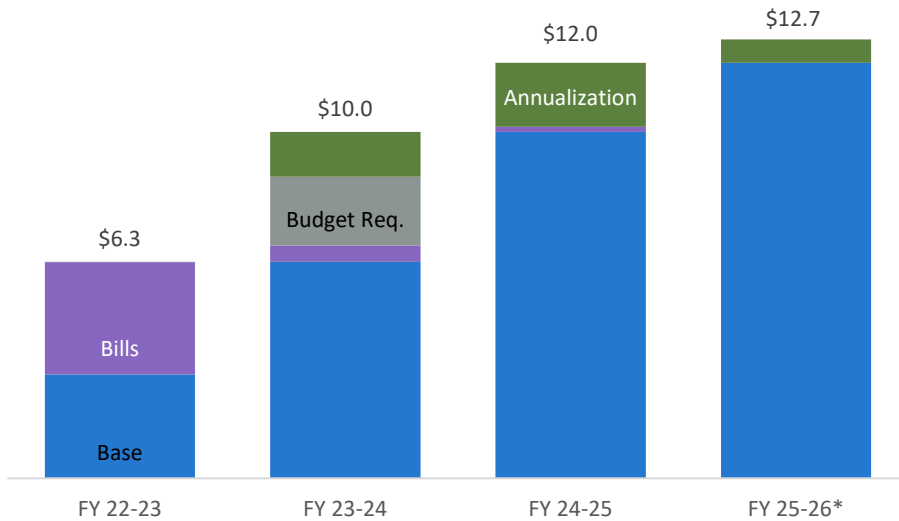
→ SI BHA administration 7% reduction

Recommendation

Staff recommends a 7.0 percent reduction to administrative costs in the BHA for a total reduction of \$1.0 million General Fund.

Analysis

The BHA’s administration line item consists of \$19.8 million total funds in FY 2024-25, including \$12.0 million General Fund and 165.4 FTE. The line has increased through one budget action and multiple bills in recent years. The General Fund appropriation has increased nearly doubled from \$6.3 million in FY 2022-23.



These increases have been associated with increased statutory responsibilities. An accounting of increases for each fiscal year is provided in the table below.

FY	Change	Total	General	FTE
2022-23				
	Base	\$9,641,341	\$2,995,485	87.4
	Annualize PERA	59,263	9,744	0.0
	SB 22-181 (BH Workforce)	573,306	0	3.0
	SB 22-196 (CJ BH needs)	951,352	0	6.0
	SB 22-211 (Ridge View)	44,557	44,557	0.4
	HB 22-1052 (Student Crisis)	74,990	74,990	0.9
	HB 22-1256 (Invol commit)	345,007	345,007	4.5
	HB 22-1278 (BHA)	2,403,284	2,495,231	10.2
	HB 22-1326 (Fentanyl)	286,092	286,092	3.6
	HB 22-1378 (Campus nav grant)	44,557	0	0.4
	Total	\$14,423,749	\$6,251,106	116.4

Table 7: Recent Administration Increases				
FY	Change	Total	General	FTE
2023-24				
	Annualize FY23 BA2 Safety net	\$80,611	\$80,611	1.2
	Annualize 22-1052 (Student Crisis)	-69	-69	0.1
	Annualize 22-1256 (Invol commit)	576,814	576,814	5.2
	Annualize 22-1278 (BHA)	556,674	556,674	0.6
	Annualize 22-1326 (Fentanyl)	42,558	42,558	0.9
	Annualize 22-1378 (Campus nav grant)	-44,557	0	-0.4
	Annualize 22-181 (BH Workforce)	-573,306	0	0.0
	Annualize 22-196 (CJ BH needs)	-951,352	0	0.0
	Annualize 22-211 (Ridge View)	-44,557	-44,557	-0.4
	Annualize 23 Salary survey	575,650	80,588	0.0
	R1 BHA Personnel	1,981,282	1,981,282	19.7
	R3 Learning management system	0	0	0.0
	HB 23-1003 (School screenings)	475,278	475,278	2.0
	Total	\$17,098,775	\$10,000,285	145.3
2024-25				
	Annualize FY24 R1 Admin	\$395,257	\$395,257	6.3
	Annualize 22-177 (Care coord)	275,333	275,333	3.0
	Annualize 22-181 (BH Workforce)	277,353	277,353	0.0
	Annualize 22-196 (CJ BH needs)	457,076	457,076	0.0
	Annualize 23-1003 (School screenings)	-214,300	-214,300	1.0
	Annualize 23-1138 (Adult competency)	325,429	325,429	2.7
	Annualize 22-1256 (Invol commit)	-363,546	-363,546	0.4
	Annualize 22-1281 (Gap grant)	322,320	322,320	4.0
	Annualize 22-1303 (Increase beds)	93,409	93,409	1.0
	Annualize 24 Salary survey	938,459	279,728	0.0
	SB 24-055 (Ag BH)	77,116	77,116	0.9
	HB 24-1045 (SUD)	30,152	30,152	0.3
	HB 24-1079 (Emerg commit)	45,793	45,793	0.5
	Total	\$19,758,626	\$12,001,405	165.4
FY 2025-26				
	Annualize 24-055 (Ag BH)	\$1,158	\$1,158	0.1
	Annualize 24-1045 (SUD)	2,314	2,314	0.2
	Annualize 24-1079 (Emerg commit)	-20,615	-20,615	0.0
	Annualize 24-117 (Eating disorder)	433,012	433,012	1.0
	Annualize 23-1138 (Adult comp)	7,387	7,387	0.3
	Annualize 24-1217 (Patient info)	-10,900	-10,900	0.1
	Annualize 22-1281 (Gap grant)	-161,161	-161,161	-2.0
	Annualize 24-1406 (School health)	-100,000	-100,000	0.0
	Annualize 25 Salary survey	800,622	317,752	0.0
	Annualize 25 Step pay	1,015,476	199,615	0.0
	R7 BHE licensing	420,977	0	4.0
	Total	\$22,146,896	\$12,669,967	169.1
	Net Change	\$7,723,147	\$6,418,861	52.7

Staff recommends that the Committee reduce the Administration line item by 7.0 percent, or \$1,046,952 General Fund. This amount is assumed to be the maximum that can be supported without requiring lay-offs. Staff expects that the BHA will be required to reprioritize positions to support the recommendation, but that the reduction will not impact services.

If the Committee approves a common policy base reduction, staff recommends that this decrease be included and not in addition to the common policy.

→ SI BHA administration refinance

Recommendation

Staff recommends a one-time, net-zero refinance of the Administration line item. The recommendation includes a decrease of \$1.0 million General Fund offset by an equal increase from multiple cash funds.

Analysis

The Administration line item consists of \$12.0 million General Fund and \$2.2 million cash funds in FY 2024-25. Multiple cash funds support the line item, detailed in the table below.

Cash fund	FY 2024-25	FY 2025-26*
Marijuana Tax Cash Fund	\$1,016,369	\$1,190,158
Alcohol and drug driving safety program fund	945,391	1,262,271
BHE Licensing Cash Fund	0	420,977
Patient revenues	99,179	99,179
Various Cash Funds	51,499	52,111
Law Enforcement Assistance Fund	33,919	33,919
Persistent Drunk Driver Cash Fund	26,263	26,263
Addiction Counselor Training Fund	16,488	16,488
Controlled Substances Program Fund	14,324	14,711
Peer Support Cash Fund	4,800	4,800
Total	\$2,208,232	\$3,120,877

*Request

Many of the cash funds receive revenue from court surcharges on drug and alcohol convictions or licensing fees. The uncommitted reserves as reported by the BHA as part of the November budget submission are provided in the table below.

Fund	Source	Line items	23-24	24-25	25-26
Persistent Drunk Driver fund	Surcharges	Admin, Prevention	\$938,239	962,880	\$952,322
Law Enforcement Assistance	Surcharges	Admin, Prevention	122,345	126,089	124,217
Rural Alcohol and Substance Abuse fund	Surcharges	Prevention	9,243	59,101	34,172
Addiction Counselor Training fund	Certifications	Administration	19,500	9,657	14,578
Controlled Substances fund	Licenses	Administration	79,564	70,312	74,938
Cigarette, Tobacco Prevention fund	Retailer fines	Prevention	546,024	282,343	414,184
Total			\$1,714,915	\$1,510,382	\$1,614,411

Staff included a \$1.0 million General Fund refinance with cash funds as part of the budget reduction options presented during the briefing. OSPB included this option as a budget balancing measure in the Governor’s January 2 Letter.

Staff recommends a reduction of \$1.0 million General Fund for the Administration line item offset by an equal increase of cash funds with excess uncommitted reserves. Staff proposes refinancing the Administration line item because it is the only line item that includes General Fund and the two cash funds with the largest uncommitted reserves. The table below provides the recommendation by fund source.

Fund Source	Amount
General Fund	-\$1,000,000
Persistent Drunk Driver Cash Fund	800,000
Cigarette, Tobacco Prevention Fund	200,000
Total	\$0

Staff and the Department agree that the refinance can only be supported on a one-time basis. The Persistent Drunk Driver Fund has built up a fund balance that can support the refinance for one year. However, the annual expenditures are close to annual revenues, indicating that an increased appropriation from the cash fund cannot be supported in the long term without increasing fees.

The Committee could also choose to refinance the Marijuana Tax Cash Fund appropriation rather than the General Fund appropriation based on the forecast. The staff recommendation is based on identifying options to make more General Fund available.

→ SI Rural vouchers repeal (legislation required)

Recommendation

Staff recommends that the Committee sponsor legislation to repeal the rural voucher program created by S.B. 21-137. The recommendation results in an ongoing decrease of \$50,000 General Fund.

Analysis

The Rural Voucher program was created by [S.B. 21-137 \(Behavioral Health Recovery Act\)](#). The bill included an appropriation of \$114.1 million total funds to the Departments of Human Services, Higher Education, Public Health and Environment, and Health Care Policy and Financing. Amounts included \$8.1 million General Fund, \$5.7 million Marijuana Tax Cash Fund, and \$99.3 million that originated from ARPA funds.

The bill created many ongoing programs in the BHA, provided in the table below.

Bill	Request	Description
SB 21-137 SUD housing	4,004,823	Supports housing assistance for individuals with SUD.
SB 21-137 Recovery support	1,604,988	Grant for co-occurring disorder recovery services.

Table 11: SB 21-137 Ongoing General Fund

Bill	Request	Description
SB 21-137 Recovery residence	200,000	Supports a contract for training on best practices for resident services.
SB 21-137 Rural vouchers	50,000	Supports a contract for rural behavioral health services.
Total	\$5,859,811	

The bill required DHS (now BHA) to contract with a non-profit to offer behavioral health services in rural communities. The program must be in collaboration with the Department of Agriculture. The non-profit is required to contract with licensed behavioral health providers with cultural competencies specific to the Colorado agricultural and rural community lifestyle.

The non-profit is also required to develop materials to train providers on cultural competencies for agricultural and rural communities. At least sixty percent of money received under the contract (\$30,000) must be used for direct services. An annual appropriation of \$50,000 is statutorily required to support the program.²²

Staff included elimination of all of the SB 21-137 programs as part of the budget reduction options presented during the briefing. The options were only provided as examples of newly created programs, and reductions are not a reflection of performance or necessity. All of the programs have statutorily required appropriations and would require legislation to reduce or eliminate.

The recovery programs appear to be filling gaps in the service continuum that are not otherwise available. The Committee may still consider reductions, but staff does not currently recommend reductions before the forecast.

While behavioral health resources are essential for rural communities, staff has a few concerns with the rural voucher funding specifically.

- 1 Funding is not sufficient to provide meaningful resources across the state.
- 2 Funding specific to rural behavioral health resources exists elsewhere in the BHA and a newly created program in the Department of Agriculture through S.B. 24-055 (Ag Behavioral Health).
- 3 The new BHASO system is tasked with arranging for adequate behavioral health care across the state specific to regional needs.

Senate Bill 24-055 included an appropriation of \$207,155 General Fund and 1.4 FTE. The bill includes the following requirements:

- Creates a new position in the BHA to liaise with the Department of Agriculture (CDA) and other stakeholders.
- Creates a work group in CDA.
- Consolidates existing grant programs within CDA.
- Requires CDA to contract with a state-wide organization to host an in-person annual summit to promote behavioral health in agricultural communities.

²² Section 27-60-110, C.R.S.

The BHA indicates that the position has been hired and is successfully establishing relationships between the BHA, CDA, and the agricultural community.

The BHA budget also includes a line item for the Circle Program and Other Rural Treatment Programs for People with Co-occurring Disorders. The staff recommendation for the line item is \$6.6 million total funds in FY 2025-26. According to expenditure reports on the Circle Program, “Other Rural Treatment Programs” appears to make up a majority of expenditures.

The line item has had a footnote stating the General Assembly’s intent for the use of funds since it was created in FY 2018-19. The footnote states, “It is the General Assembly's intent that this appropriation be used to: support the community-based Circle Program; support the provision of a full continuum of co-occurring behavioral health treatment services in southern Colorado and the Arkansas Valley; and expand access to residential treatment services in one or more rural areas of Colorado for individuals with co-occurring mental health and substance use disorders. It is also the General Assembly's intent that the appropriation may be used to provide services and to cover initial expenses necessary to establish, license, and begin operating one or more programs that provide these services, such as building renovations, furnishing, and equipment.”.

Staff recommends repealing the program and removing the associated \$50,000 General Fund appropriation due to the identified overlapping programs. The Committee could choose to remove or reduce the appropriation and increase another rural behavioral health program by an equal amount. Changing the appropriation by any amount will require legislation.

Staff recommendation (Option 1; \$50,000 reduction): Sponsor legislation to remove the statutory requirements that the General Assembly appropriate specific amounts for each of the SB 21-137 programs, and repeal the Rural Behavioral Health Voucher program.

Option 2 (net-zero): Sponsor legislation to remove the statutory requirements that the General Assembly appropriate specific amounts for each of the SB 21-137 programs, and repeal the Rural Behavioral Health Voucher program. Increase the Circle Program and Other Rural Treatment line item by \$50,000 General Fund.

Option 3 (net-zero): Sponsor legislation to remove the statutory requirements that the General Assembly appropriate specific amounts for each of the SB 21-137 programs, and repeal the Rural Behavioral Health Voucher program. Increase behavioral health resources in the Department of Agriculture by \$50,000 General Fund.

→ BHA budget structure

The current Long Bill structure for the BHA includes five subdivisions. The subdivisions align with historic funding structures for Community Mental Health Centers (CMHCs), Managed Service Organizations (MSOs), and Administrative Service Organizations (ASOs).

- 1 **Community Behavioral Health Administration** provides the administrative support for the BHA.

- 2 **Community-based Mental Health Services** includes the line item that previously supported direct contracts with CMHCs and other community services such as the ACT Program and CYMHTA.
- 3 **Substance Use Treatment and Prevention Services** includes the line item that previously supported contracts with MSOs to subcontract substance use treatment services. The division includes other appropriations that support SUD services including prevention, offender services, and co-responder grants.
- 4 **Integrated Behavioral Health Services** includes multiple line items for crisis services previously contracted through ASOs. Many new programs are added to this section, such as the IMatter program and school screenings.
- 5 **Indirect costs**

Subcontracts for services will be managed by BHASOs rather than MSOs and ASOs beginning in FY 2025-26. Staff, the BHA, providers, and BHASOs agree that the current budget structure does not reflect the BHASO structure. The misalignment means that staff cannot answer basic questions about the amount of money expected to go to contracts or services.

The large amount of line items may also lead to unintended inefficiencies. Many line items are associated with contracts for the associated service. A given provider may have multiple contracts with the BHA and/or BHASOs for a number of programs. Each program must operate within the contract award, leading to small reversions across each program and provider. Existing resources could support more services if this administrative burden was reduced by consolidating line items.

A restructure requires significant database work for staff, and can make it difficult to track appropriations across multiple years. If a Department requests a restructure that is not approved by the Committee, they have completed meaningless data work as part of the request. A staff initiated figure setting restructure does not allow sufficient time to implement database changes to write the Long Bill.

Therefore, staff typically recommends that the Committee ask for an RFI for the Department to provide information on a potential restructure for the following year. This timeline allows staff more time to develop and implement the restructure.

Staff recommends that the Committee add an RFI for the BHA to work with BHASOs and providers to propose a Long Bill restructure. The restructure should consider alignment with updated contract structures and the most effective use of current resources.

Informational BHA ARPA update

Summary

- Executive Branch reports indicate that 91.0 percent of BHA ARPA funds are expended or encumbered as of December 31, 2024.

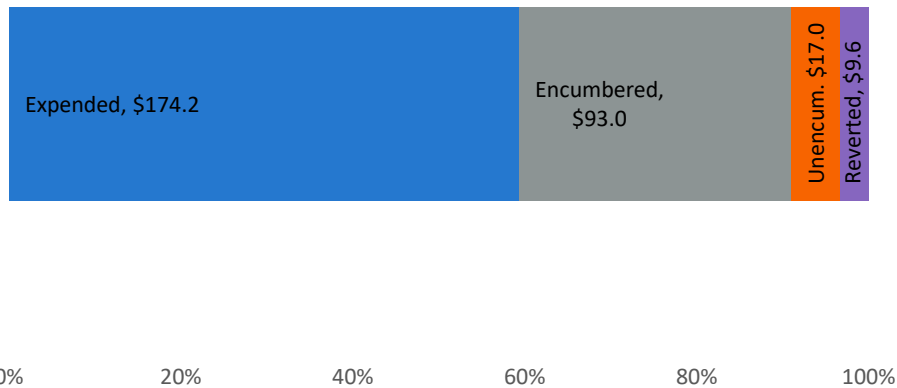
- Outstanding unencumbered amounts are largely associated with outstanding capital IT projects and are expected to align with planned project spending timelines.

Analysis

A total of \$293.8 million ARPA funds were allocated to the BHA. The most recent Executive Branch reports indicate that \$174.2 million, or 59.3 percent, is expended as of December 31, 2024. An additional \$93.0 million is encumbered. A total of \$17.0 million, or 5.8 percent, is unencumbered. Finally, \$9.6 million has reverted because spending authority expired.

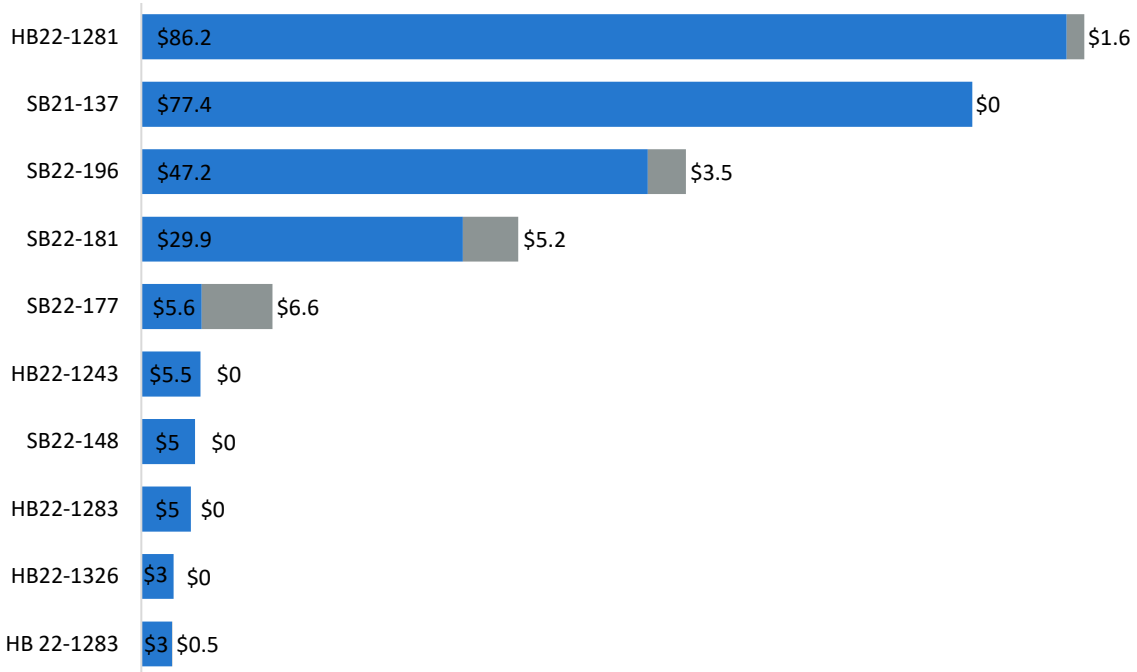
A total of 91.0 percent is encumbered or expended. This reflects \$30.2 million that has been encumbered or expended since the previous report in September.

BHA ARPA Spending as of December 31, 2024.



The BHA indicates that unencumbered amounts align with the planned spending timelines for the programs. Primarily, these include capital IT projects that are paid in increments. Recapturing the funds is expected to prevent the projects from being completed after millions of dollars and multiple years of investments.

Expenses and encumbrances compared to unencumbrances for BHA ARPA funds by bill.



The Committee has already approved reductions for two bills, including a reduction of \$2.2 million General Fund from H.B. 22-1281 and \$1.0 million General Fund from S.B. 22-196. These reductions will result in one-time General Fund revenue and will be part of joint legislation to make adjustments to ARPA programs.

Most of the ARPA bills did not create ongoing General Fund obligations. Senate Bill 21-137 included \$6.1 million General Fund for ongoing General Fund programs. House Bill 22-1243 also included \$6.0 million that originated from ARPA for the IMatter program. That program was originally set to repeal in 2024, but was extended by S.B. 24-001 and is expected to be supported with an ongoing annual General Fund appropriation of \$5.0 million. Finally, S.B. 21-181, S.B. 22-196, H.B. 22-1281, and H.B. 22-1283 have General Fund appropriations in FY 2025-26 that are expected to end in future years when programs repeal.

However, many non-ARPA bills have added ongoing General Fund obligations for the BHA. Staff’s estimate of the FY 2025-26 impact of legislation since the 2021 Legislative Session is provided in the table below. This includes consideration of programs that were originally term-limited, but have been extended through separate legislation or budget actions.

Bill	General Fund	FTE	Origin	Notes
22-148	\$0	0.0	ARPA	One-time
22-177	275,333	3.0	ARPA	Ongoing FTE to support ARPA funded IT project
22-181	277,353	3.0	ARPA	Staff until grant repeal in FY 2026-27
22-196	457,076	6.0	ARPA	Staff until grant repeal in FY 2026-27
22-1243	5,000,000	0.0	ARPA	Continued through SB 24-001
22-1281	161,159	2.0	ARPA	Staff until grant repeal in FY 2026-27

Table 12: FY 2025-26 Base General Fund from Recent Legislation				
Bill	General Fund	FTE	Origin	Notes
22-1283	1,250,000	0.0	ARPA	Youth crisis funding until repeal FY 2026-27
22-1303	93,409	1.0	ARPA	Ongoing licensing FTE
Subtotal	\$7,514,330	15.0		
21-137	\$5,850,000	2.0	General Fund	Ongoing recovery and rural vouchers programs
22-1256	1,958,275	10.1	General Fund	Ongoing care coordination
22-1278	3,003,794	10.8	General Fund	Ongoing BHA staffing
22-1326	355,938	3.6	General Fund	Ongoing fentanyl education
23-1003	2,322,406	1.0	General Fund	Ongoing school screening contract
23-1236	-2,250,400	0.0	General Fund	Transfer some FTE back to DHS
24-1045	1,320,686	1.5	General Fund	Ongoing SUD services
24-1176	0	0.0	General Fund	One-time
24-1406	0	0.0	General Fund	One-time
24-1038	4,510,666	0.0	Non-ARPA Federal funds	Ongoing youth room-and-board
Subtotal	\$17,071,365	59.0		
Total	\$24,585,695	74.0		

Line Item Detail

(A) Community Behavioral Health Administration

Program Administration

This line item supports the personnel services and operating expenses required to administer the Behavioral Health Administration. The FY 2022-23 Long Bill consolidated what had previously been separate personal services and operating expenses lines under the Office of Behavioral Health into this new line item within the BHA. Cash fund sources include nine different sources, with the Marijuana Tax Cash Fund and Alcohol and Drug Driving Safety Program Fund being the most significant.

Statutory Authority: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-50-101, et seq., C.R.S. [Behavioral Health Administration]; Section 27-60-101 through 104, C.R.S. [Behavioral health crisis response system]; Section 27-60-105, C.R.S.; Section 27-66-101, et seq., C.R.S. [Community mental health services]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-80-201, et seq., C.R.S. [Colorado Licensing of Controlled Substances Act]; Section 27-81-101, et seq., C.R.S. [Alcohol use, education, prevention, and treatment]; Section 27-82-101, et seq., C.R.S. [Substance use prevention, education, and treatment]; Section 39-28.8-501 (2)(b)(IV)(C) and (D), C.R.S. [Authorization for use of Marijuana Tax Cash Fund for substance-use related services and for behavioral health services for persons involved in the criminal justice system]

Reversion: The line item reverted \$1.1 million total funds in FY 2023-24, but no General Fund.

Request: \$22.4 million total funds, including \$12.9 million General Fund, and 170.1 FTE. Annualizations include prior year salary survey, priority year step pay, H.B. 24-1217 (Patient Info), H.B. 22-1281 (Continuum Gap Grant), H.B. 23-1138 (Adult Competency), S.B. 24-055 (Ag Health), S.B. 24-117 (Eating Disorder), H.B. 24-1079 (Persons Detained), H.B. 24-1045 (Substance Treatment), and H.B. 24-1406 (School Health).

Recommendation: The staff recommendation is provided in the table below and includes reductions for General Fund balancing.

Behavioral Health Administration, Community Behavioral Health Administration, Program Administration						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$19,605,565	\$11,848,344	\$2,208,232	\$905,883	\$4,643,106	163.7
Other Legislation	\$153,061	\$153,061	\$0	\$0	\$0	1.7
Total FY 2024-25	\$19,758,626	\$12,001,405	\$2,208,232	\$905,883	\$4,643,106	165.4
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$19,758,626	\$12,001,405	\$2,208,232	\$905,883	\$4,643,106	165.4
Annualize prior year budget actions	1,816,098	517,367	491,668	20,960	786,103	0.0
SI federal funds alignment	1,707,699	0	0	0	1,707,699	0.0
BHA R7 BHE Licensing	420,977	0	420,977	0	0	4.0
Annualize prior year legislation	366,859	366,859	0	0	0	0.7
SI BHA Admin refinance	0	-1,000,000	1,000,000	0	0	0.0
SI BHA Admin reduction	-1,046,952	-1,046,952	0	0	0	-10.0
Total FY 2025-26	\$23,023,307	\$10,838,679	\$4,120,877	\$926,843	\$7,136,908	160.1
Changes from FY 2024-25	\$3,264,681	-\$1,162,726	-\$1,912,645	\$20,960	\$2,493,802	-5.3
Percentage Change	16.5%	-9.7%	86.6%	2.3%	53.7%	-3.2%
FY 2025-26 Executive Request	\$22,362,560	\$12,885,631	\$3,120,877	\$926,843	\$5,429,209	170.1
Staff Rec. Above/-Below Request	-\$1,339,253	-\$2,046,952	-\$1,000,000	\$0	\$1,707,699	-10.0

Behavioral Health Capacity Tracking System

This line item was created by H.B. 19-1287 (Treatment For Opioids And Substance Use Disorders). The bill enacted several initiatives to improve access to behavioral health and substance use disorder treatment.

These initiatives include the creation of a centralized, web-based system to track bed space, use, and availability at crisis stabilization units, acute treatment units, community mental health centers, and hospitals. The system is intended to provide real-time data accessible to health care professionals, law enforcement, court personnel, and the public. Prior to FY 2022-23, the line item was located in the Information Technology Services section of the Executive Director’s Office.

Statutory Authority: Sections 27-60-104.5 (3), C.R.S.

Reversion: The line item reverted \$10,802 cash funds from the Marijuana Tax Cash Fund.

Request: \$42,611 cash funds from the Marijuana Tax Cash Fund, which reflects no change from the prior year appropriation.

Recommendation: Staff recommends approval of the request.

Behavioral Health Workforce Learning Management System

This line item was created in FY 2023-24 to support the learning management system required by S.B. 21-137 (Behavioral Health Recovery Act) and S.B. 22-18 (Behavioral Health-care Workforce). Senate Bill 21-137 required the BHA to develop an online training system for accessible statewide training opportunities, as well as an online training curriculum to support a geographically and culturally diverse behavioral health care workforce. Senate Bill 22-181 renamed the system as the “Learning Management System,” expanded the scope to include a process to “track, store, and create reports concerning the training and continuing education in the curriculum...and to track providers’ completion of in-person and virtual training.”

Statutory Authority: Sections 27-60-112, C.R.S.

Reversion: The line item reverted \$33,517 General Fund in FY 2023-24.

Request: \$773,935 General Fund and 1.0 FTE. Adjustments consist only of the annualization of S.B. 24-055 (Ag Behavioral Health Care).

Recommendation: Staff recommends approval of the request.

Behavioral Health Administration, Community Behavioral Health Administration, Behavioral Health Workforce Learning Management System						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$740,935	\$740,935	\$0	\$0	\$0	1.0
Other Legislation	\$68,000	\$68,000	\$0	\$0	\$0	0.0
Total FY 2024-25	\$808,935	\$808,935	\$0	\$0	\$0	1.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$808,935	\$808,935	\$0	\$0	\$0	1.0
Annualize prior year legislation	-35,000	-35,000	0	0	0	0.0
Total FY 2025-26	\$773,935	\$773,935	\$0	\$0	\$0	1.0
Changes from FY 2024-25	-\$35,000	-\$35,000	\$0	\$0	\$0	0.0
Percentage Change	-4.3%	-4.3%	n/a	n/a	n/a	0.0%
FY 2025-26 Executive Request	\$773,935	\$773,935	\$0	\$0	\$0	1.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

(B) Community-based Mental Health Services

This section provides funding to support mental health services that are delivered through community mental health centers and other local mental health providers. This section is primarily supported by General Fund, the federal Community Mental Health Services Block Grant, and the Marijuana Tax Cash Fund.

Mental Health Community Programs

This line item was created in the FY 2017-18 Long Bill as part of a restructuring for the Office of Behavioral Health (with the consolidation of funding from four previous line items). The line was then moved into the newly created Behavioral Health Administration section of the Long Bill in FY 2022-23.

The line item supports contracts for the provision of mental health services for low-income individuals. Prior to the creation of the BHA, the Office of Behavioral Health contracted with community mental health centers (CMHC) across the state to provide services that were not otherwise available. Beginning in January 2024, providers could apply with the BHA for designation as a comprehensive or essential provider, replacing the prior CMHC designation. The purpose of the new structure is to allow more safety net providers to enter the market in addition to CMHCs.

Comprehensive providers are paid using a prospective payment system (PPS) through HCPF beginning July 1, 2024. The PPS is expected to cover the costs of required services and be a highly competitive payment structure for safety net providers. Comprehensive providers are required to provide the following services by the BHA:

- Emergency and 24/7 crisis;
- Outpatient;
- Intensive outpatient;
- Recovery support;
- Care management;
- Outreach, engagement, and education; and,
- Outpatient competency restoration.

Essential providers are required to provide care coordination and one or more, but not all, of the services required of comprehensive providers. Essential providers are expected to receive an enhanced Medicaid rate for these services, but will not be eligible for the more competitive prospective payment system.

Historically, each CMHC had access to a certain number of inpatient beds at one of the state Mental Health Hospitals, and was responsible for managing admissions to the allotted beds for adults within their service area. However, the number of beds available for these civil patients has been negatively impacted by the increasing number of court orders for inpatient competency evaluations and restorations. If a safety net provider requires inpatient beds for adults within their service area, it must now purchase the services directly from other public or private hospitals.

Unlike the Medicaid program, funding for mental health services provided by the BHA are not an entitlement. Thus, the number of individuals receiving services and the level of services provided is directly affected by the level of available funding appropriated by the General Assembly. This line item is primarily supported by General Fund and the federal Community Mental Health Services Block Grant block grant. Federal funds are allocated to each safety net provider for the provision of mental health services to indigent mentally ill clients and for other specified services and/or targeted populations. The community provider rate is historically applied to the full General Fund portion of this appropriation, for direct client services provided by safety net providers.

Statutory Authority: Section 27-65-101, et seq., C.R.S. [Care and treatment of persons with mental illness]; Section 27-66-101, et seq., C.R.S. [Community mental health services].

Reversion: The line item reverted \$37.2 million federal funds in FY 2023-24, but no General Fund.

Request: \$40.7 million total funds, including \$32.4 million General Fund.

Recommendation: The staff recommendation is provided in the table below.

Behavioral Health Administration, Community-based Mental Health Services, Mental Health Community Programs						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$38,303,570	\$30,063,993	\$0	\$0	\$8,239,577	0.0
Total FY 2024-25	\$38,303,570	\$30,063,993	\$0	\$0	\$8,239,577	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$38,303,570	\$30,063,993	\$0	\$0	\$8,239,577	0.0
SI federal funds alignment	13,760,423	0	0	0	13,760,423	0.0
BHA R2 Youth implementation plan	0	0	0	0	0	0.0
BHA R1 Care coordination	0	0	0	0	0	0.0
Total FY 2025-26	\$52,063,993	\$30,063,993	\$0	\$0	\$22,000,000	0.0
Changes from FY 2024-25	\$13,760,423	\$0	\$0	\$0	\$13,760,423	0.0
Percentage Change	35.9%	0.0%	n/a	n/a	167.0%	n/a
FY 2025-26 Executive Request	\$40,653,570	\$32,413,993	\$0	\$0	\$8,239,577	0.0
Staff Rec. Above/-Below Request	\$11,410,423	-\$2,350,000	\$0	\$0	\$13,760,423	0.0

Assertive Community Treatment Programs and Other Alternatives to the Mental Health Institutes

This line item was created in the FY 2017-18 Long Bill as part of a restructuring of the Office of Behavioral Health. The line item supports intensive outpatient case management services for severe and persistent mental health disorders, including “Assertive Community Treatment” (ACT).

ACT is an evidence-based service delivery model for comprehensive community-based treatment to adults with serious and persistent mental illness through the community mental health centers. The ACT model includes a multi-disciplinary mobile mental health team that conducts outreach and engagement with clients to provide the treatment, rehabilitation, and support services that adults with serious mental illnesses need to live successfully in the community.

This line item also supports alternative placements for individuals who would otherwise require hospitalization at one of the mental health institutes. Funding is allocated among Centers to provide the following types of services:

- Inpatient hospitalization capacity.
- Acute treatment unit and residential treatment capacity.
- Medication and medication administration.
- Intensive therapy and case management.
- Mentoring services.
- Other services to improve the patient’s level of functioning to enhance his or her success in the community.

Funding covers services for clients who are not eligible for Medicaid and services that are not covered by Medicaid for Medicaid-eligible clients (e.g., residential room and board expenses). The community provider rate is historically applied to the total appropriation for direct client services provided by community mental health centers.

Statutory Authority: Section 27-65-111, C.R.S. [Certification on an outpatient basis]; 27-66-101, et seq., C.R.S. [Community mental health services].

Reversion: The line item did not revert in FY 2023-24.

Request: \$18.4 million General Fund, which reflects no change from the prior year appropriation.

Recommendation: Staff recommends approval of the request.

Mental Health Services for Juvenile and Adult Offenders

This line item provides funding for Community Mental Health Centers (CMHC) to provide case management services, wrap-around services, medications, and treatment services for juvenile and adult offenders who have mental health problems and are involved in the criminal justice system. Each CMHC may determine how funds are utilized.

Many CMHCs have chosen to use this allocation to support co-responder models similar to programs authorized by S.B. 17-207, funded through the Criminal Justice Diversion Programs line item, or to support problem-solving courts that focus on individuals with mental health disorders. Prior to FY 2016-17, this line item was supported by Tobacco Master Settlement Agreement revenues that were annually transferred to the Offender Mental Health Services Fund based on a statutory formula. House Bill 16-1408 eliminated this transfer, and this line item is now supported by the Marijuana Tax Cash Fund.

Prior to FY 2017-18, this line item provided funding for 11 of the 17 CMHCs. In FY 2017-18, the appropriation was increased to restore historic appropriations and expand funding to all 17 CMHCs. This line item also became subject to the annual community provider rate increases in FY 2017-18. The community provider rate is applied to the total base appropriation for direct client services provided by CMHCs.

Statutory Authority: Section 27-66-104, C.R.S. [Types of services purchased]; H.B. 16-1408 authorized the use of Marijuana Tax Cash Fund for this program but did not include conforming amendments to Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund].

Reversion: The line item reverted \$189,262 cash funds in FY 2023-24, but no General Fund.

Request: \$6.2 million cash funds from the Marijuana Tax Cash Fund, which reflects no change from the prior year appropriation.

Recommendation: Staff recommends approval of the request.

Children and Youth Mental Health Treatment Act

The Children and Youth Mental Health Treatment Act (CYMHTA), as amended by H.B. 18-1094, provides funding for mental health treatment services for children and youth under age 21.²³ The program is designed to make services available for children and youth who are at risk of out-of-home placement, but a dependency and neglect action is neither appropriate nor warranted. Services may include mental health treatment and care management, including residential treatment, community-based care, or any necessary post-residential follow-up services. Local and state-level appeal processes are available if services are denied, and for local interagency disputes.

The CYMHTA applies to two groups of children, with different application and payment processes for each group.

- **Children who are Medicaid-eligible** and have a covered mental health diagnosis. A parent or guardian of a Medicaid-eligible child may apply for residential treatment through the local regional accountable entity (RAE). If the child is determined to require a residential level of care, the RAE is responsible for covering the residential treatment costs.
- **Children who are NOT eligible for Medicaid.** If a child is at risk of being placed out of the home because they require a residential treatment level of care or equivalent services, the parent or guardian may apply for such services through the local comprehensive provider or another mental health agency. The provider is required to evaluate the child or youth and clinically assess their need for mental health services.

When youth are approved for funding through this program and require residential treatment, the child may become eligible for Medicaid funding through the federal supplemental security income (SSI) eligibility process. If a child has been in residential services for more than 30 days, or is expected to remain in residential services for more than 30 days, the child can qualify for SSI due to being considered a “household of one” per the federal Social Security Administration. Once a child obtains SSI, the child automatically acquires fee-for-service Medicaid. Medicaid funding pays for the treatment costs of residential services, but does not fund room and board costs.

Due to federal regulations, the SSI benefit is paid directly to the child or payee (typically the parent) to fund a portion of the residential room and board rate. The parent will then give all but \$30 of the SSI award to the residential provider. SSI awards vary based on the child’s treatment location and family income, ranging from \$30 to \$700 per month.

Private insurance benefits must be exhausted prior to accessing any public benefits. In addition, the parents are responsible for paying a portion of the cost of services that is not covered by private insurance or by Medicaid funding; the parent share is based on a sliding fee scale that is based on child support guidelines.

²³ An individual must be under the age of 18 to become eligible for services through this program. However, once an individual becomes eligible, youth may remain eligible until their 21st birthday.

When a child is in residential care and funded by the CYMHTA, expenses are covered by parental fees, SSI benefits (if benefits are approved), and CYMHTA funds. If the child or youth is placed in a psychiatric residential treatment facility, treatment expenses are covered by a Medicaid per diem rate and “room and board” expenses are covered by the BHA following the enactment of H.B. 24-1038. If the child is in non-residential care, expenses are covered by SSI benefits, parental fees, and CYMHTA funds.

Expenditures for services covered by this line item are subject to available appropriations because the Department does not have statutory authority to over-expend the appropriation. Medicaid funds, however, may be over expended pursuant to Section 24-75-109 (1)(a), C.R.S. In addition, the two departments have the authority to transfer General Fund appropriations between the two agencies when required by changes in the amount of federal Medicaid funds earned based on the services provided through this program (Section 24-75-106 (1), C.R.S.).

Appropriations consist of General Fund, cash funds from the Marijuana Tax Cash Fund, and Medicaid funds reappropriated from the Department of Health Care Policy and Financing that originate as General Fund and federal funds. The community provider rate is historically applied to the General Fund and cash fund appropriations for direct client services.

Statutory Authority: Section 25.5-5-307, C.R.S. [Child mental health treatment and family support program]; Section 27-67-101 et seq., C.R.S. [Children and Youth Mental Health Treatment Act]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders].

Reversion: The line item reverted \$1.5 million in FY 2023-24, including \$1.3 million General Fund.

Request: \$8.1 million total funds, including \$7.5 million General Fund.

Recommendation: The staff recommendation is provided in the table below.

Behavioral Health Administration, Community-based Mental Health Services, Children and Youth Mental Health Treatment Act						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$8,455,159	\$7,863,781	\$453,698	\$137,680	\$0	0.0
S.B. 25-095 (Supplemental Bill)	-500,000	-500,000	0	0	0	0.0
Total FY 2024-25	\$7,955,159	\$7,363,781	\$453,698	\$137,680	\$0	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$7,955,159	\$7,363,781	\$453,698	\$137,680	\$0	0.0
Annualize prior year budget actions	500,000	500,000	0	0	0	0.0
Annualize prior year legislation	255,354	0	0	0	255,354	0.0
BHA R8 High acuity youth	0	255,354	0	0	-255,354	0.0
BHA R4a Reduce CYMHTA	-600,000	-600,000	0	0	0	0.0
Total FY 2025-26	\$8,110,513	\$7,519,135	\$453,698	\$137,680	\$0	0.0

Behavioral Health Administration, Community-based Mental Health Services, Children and Youth Mental Health Treatment Act						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Changes from FY 2024-25	\$155,354	\$155,354	\$0	\$0	\$0	0.0
Percentage Change	2.0%	2.1%	0.0%	0.0%	n/a	n/a
FY 2025-26 Executive Request	\$8,110,513	\$7,519,135	\$453,698	\$137,680	\$0	0.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Family First Prevention Services Act

This line item was created in the FY 2021-22 Long Bill to support activities associated with the federal Family First Prevention Services Act and initially funded in S.B. 20-162 (Changes Related to Federal Family First Policy).

To meet federal requirements, the BHA maintains a statewide network of qualified individuals to assess children placed in Qualified Residential Treatment Programs (QRTP). The assessments must be completed within 14 days of referral. Assessments include a face-to-face meeting with youth and obtaining necessary information from other parties such as family, schools, county departments of human services, Division of Youth Services, or guardians ad litem. The assessor must then complete a report and send it to the Department for final quality assurance review before submission to the court official, who makes the final determination for QRTP placement.

The BHA has obtained federal approval to procure and oversee the QRTP assessment process on behalf of the Office of Children, Youth and Families, which otherwise oversees the child welfare system. This line item supports payments for these assessments.

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

Reversion: The line item did not revert in FY 2023-24.

Request: \$663,253 General Fund, which reflects no change from the prior year appropriation.

Recommendation: Staff recommends approval of the request.

Behavioral Health Vouchers

This line item was created in the FY 2022-23 Long Bill to support the behavioral health voucher program created by S.B. 21-137. The bill required the Department to contract with a nonprofit organization focused on serving agricultural and rural communities to provide vouchers to individuals in those communities in need of behavioral health services. The bill requires the nonprofit to:

- Contract with licensed behavioral health-care providers that have completed training on cultural competencies specific to agricultural and rural communities to provide services under the program. The bill requires at least 60.0 percent of money received for the contract to be used for direct behavioral health-care services.
- Develop training materials and train behavioral health-care providers on cultural competencies specific to the agricultural and rural community lifestyle.

The bill requires the General Assembly to appropriate \$50,000 per year for the program beginning in FY 2021-22 (Section 27-60-110 (3), C.R.S.).

Statutory Authority: Section 27-60-110, C.R.S.

Reversion: The line item did not revert in FY 2023-24.

Request: \$50,000 General Fund, which reflects no change from the prior year appropriation.

Recommendation: Staff recommends no appropriation for General Fund balancing.

Behavioral Health Administration, Community-based Mental Health Services, Behavioral Health Vouchers						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$50,000	\$50,000	\$0	\$0	\$0	0.0
Total FY 2024-25	\$50,000	\$50,000	\$0	\$0	\$0	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$50,000	\$50,000	\$0	\$0	\$0	0.0
SI Repeal rural vouchers	-50,000	-50,000	0	0	0	0.0
Total FY 2025-26	\$0	\$0	\$0	\$0	\$0	0.0
Changes from FY 2024-25	-\$50,000	-\$50,000	\$0	\$0	\$0	0.0
Percentage Change	-100.0%	-100.0%	n/a	n/a	n/a	n/a
FY 2025-26 Executive Request	\$50,000	\$50,000	\$0	\$0	\$0	0.0
Staff Rec. Above/-Below Request	-\$50,000	-\$50,000	\$0	\$0	\$0	0.0

Veteran Suicide Prevention Pilot Program

This line item was created in the FY 2022-23 Long Bill to support the veteran suicide prevention pilot program created in S.B. 21-129 (Veteran Suicide Prevention Pilot Program). The program is intended to reduce the suicide rate among veterans in El Paso County by providing free behavioral health services. The program repeals June 30, 2025.

Statutory Authority: Section 27-50-801, C.R.S.

Request: The BHA requests no appropriation in FY 2025-26 as the program repeals before the start of the fiscal year.

Recommendation: Staff recommends approval of the request.

Behavioral Health Administration, Community-based Mental Health Services, Veteran Suicide Prevention Pilot Program						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$3,089,376	\$3,089,376	\$0	\$0	\$0	0.0
Total FY 2024-25	\$3,089,376	\$3,089,376	\$0	\$0	\$0	0.0

Behavioral Health Administration, Community-based Mental Health Services, Veteran Suicide Prevention Pilot Program

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$3,089,376	\$3,089,376	\$0	\$0	\$0	0.0
Annualize prior year legislation	-3,089,376	-3,089,376	0	0	0	0.0
Total FY 2025-26	\$0	\$0	\$0	\$0	\$0	0.0
Changes from FY 2024-25						
Changes from FY 2024-25	-\$3,089,376	-\$3,089,376	\$0	\$0	\$0	0.0
Percentage Change	-100.0%	-100.0%	n/a	n/a	n/a	n/a
FY 2025-26 Executive Request						
FY 2025-26 Executive Request	\$0	\$0	\$0	\$0	\$0	0.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Veterans Mental Health Services [New Line Item]

The BHA requests that a new line item be created to provide the cash fund spending authority related to the implementation of Proposition KK. Cash funds are from firearm retail sales taxes, and are reappropriated to the Department of Military and Veterans Affairs.

Statutory Authority: 28-5-714, C.R.S.

Request: The BHA requests \$5.0 million cash funds from the Behavioral and Mental Health Cash Fund.

Recommendation: Staff recommends approval of the request, but that the Committee sponsor legislation to create a new cash fund for this purpose rather than utilizing an ARPA cash fund.

Behavioral Health Administration, Community-based Mental Health Services, Veterans Mental Health Services

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Total FY 2024-25	\$0	\$0	\$0	\$0	\$0	0.0
Statewide BA2 Proposition KK	5,000,000	0	5,000,000	0	0	0.0
Total FY 2025-26	\$5,000,000	\$0	\$5,000,000	\$0	\$0	0.0
Changes from FY 2024-25						
Changes from FY 2024-25	\$5,000,000	\$0	\$5,000,000	\$0	\$0	0.0
Percentage Change	n/a	n/a	n/a	n/a	n/a	n/a
FY 2025-26 Executive Request						
FY 2025-26 Executive Request	\$5,000,000	\$0	\$5,000,000	\$0	\$0	0.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Increasing Access to Behavioral Health Care [New Line Item]

The BHA requests that a new line item be created to support care coordination resources as part of R1 Increasing access to behavioral health care. The amount requested in the line item is expected to support payments to comprehensive providers to increase care coordination capacity. The request is term limited through FY 2027-28.

Statutory Authority: 27-50-304 (3)(a), C.R.S.

Request: \$1.2 million General Fund.

Recommendation: Staff recommends denial of the request.

(C) Substance Use Treatment and Prevention Services

Treatment and Detoxification Programs

This line item was created in FY 2017-18 as part of a Long Bill restructuring that consolidated funding from two contracts and case management line items. The consolidated line supports contracts for the provision of treatment and detoxification services that are not otherwise available.

The BHA previously contracted with three managed service organizations (MSOs) for the provision of substance use disorder treatment and detoxification services. MSOs are replaced with Behavioral Health Administration Service Organizations (BHASOs) beginning in FY 2025-26. The MSOs or BHASOs subcontract with local treatment providers with locations around the state to deliver the services. The contracts require an emphasis on providing services to: persons involuntarily committed by the courts; pregnant women and women with dependent children; adult and adolescent intravenous drug users; drug-dependent adults and adolescents with human immunodeficiency virus (HIV) or tuberculosis; and uninsured individuals.

Unlike the Medicaid program, substance use disorder services provided through BHA contracts are not an entitlement. Thus, the number of individuals receiving services is directly affected by the level of appropriated funding.

Appropriations consist of General Fund, cash funds from the Marijuana Tax Cash Fund and the Adolescent Substance Abuse Prevention Fund, and federal funds from the Substance Abuse Prevention and Treatment Block Grant. The community provider rate is historically applied to the General Fund and Marijuana Tax Cash Fund portions of the appropriation for direct client services (including licensed residential treatment providers, comprehensive providers, and outpatient substance use treatment facilities).

Statutory Authority: Section 16-11.5-102, C.R.S. [Substance use in the criminal justice system]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-81-101, et seq., C.R.S. [Substance use disorders education, prevention, and treatment]; Section 27-82-201, et seq., C.R.S. [Maternal and child health pilot program]; Section 18-19-103 (5)(c) and (d), C.R.S. [Use of Correctional Treatment Cash Fund for offenders].

Reversion: The line item reverted \$132,065 General Fund in FY 2023-24.

Request: \$42.8 million total funds, including \$15.9 million General fund, and 2.1 FTE.

Recommendation: The staff recommendation is provided in the table below.

Behavioral Health Administration, Substance Use Treatment and Prevention Services, Treatment and Detoxification Programs						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$40,310,674	\$14,096,426	\$7,020,781	\$0	\$19,193,467	2.1
Total FY 2024-25	\$40,310,674	\$14,096,426	\$7,020,781	\$0	\$19,193,467	2.1
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$40,310,674	\$14,096,426	\$7,020,781	\$0	\$19,193,467	2.1
SI federal funds alignment	10,551,533	0	0	0	10,551,533	0.0
Annualize prior year legislation	2,230,100	1,210,100	0	0	1,020,000	0.0
Annualize prior year budget actions	500,000	0	500,000	0	0	0.0
BHA R8 High acuity youth	0	765,000	0	0	-765,000	0.0
BHA R4b Reduce treatment and detoxification	-200,000	-200,000	0	0	0	0.0
Total FY 2025-26	\$53,392,307	\$15,871,526	\$7,520,781	\$0	\$30,000,000	2.1
Changes from FY 2024-25	\$13,081,633	\$1,775,100	\$500,000	\$0	\$10,806,533	0.0
Percentage Change	32.5%	12.6%	7.1%	n/a	56.3%	0.0%
FY 2025-26 Executive Request	\$42,840,774	\$15,871,526	\$7,520,781	\$0	\$19,448,467	2.1
Staff Rec. Above/-Below Request	\$10,551,533	\$0	\$0	\$0	\$10,551,533	0.0

Increasing Access to Effective Substance Use Disorder Services (S.B. 16-202)

This line item was created following implementation of S.B. 16-202. The bill required each managed service organization (MSOs) to assess the sufficiency of substance use disorder services in its geographic region, and prepare a community action plan to address the most critical service gaps. The purpose of the assessment was to consider the service needs for different populations, and to assess the continuum of substance use disorder services, including prevention, early intervention, treatment, and recovery support services. A single, consolidated Community Assessment Report was prepared by Keystone Policy Center. This consolidated report, and the community action plans for each region are available on the Colorado Behavioral Healthcare Council (CBHC) website.²⁴

The act requires the Department to allocate money appropriated from the Marijuana Tax Cash Fund to regional entities based on the Department's allocation of the federal Substance Abuse Prevention and Treatment Block Grant. Funds will be distributed to BHASOs, rather than MSOs, beginning in FY 2025-26. The act allows BHASOs to recommend changes to the allocation methodology. Each BHASO is authorized to use its annual allocation over a two-year period to

²⁴ See: <https://www.cbhc.org/news/substance-use-disorder-community-assessment-sb-16-202-report/>

implement its community action plan and increase access to substance use disorder services for populations in need of such services within its region.

The community provider rate is historically applied to the total appropriation for direct client services provided by contracted providers (including licensed residential treatment providers, comprehensive providers, and outpatient substance use treatment facilities).

Statutory Authority: Section 27-80-107.5, C.R.S. [Increasing access to effective substance use disorder services]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders].

Reversion: The line item reverted \$2 cash funds in FY 2023-24.

Request: \$16.9 million cash funds from the Marijuana Tax Cash Fund, which reflects no change from the prior year appropriation.

Recommendation: Staff recommends approval of the request.

Prevention Programs

This line item supports prevention programs to decrease risk factors linked to substance abuse. Prior to FY 2022-23, the Office of Behavioral Health contracted with statewide and local prevention programs by providing partial funding for services designed to prevent the illegal and inappropriate use of alcohol, tobacco, and other drugs.

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

Appropriations consist of cash funds from the Adolescent Substance Abuse Prevention Fund and the Cigarette, Tobacco, and Nicotine Use Prevention Fund, and federal funds from the Substance Abuse Prevention and Treatment Block Grant. The community provider rate is historically applied to the cash fund appropriations.

Statutory Authority: Section 18-13-122 (18), C.R.S. [Adolescent Substance Abuse Prevention and Treatment Fund]; Section 44-7-107, C.R.S. [Cigarette, Tobacco Product, and Nicotine Product Use by Minors Prevention Fund]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-81-101, et seq., C.R.S. [Substance use disorders education, prevention, and treatment].

Reversion: The line item did not revert in FY 2023-24.

Request: \$6.4 million cash and federal funds, which reflects no change from the prior year appropriation.

Recommendation: The staff recommendation is provided in the table below.

Behavioral Health Administration, Substance Use Treatment and Prevention Services, Prevention Contracts						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$6,382,165	\$0	\$51,149	\$0	\$6,331,016	0.0
Total FY 2024-25	\$6,382,165	\$0	\$51,149	\$0	\$6,331,016	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$6,382,165	\$0	\$51,149	\$0	\$6,331,016	0.0
SI federal funds alignment	668,984	0	0	0	668,984	0.0
Total FY 2025-26	\$7,051,149	\$0	\$51,149	\$0	\$7,000,000	0.0
Changes from FY 2024-25	\$668,984	\$0	\$0	\$0	\$668,984	0.0
Percentage Change	10.5%	n/a	0.0%	n/a	10.6%	n/a
FY 2025-26 Executive Request	\$6,382,165	\$0	\$51,149	\$0	\$6,331,016	0.0
Staff Rec. Above/-Below Request	\$668,984	\$0	\$0	\$0	\$668,984	0.0

Community Prevention and Treatment Programs

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

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

The **Persistent Drunk Driver Programs** are designed to deter persistent drunk driving and to educate the public, with an emphasis on young drivers. The funding, which originates as surcharges of \$100 to \$500 for persons convicted of DUI, DUI per se, or DWAI that are credited to the Persistent Drunk Driver Cash Fund, is appropriated to the BHA but administered through an interagency contract with CDPHE to support persistent drunk driver prevention contracts. Money in the Persistent Drunk Driver Cash Fund is subject to annual appropriation to pay for the following:

- To support programs that are intended to deter persistent drunk driving or intended to educate the public (with particular emphasis on the education of young drivers) regarding the dangers of persistent drunk driving.
- To pay a portion of the costs for intervention or treatment services statutorily required for a persistent drunk driver who is unable to pay for the required intervention or treatment services;

- To assist in providing court-ordered alcohol treatment programs for indigent and incarcerated offenders.
- To assist in providing approved ignition interlock devices for indigent offenders.
- To assist in providing continuous monitoring technology or devices for indigent offenders.
- Costs incurred by the Department of Revenue concerning persistent drunk drivers, including costs associated with the revocation of a driver's license and computer programming changes.

Money is directly appropriated to the Department of Revenue and to the Department of Human Services (DHS); a portion of the money appropriated to DHS is transferred to the Judicial Department's Probation unit.

The **Law Enforcement Assistance Fund (LEAF)** is supported by revenue from a \$90 surcharge on drunk and drugged driving convictions. Money in this fund supports enforcement, laboratory charges, and prevention programs. The BHA annually receives 20 percent of LEAF revenues that are available after appropriations are made to the Department of Public Health and Environment (for evidential breath alcohol testing and implied consent specialists) and to the Department of Public Safety's Colorado Bureau of Investigation (for toxicology laboratory services). These funds are to be used to establish a statewide program for the prevention of driving after drinking, which includes:

- Educating the public in the problems of driving after drinking.
- Training of teachers, health professionals, and law enforcement in the dangers of driving after drinking.
- Preparing and disseminating educational materials dealing with the effects of alcohol and other drugs on driving behavior.
- Preparing and disseminating education curriculum materials thereon for use at all levels of school specifically to establish impaired driving prevention programs.

The BHA, through CDPHE, allocates available funds through five separate contracts targeted as the following audiences:

- General population as a whole.
- Teachers of young people and young adults.
- Health professionals.
- Local law enforcement.
- Providers and advocacy organizations.

Funding supports local efforts to prevent persons from driving when using alcohol or other drugs. Services provided include: mentoring; tutoring; life skills training; harm reduction education; community coalition building; social norms marketing; and education and information dissemination.

The **Rural Substance Abuse Prevention and Treatment** section receives funding from penalty surcharges (ranging from a minimum of \$1 to a maximum of \$10) on convictions of driving under the influence (DUI), driving while ability impaired (DWAI), habitual user of controlled substances, and underage drinking and driving. Penalty surcharges are also established for other alcohol or drug-related offenses upon conviction or a deferred sentence. Statute credits

the surcharge revenues to Rural Alcohol and Substance Abuse Cash Fund to support the program.

The BHA allocates 75.0 percent of these funds to treatment programs administered by the BHA and 25.0 percent to CDPHE for substance use prevention services. House Bill 09-1119 defines a "rural area" as a county with a population of less than 30,000. The program consists of two components:

- Half of the available funds support the Rural Youth Alcohol and Substance Abuse Prevention and Treatment Project, which provides prevention and treatment services to children ages eight to 17 in rural areas.
- The remaining half of the funds support treatment services for persons addicted to alcohol or drugs. These funds are allocated to MSOs in six of the seven MSO regions (all except Boulder) to support detoxification facilities in rural counties.

Appropriations consist of cash funds from the LEAF fund, Persistent Drunk Driver Cash Fund, Rural Alcohol and Substance Abuse Cash Fund, and the Marijuana Tax Cash Fund, and federal funds from the Substance Abuse Prevention and Treatment Block Grant. The community provider rate has historically been applied to the Marijuana Tax Cash Fund appropriation for direct client services provided by MSOs and their contracted providers (including licensed residential treatment providers, community mental health centers, and outpatient substance use treatment facilities).

Statutory Authority: Section 27-80-106, C.R.S. [Alcohol and substance use – purchase of prevention and treatment services]; Section 27-80-109, C.R.S. [Alcohol and substance use – coordination of state and federal funds and programs]; Section 27-80-117, C.R.S. [Rural Substance Abuse Prevention and Treatment]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders]; Section 42-3-303, C.R.S. [Persistent Drunk Driver Programs]; Sections 43-4-402 (2)(a) and 43-4-404 (3), C.R.S. [Law Enforcement Assistance Fund].

Reversion: The line item reverted \$335,046 cash funds in FY 2023-24, but no General Fund.

Request: \$6.0 million cash and federal funds, which reflects no change from the prior year appropriation.

Recommendation: The staff recommendation is provided in the table below.

Behavioral Health Administration, Substance Use Treatment and Prevention Services, Community Prevention and Treatment Programs						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$5,971,093	\$0	\$2,583,275	\$0	\$3,387,818	0.0
Total FY 2024-25	\$5,971,093	\$0	\$2,583,275	\$0	\$3,387,818	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$5,971,093	\$0	\$2,583,275	\$0	\$3,387,818	0.0

Behavioral Health Administration, Substance Use Treatment and Prevention Services, Community Prevention and Treatment Programs						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
SI federal funds alignment	-3,387,818	0	0	0	-3,387,818	0.0
Total FY 2025-26	\$2,583,275	\$0	\$2,583,275	\$0	\$0	0.0
Changes from FY 2024-25	-\$3,387,818	\$0	\$0	\$0	-\$3,387,818	0.0
Percentage Change	-56.7%	n/a	0.0%	n/a	-100.0%	n/a
FY 2025-26 Executive Request	\$5,971,093	\$0	\$2,583,275	\$0	\$3,387,818	0.0
Staff Rec. Above/-Below Request	-\$3,387,818	\$0	\$0	\$0	-\$3,387,818	0.0

Housing Assistance for Individuals with a Substance Use Disorder

This line item was created in the FY 2022-23 Long Bill to support the Housing Assistance Program created in S.B. 21-137. The program provides temporary financial housing assistance to individuals with a substance use disorder (SUD) who have no supportive housing options when transitioning out of a residential treatment setting.

Senate Bill 21-137 appropriated \$4.0 million General Fund for this program in FY 2021-22 and directs the General Assembly to appropriate that amount annually on an ongoing basis.

Statutory Authority: Section 27-80-125, C.R.S. [Housing assistance for individuals with a substance use disorder].

Reversion: The line item reverted \$14,085 General Fund in FY 2023-24.

Request: \$4,004,823 General Fund and 1.0 FTE. Adjustments from the prior year appropriation consist only of the common policy salary increase.

Recommendation: The staff recommendation is provided in the table below. The statute for the program specifically requires an appropriation of \$4,000,000 per year for the program. Any appropriation higher or lower would require legislation.

Behavioral Health Administration, Substance Use Treatment and Prevention Services, Housing Assistance for Individuals with a Substance use Disorder						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$4,000,000	\$4,000,000	\$0	\$0	\$0	1.0
Total FY 2024-25	\$4,000,000	\$4,000,000	\$0	\$0	\$0	1.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$4,000,000	\$4,000,000	\$0	\$0	\$0	1.0
Annualize prior year budget actions	0	0	0	0	0	0.0
Total FY 2025-26	\$4,000,000	\$4,000,000	\$0	\$0	\$0	1.0
Changes from FY 2024-25	\$0	\$0	\$0	\$0	\$0	0.0
Percentage Change	0.0%	0.0%	n/a	n/a	n/a	0.0%

Behavioral Health Administration, Substance Use Treatment and Prevention Services, Housing Assistance for Individuals with a Substance use Disorder						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2025-26 Executive Request	\$4,004,823	\$4,004,823	\$0	\$0	\$0	1.0
Staff Rec. Above/-Below Request	-\$4,823	-\$4,823	\$0	\$0	\$0	0.0

Offender Services

This line item was created in the FY 2017-18 Long Bill as part of a restructuring for the Office of Behavioral Health and moved in to the BHA section for FY 2022-23. The Department uses this funding to contract with local treatment providers who offer two types of treatment programs, described below.

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

- Have severe substance abuse or a co-occurring mental health disorder;
- Have one or more misdemeanor or felony convictions;
- Are assessed as needing intensive levels of treatment; and
- Are at risk of having probation or parole revoked and of being incarcerated.

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

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

Appropriations consist of General Fund and reappropriated funds originating from the Correctional Treatment Cash Fund in the Judicial Department. The community provider rate is historically applied to the full General Fund portion of this appropriation for direct client services from comprehensive providers.

Statutory Authority: Section 16-11.5-102, C.R.S. [Substance abuse in the criminal justice system]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-81-101, et seq., C.R.S. [Substance use disorders education, prevention, and treatment]; Section 27-82-101, et seq., C.R.S. [Maternal and child health pilot program]; Section 18-19-103 (5)(c) and (d), C.R.S. [Use of Correctional Treatment Cash Fund for offenders].

Reversion: The line item reverted \$176,196 total funds in FY 2023-24, including \$165,954 General Fund.

Request: \$4.4 million General Fund.

Recommendation: The staff recommendation is provided in the table below.

Behavioral Health Administration, Substance Use Treatment and Prevention Services, Offender Services						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$4,423,789	\$3,318,616	\$0	\$1,105,173	\$0	0.0
Total FY 2024-25	\$4,423,789	\$3,318,616	\$0	\$1,105,173	\$0	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$4,423,789	\$3,318,616	\$0	\$1,105,173	\$0	0.0
BHA BA1 Correctional Treatment Board funding	-1,105,173	0	0	-1,105,173	0	0.0
Total FY 2025-26	\$3,318,616	\$3,318,616	\$0	\$0	\$0	0.0
Changes from FY 2024-25	-\$1,105,173	\$0	\$0	-\$1,105,173	\$0	0.0
Percentage Change	-25.0%	0.0%	n/a	-100.0%	n/a	n/a
FY 2025-26 Executive Request	\$4,423,789	\$4,423,789	\$0	\$0	\$0	0.0
Staff Rec. Above/-Below Request	-\$1,105,173	-\$1,105,173	\$0	\$0	\$0	0.0

Recovery Residence Certification

This line item was created in the FY 2022-23 Long Bill to support the Recovery Residence Certification program established in S.B. 21-137. The bill required the Department to use a competitive procurement process to select a “recovery residence certifying body” to:

- Certify recovery residences; and,
- Educate and train recovery residence owners and recovery residence staff on best practices, including practices related to culturally responsive and trauma-informed care.

The bill appropriated \$200,000 General Fund for this purpose in FY 2021-22 and directs the General Assembly to appropriate that amount annually in subsequent years.

Statutory Authority: Section 27-80-122, C.R.S.

Reversion: The line item did not revert in FY 2023-24.

Request: \$200,000 General Fund, which reflects no change from the prior year appropriation.

Recommendation: Staff recommends approval of the request.

Fentanyl Education Program

This line item was created in FY 2023-24 to support ongoing costs of the fentanyl education program required by H.B. 22-1326 (Fentanyl). The bill requires the BHA to develop a fentanyl

education program for individuals that are convicted of certain offenses related to fentanyl and that are receiving treatment in a residential or community-based treatment facility. The bill also requires those individuals to complete the program and requires the program to include information regarding:

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

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

Statutory Authority: Section 27-80-128, C.R.S.

Reversion: The line item did not revert in FY 2023-24.

Request: \$25,000 cash funds from the Correctional Treatment Cash Fund, which reflects no change from the prior year appropriation.

Recommendation: Staff recommends approval of the request.

Study on Health Effects of Criminal Penalties

This line item was created in FY 2023-24 to support the study of the health effects of criminal penalties for fentanyl offenses required by H.B. 22-1326 (Fentanyl). The bill requires the BHA to contract with an independent entity by November 1, 2022, to conduct a study of the health effects of the criminal penalties associated with the bill and specifies requirements for the study. The bill requires the independent contractor to complete the study by December 31, 2024. The study must be paid for from the Correctional Treatment Cash Fund.

Statutory Authority: Section 27-50-802, C.R.S.

Reversion: The line item reverted \$52,963 cash funds in FY 2023-24.

Request: \$52,963 cash funds from the Correctional Treatment Cash Fund. Adjustments include the annualization of H.B. 22-1326 (Fentanyl).

Recommendation: Staff recommends approval of the request.

Behavioral Health Administration, Substance Use Treatment and Prevention Services, Study on the Health Effects of Criminal Penalties						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$202,963	\$0	\$202,963	\$0	\$0	0.5
Total FY 2024-25	\$202,963	\$0	\$202,963	\$0	\$0	0.5

Behavioral Health Administration, Substance Use Treatment and Prevention Services, Study on the Health Effects of Criminal Penalties

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$202,963	\$0	\$202,963	\$0	\$0	0.5
Annualize prior year legislation	-150,000	0	-150,000	0	0	-0.5
Total FY 2025-26	\$52,963	\$0	\$52,963	\$0	\$0	0.0
Changes from FY 2024-25						
Changes from FY 2024-25	-\$150,000	\$0	-\$150,000	\$0	\$0	-0.5
Percentage Change	-73.9%	n/a	-73.9%	n/a	n/a	-100.0%
FY 2025-26 Executive Request						
FY 2025-26 Executive Request	\$52,963	\$0	\$52,963	\$0	\$0	0.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

(D) Integrated Behavioral Health Services

This section provides funding for programs that integrate mental health and substance use disorder services, including:

- A behavioral health crisis response system;
- Community-based mental health and substance use disorder services for individuals involved in or at risk of involvement in the criminal or juvenile justice systems;
- Behavioral health services and supports for individuals transitioning from the mental health institutes to the community; and
- Behavioral health services for adolescents and adults with co-occurring mental health and substance use disorders.

This section is supported by General Fund, the Marijuana Tax Cash Fund, and transfers from the Judicial Department (originating as General Fund, drug offender surcharge revenues, and cash funds from the Marijuana Tax Cash Fund).

Behavioral Health Crisis Response System Services

This is the first of four line items associated with the behavioral health crisis response system that was authorized through S.B. 13-266. The act defines "crisis intervention services" to mean an array of integrated services that are available twenty-four hours a day, seven days a week, to respond to and assist individuals who are in a behavioral health emergency. The components of the system are required to reflect a continuum of care from crisis response through stabilization and safe return to the community, with adequate support for transitions to each stage. This line item provides funding for a collection of integrated services to respond to and assist individuals experiencing a behavioral health emergency, including the following:

- Walk-in crisis services and crisis stabilization units with the capacity for immediate clinical intervention, triage, and stabilization. The walk-in crisis services and crisis stabilization units must employ an integrated health model based on evidence-based practices that consider an individual's physical and emotional health, are a part of a continuum of care, and are linked to mobile crisis services and crisis respite services.

- Mobile crisis services and units that are linked to the walk-in crisis services and crisis respite services and that have the ability to initiate a response in a timely fashion to a behavioral health crisis.
- Residential and respite crisis services that are linked to the walk-in crisis services and crisis respite services and that include a range of short-term crisis residential services, including but not limited to community living arrangements.

Senate Bill 17-207 eliminated the use of the criminal justice system to hold individuals who are experiencing a mental health crisis, and allowed a person experiencing a mental health crisis to be taken to an emergency medical facility if a facility that has been approved by DHS is not available. This act made a number of changes regarding the State's coordinated behavioral health crisis response system (crisis system) including the following:

- Requires all crisis system walk-in centers, acute treatment units, and crisis stabilization units to be able to adequately care for individuals brought to the facility through the emergency mental health hold procedure or a voluntary application for mental health services as authorized by the act;
- Requires the Department to ensure that crisis system mobile response units are available to respond to a behavioral health crisis anywhere in the state within two hours;
- Requires the Department to ensure that crisis system contractors are responsible for community engagement, coordination, and system navigation for key partners including criminal justice agencies, emergency departments, hospitals, primary care facilities, and walk-in centers;
- Requires the Department to ensure consistent training for professionals who have regular contact with individuals experiencing a behavioral health crisis, and to explore solutions for addressing secure transportation of individuals placed on a 72-hour treatment and evaluation hold;
- Allows certain licensed advanced practice nurses to determine that a person in custody as a result of an emergency mental health hold can be discharged or referred for further care and treatment in another setting;
- Modifies reporting requirements related to behavioral health crisis services; and
- Requires that each July 1, every emergency medical services facility that has treated a person taken into emergency custody for a mental health hold provide an annual report to the Department including specified and confidential aggregated service information.

The community provider rate is historically applied to the full appropriation for direct client services contracted through Behavioral Health Administration Service Organizations (BHASOs). Cash funds are from the Marijuana Tax Cash Fund.

Statutory Authority: Section 27-60-101 through 104, C.R.S. [Behavioral health crisis response system]; Section 27-60-103 (1)(b)(II), (III) and (IV), C.R.S. [Crisis system service components]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders].

Reversion: The line item reverted \$621,642 General Fund in FY 2023-24. The BHA indicates that a reduction cannot be supported because demand for the program has increased while term-limited federal funds are rolling off.

Request: \$39.8 million total funds, including \$31.3 million General Fund.

Recommendation: The staff recommendation is provided in the table below.

Behavioral Health Administration, Integrated Behavioral Health Services, Crisis Response System - Walk-in, Stabilization, Mobile, Residential, and Respite Services						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$31,134,228	\$26,787,396	\$4,346,832	\$0	\$0	0.0
Total FY 2024-25	\$31,134,228	\$26,787,396	\$4,346,832	\$0	\$0	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$31,134,228	\$26,787,396	\$4,346,832	\$0	\$0	0.0
Annualize prior year legislation	4,743,500	1,250,000	0	0	3,493,500	0.0
Statewide BA2 Proposition KK	3,000,000	0	3,000,000	0	0	0.0
BHA R8 High acuity youth	1,160,250	3,490,312	0	0	-2,330,062	0.0
BHA R3 Crisis hotline consolidation	-200,000	-200,000	0	0	0	0.0
Total FY 2025-26	\$39,837,978	\$31,327,708	\$7,346,832	\$0	\$1,163,438	0.0
Changes from FY 2024-25	\$8,703,750	\$4,540,312	\$3,000,000	\$0	\$1,163,438	0.0
Percentage Change	28.0%	16.9%	69.0%	n/a	n/a	n/a
FY 2025-26 Executive Request	\$39,837,978	\$31,327,708	\$7,346,832	\$0	\$1,163,438	0.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Behavioral Health Crisis Response System Secure Transportation Program

Senate Bill 17-207 the use of the criminal justice system to hold individuals who are experiencing a mental health crisis, and allows a person experiencing a mental health crisis to be taken to an emergency medical facility if a facility that has been approved by the Department is not available. This act made a number of changes regarding the State's coordinated Behavioral Health Crisis Response System, including the following requirements:

- All crisis system walk-in centers, acute treatment units, and crisis stabilization units must be able to adequately care for individuals brought to the facility through the emergency mental health hold procedure or a voluntary application for mental health services as authorized by the act;
- Crisis System mobile response units must be available to respond to a behavioral health crisis anywhere in the state within two hours; and
- Crisis System contractors are responsible for community engagement, coordination, and system navigation for key partners including criminal justice agencies, emergency departments, hospitals, primary care facilities, and walk-in centers.

The act also requires the Department, and now BHA, to "explore solutions for addressing secure transportation of individuals placed on a seventy-two-hour treatment and evaluation hold" [Section 27-60-104 (7), C.R.S.]. The BHA is also required to report on the program as part of annual SMART Act hearings.

This line item was added in the FY 2019-20 Long Bill to provide sufficient funding to allow for a meaningful evaluation of the pilot program. The General Assembly eliminated funding for the program in FY 2020-21 as a budget balancing action but restored an appropriation of \$554,839 cash funds from the Marijuana Tax Cash Fund for FY 2021-22.

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

Statutory Authority: Section 27-60-104 (7), C.R.S.

Reversion: The line item reverted \$12,725 cash funds in FY 2023-24.

Request: \$594,572 cash funds from the Marijuana Tax Cash Fund, which reflects no change from the prior year appropriation.

Recommendation: Staff recommends approval of the request.

Behavioral Health Crisis Response System Telephone Hotline

This is the third of four line items that provide funding for the behavioral health crisis response system authorized through S.B. 13-266. This line item supports a contract with a twenty-four-hour telephone crisis service staffed by skilled peer and clinical professionals who are capable of assessing child, adolescent, and adult crisis situations and making the appropriate referrals. The hotline vendor responds to phone calls, texts, and instant messages (chats).

The community provider rate is historically applied to the full appropriation for direct client services. The line item is supported primarily by General Fund but also receives an appropriation from the Marijuana Tax Cash Fund.

Statutory Authority: Section 27-60-103 (1)(b)(I), C.R.S.

Reversion: The line item reverted \$71,492 cash funds in FY 2023-24.

Request: \$3.9 million cash funds from the 988 Crisis Hotline Cash Fund.

Recommendation: Staff recommends approval of the request as provided in the table below.

Behavioral Health Administration, Integrated Behavioral Health Services, Crisis Response System - Telephone Hotline						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$3,863,938	\$3,496,622	\$367,316	\$0	\$0	0.0
Total FY 2024-25	\$3,863,938	\$3,496,622	\$367,316	\$0	\$0	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$3,863,938	\$3,496,622	\$367,316	\$0	\$0	0.0

Behavioral Health Administration, Integrated Behavioral Health Services, Crisis Response System - Telephone Hotline						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
BHA R3 Crisis hotline consolidation	0	-3,496,622	3,496,622	0	0	0.0
Total FY 2025-26	\$3,863,938	\$0	\$3,863,938	\$0	\$0	0.0
Changes from FY 2024-25	\$0	-\$3,496,622	\$3,496,622	\$0	\$0	0.0
Percentage Change	0.0%	-100.0%	951.9%	n/a	n/a	n/a
FY 2025-26 Executive Request	\$3,863,938	\$0	\$3,863,938	\$0	\$0	0.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Behavioral Health Crisis Response System Public Information Campaign

This is the final line item that provides funding for the behavioral health crisis response system as authorized in S.B. 13-266. This line item supports a contract for a public information campaign.

The bill required the Department’s contracting process for the crisis response system to include a public information campaign and appropriated \$600,000 General Fund for this purpose beginning in FY 2013-14. The General Assembly continued that level of funding through FY 2019-20, but then eliminated for FY 2020-21 as a budget balancing action. However, full funding was restored the following year. House Bill 22-1052 (Promoting Crisis Services to Students) increased the appropriation by \$192,075 General Fund ongoing to provide crisis services outreach to every school in Colorado.

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

Reversion: The line item reverted \$58,719 General Fund in FY 2023-24.

Request: \$792,075 General Fund, which reflects no change from the prior year appropriation.

Recommendation: Staff recommends approval of the request.

Behavioral Health Administration, Integrated Behavioral Health Services, Crisis Response System - Marketing						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$792,075	\$792,075	\$0	\$0	\$0	0.0
Total FY 2024-25	\$792,075	\$792,075	\$0	\$0	\$0	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$792,075	\$792,075	\$0	\$0	\$0	0.0
Total FY 2025-26	\$792,075	\$792,075	\$0	\$0	\$0	0.0
Percentage Change	0.0%	0.0%	n/a	n/a	n/a	n/a

Behavioral Health Administration, Integrated Behavioral Health Services, Crisis Response System - Marketing						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2025-26 Executive Request	\$792,075	\$792,075	\$0	\$0	\$0	0.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Community Transition Services

This line item historically provided funding for intensive behavioral health services for individuals with serious mental illness who transition from a state hospital back to the community, or who require more intensive services in the community to help avoid institutional placement.

This line item supports the "Money Follows the Individual" program. This program has generally focused on serving adults with diagnoses such as bipolar, schizoaffective disorder, and schizophrenia. The Department recently renamed this the "Momentum Program", and expanded it to serve other populations requiring intensive and innovative case management services, including children and youth. Eligible clients include defendants who are deemed incompetent to proceed to trial.

Senate Bill 18-270 established the statewide Community Transition Specialist Program to coordinate referrals of high-risk individuals from hospitals and withdrawal management facilities to appropriate transition specialists. The act requires the Office of Behavioral Health, and now BHA, to collect information concerning current practices, criteria, procedures, and system capacity for providing follow-up care for high-risk individuals after release or discharge.

The community provider rate is historically applied to the full appropriation for direct client services.

Statutory Authority: Section 27-66-101, et seq., C.R.S. [Community mental health services]; Community Transition Specialist Program [Section 27-66.5-101, et seq., C.R.S.]

Reversion: The line item did not revert in FY 2023-24.

Request: \$7.9 million General Fund, which reflects no change from the prior year appropriation.

Recommendation: Staff recommends approval of the request.

Criminal Justice Diversion Programs

This line item was created in the FY 2017-18 Long Bill to support community-based initiatives that divert individuals with behavioral health problems from the criminal justice system, along with related departmental administrative costs, including:

- **Law Enforcement Assisted Diversion (LEAD)** pilot programs in four communities (Alamosa and the San Luis Valley, Denver, Longmont, and Pueblo), involving collaborative partnerships between law enforcement, district attorneys' offices, sheriffs, treatment providers, and other community stakeholders to divert individuals with behavioral health disorders and associated technical assistance.

- An evaluation of the LEAD pilot programs concluded in FY 2021-22. In FY 2022-23, the BHA continued to contract for ongoing data collection, IT assistance, and database programming to continue improving the reporting of outcomes and efficacy of the LEAD programs.
- Co-responder programs, which pair law enforcement with behavioral health clinicians, most often by creating local partnerships between law enforcement and behavioral health agencies. This funding supports such programs in the cities of Broomfield, Denver, Greeley/Evans, Grand Junction, Longmont, Arvada, Canon City, Vail, and Westminster, as well as El Paso, Larimer, Pitkin, Boulder, Douglas, and Summit counties.
- BHA oversight of the LEAD pilot and co-responder programs, as well as technical assistance and associated evaluation.

The community provider rate is applied to the full appropriation for direct client services but excluding the Department’s personnel and operating costs associated with the state FTE. Cash funds are from the Marijuana Tax Cash Fund.

Statutory Authority: Section 27-66-101, et seq., C.R.S. [Community mental health services]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-81-101, et seq., C.R.S. [Alcohol use, education, prevention, and treatment]; Section 27-82-101, et seq., C.R.S. [Substance use prevention, education, and treatment].

Reversion: The line item reverted \$1.4 million total funds in FY 2023-24, including \$1.3 million General Fund. The reversion was the result of one-time funding provided through a Long Bill amendment. The BHA expected funding to be ongoing, and indicates that an RFP could not be completed before spending authority was removed.

Request: \$7.9 million total funds, including \$1.7 million General Fund, and 2.3 FTE. Annualizations include prior year salary survey and step pay, a one-time budget balancing decrease from FY 2024-25, and H.B. 24-1045 (Substance Treatment).

Recommendation: Staff recommends approval of the request as provided in the table below.

Behavioral Health Administration, Integrated Behavioral Health Services, Criminal Justice Diversion Programs						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$7,837,273	\$1,737,498	\$6,099,775	\$0	\$0	2.3
Other Legislation	\$250,000	\$250,000	\$0	\$0	\$0	0.0
Total FY 2024-25	\$8,087,273	\$1,987,498	\$6,099,775	\$0	\$0	2.3
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$8,087,273	\$1,987,498	\$6,099,775	\$0	\$0	2.3
Annualize prior year budget actions	117,198	2,850	114,348	0	0	0.0
Annualize prior year legislation	-250,000	-250,000	0	0	0	0.0
Total FY 2025-26	\$7,954,471	\$1,740,348	\$6,214,123	\$0	\$0	2.3
Changes from FY 2024-25	-\$132,802	-\$247,150	\$114,348	\$0	\$0	0.0

Behavioral Health Administration, Integrated Behavioral Health Services, Criminal Justice Diversion Programs						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Percentage Change	-1.6%	-12.4%	1.9%	n/a	n/a	0.0%
FY 2025-26 Executive Request	\$7,954,471	\$1,740,348	\$6,214,123	\$0	\$0	2.3
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Jail-based Behavioral Health Services

This line item supports the provision of jail-based behavioral health services (JBBS). Senate Bill 18-250 formally established this program in statute, expanded the program to include mental health services, and provided additional funding for services and administration. Programs include screening and care for adult jail inmates with a substance use and co-occurring mental health disorders. In addition, programs provide continuity of care within the community after release from jail. Substance use disorder services are supported by reappropriated funds transferred from the Judicial Department from the Correctional Treatment Cash Fund (CTCF).

The Department contracts with county sheriffs' departments to administer these funds, and some counties collaborate with neighboring counties. Sheriff departments work with local community providers to provide services within the jail. Treatment providers screen all inmates for substance use disorders, mental health disorders, trauma, and traumatic brain injury, and identify inmates with active duty or veteran military status. The staff work with inmates prior to release to develop a plan to meet their basic needs and maintain sobriety. Staff continue to work with inmates following release to ensure successful re-entry and transition to community recovery resources.

The community provider rate is historically applied to this line item for direct client services provided through county jails.

Statutory Authority: Section 27-60-106, C.R.S. [Jail-based behavioral health services program]; Section 18-19-103 (5)(c) and (d)(V), C.R.S. [Use of Correctional Treatment Cash Fund for offenders in a county jail]

Reversion: The line item did not revert in FY 2023-24.

Request: \$16.7 million total funds, including \$7.7 million General Fund.

Recommendation: The staff recommendation is provided in the table below.

Behavioral Health Administration, Integrated Behavioral Health Services, Jail-based Behavioral Health Services						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$16,748,929	\$7,241,451	\$0	\$9,507,478	\$0	0.0
Total FY 2024-25	\$16,748,929	\$7,241,451	\$0	\$9,507,478	\$0	0.0
FY 2025-26 Recommended Appropriation						

Behavioral Health Administration, Integrated Behavioral Health Services, Jail-based Behavioral Health Services						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation	\$16,748,929	\$7,241,451	\$0	\$9,507,478	\$0	0.0
BHA BA1 Correctional Treatment Board funding	-507,478	0	0	-507,478	0	0.0
Total FY 2025-26	\$16,241,451	\$7,241,451	\$0	\$9,000,000	\$0	0.0
Changes from FY 2024-25	-\$507,478	\$0	\$0	-\$507,478	\$0	0.0
Percentage Change	-3.0%	0.0%	n/a	-5.3%	n/a	n/a
FY 2025-26 Executive Request	\$16,748,929	\$7,748,929	\$0	\$9,000,000	\$0	0.0
Staff Rec. Above/-Below Request	-\$507,478	-\$507,478	\$0	\$0	\$0	0.0

Circle Program and Other Rural Treatment Programs for People with Co-occurring Disorders

The BHA previously contracted with managed service organizations, and now BHASOs, to administer the Circle Program and Other Rural Treatment Programs. The following sections further describe both components.

Community Based Circle Program supports intensive treatment programs for individuals with co-occurring mental health and substance use disorders. This program was previously operated on the campus of the Colorado Mental Health Hospital in Pueblo (CMHHIP). In FY 2017-18, the General Assembly approved a Department proposal to convert the program to a community-based model. The Department contracted with the MSO for the southeast region, Signal Behavioral Health Network, to establish a community-based Circle Program in Pueblo. Signal subcontracted with Crossroads’ Turning Point Inc., to establish and operate a 16-bed program that focuses on serving those who are “justice involved”. The new community-based program was licensed in December 2018 and began serving clients in January 2019. At present, there are three state-funded circle programs operating in Colorado, each with 16 beds:

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

Rural Co-occurring Disorder Services supports a full continuum of co-occurring behavioral health services for adolescents and adults in southern Colorado and the Arkansas Valley. The appropriation was initially added based on data that demonstrated a gap in the service delivery system for southern Colorado related to the co-occurring, dually diagnosed population, primary substance use, and secondary mental health.

These programs serve both civil clients and forensic clients involved in the criminal justice system. The services provided include residential and outpatient services with a combination of individual and group mental health therapies, individual and group substance use treatment, case management, medication assisted therapy (MAT), substance use testing, and other similar services. Staff understands that Medicaid currently only covers the cost of outpatient treatment, so this line item covers the additional costs of room and board, treatment costs that

are not covered by Medicaid, and wraparound services that ensure a client’s successful transition to outpatient treatment.

The provider rate is historically applied to the General Fund and Marijuana Tax Cash Fund appropriation for services provided.

Statutory Authority: Section 27-66-101, et seq., C.R.S. [Community mental health services]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-82-101, et seq., C.R.S. [Substance use prevention, education, and treatment]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders]; Section 27-66-101, et seq., C.R.S. [Community mental health services]; Section 27-80-101, et seq., C.R.S. [Alcohol and substance use – programs and services]; Section 27-81-101, et seq., C.R.S. [Alcohol and substance use, education, prevention, and treatment]; Section 27-82-101, et seq., C.R.S. [Substance use prevention, education, and treatment]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders]

Reversion: The line item reverted \$516 General Fund and \$334,182 cash funds in FY 2023-24.

Request: \$6.5 million total funds, including \$0.7 million General Fund. Annualizations consist only of a one-time budget balancing decrease from FY 2024-25.

Recommendation: The staff recommendation is provided in the table below.

Behavioral Health Administration, Integrated Behavioral Health Services, Circle Program and Other Rural Treatment Programs for People with Co-occurring Disorders						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$7,083,945	\$638,286	\$5,741,377	\$704,282	\$0	0.0
S.B. 25-095 (Supplemental Bill)	-300,000	-300,000	0	0	0	0.0
Total FY 2024-25	\$6,783,945	\$338,286	\$5,741,377	\$704,282	\$0	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$6,783,945	\$338,286	\$5,741,377	\$704,282	\$0	0.0
Annualize prior year budget actions	550,000	300,000	250,000	0	0	0.0
BHA BA1 Correctional Treatment Board funding	-704,282	0	0	-704,282	0	0.0
BHA R4c Reduce Circle program	-161,714	0	-161,714	0	0	0.0
Total FY 2025-26	\$6,467,949	\$638,286	\$5,829,663	\$0	\$0	0.0
Changes from FY 2024-25	-\$315,996	\$300,000	\$88,286	-\$704,282	\$0	0.0
Percentage Change	-4.7%	88.7%	1.5%	-100.0%	n/a	n/a
FY 2025-26 Executive Request	\$6,533,945	\$704,282	\$5,829,663	\$0	\$0	0.0
Staff Rec. Above/-Below Request	-\$65,996	-\$65,996	\$0	\$0	\$0	0.0

Recovery Support Services

This line item was created in FY 2022-23 to support the Recovery Support Services Grant Program created in S.B. 21-137. The program provides grants to “recovery community organizations” to provide recovery-oriented services to individuals with a substance use disorder (SUD) or co-occurring disorders. The bill directs the BHA to promulgate rules as necessary to implement the program, and to distribute grant funds to BHASOs that in turn subcontract with providers. The bill authorizes recovery community organizations to use the funds to:

- Offer opportunities for individuals with an SUD or a co-occurring disorder to engage in activities focused on mental or physical wellness or community service.
- Provide guidance to individuals with SUD or co-occurring disorders and their family members on navigating treatment, social service, and recovery support systems.
- Help those individuals to connect with resources needed to initiate and retain recovery.
- Assist in establishing and sustaining a social and physical environment supportive of recovery.
- Provide local and state recovery resources.
- Provide recovery support services for caregivers and families of individuals recovering from an SUD or co-occurring disorder.

The bill requires that the General Assembly appropriate \$1,600,000 million General Fund annually to support the program.

Statutory Authority: Section 27-80-126, C.R.S. [Recovery support services grant program]

Request: \$1,604,988 General Fund and 1.0 FTE. Adjustments consist only of the prior year salary survey.

Recommendation: Staff recommends an appropriation of \$1,600,000 and 1.0 FTE. The statute for the program specifically requires an appropriation of \$1,600,000 per year for the program. A higher or lower appropriation would therefore require legislation.

Behavioral Health Administration, Integrated Behavioral Health Services, Recovery Support Services Grant program						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$1,600,000	\$1,600,000	\$0	\$0	\$0	1.0
Total FY 2024-25	\$1,600,000	\$1,600,000	\$0	\$0	\$0	1.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$1,600,000	\$1,600,000	\$0	\$0	\$0	1.0
Annualize prior year budget actions	0	0	0	0	0	0.0
Total FY 2025-26	\$1,600,000	\$1,600,000	\$0	\$0	\$0	1.0
Changes from FY 2024-25	\$0	\$0	\$0	\$0	\$0	0.0
Percentage Change	0.0%	0.0%	n/a	n/a	n/a	0.0%

Behavioral Health Administration, Integrated Behavioral Health Services, Recovery Support Services Grant program

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2025-26 Executive Request	\$1,604,988	\$1,604,988	\$0	\$0	\$0	1.0
Staff Rec. Above/-Below Request	-\$4,988	-\$4,988	\$0	\$0	\$0	0.0

Youth Mental Health Services Program

This line item supports the IMatter program created in H.B. 21-1258 and extended by H.B. 22-1243 and S.B. 24-001. The program reimburses mental health counselors for providing up to six mental health sessions for each child or youth (defined as someone no more than 18 years old or up to 21 years old if that individual is receiving special education services) that is screened into the program. The bill requires the Department to develop a process to select providers, determine a reasonable reimbursement rate, and implement a statewide public awareness outreach campaign. The bill also requires the Department to enter into an agreement with a vendor to create or use an existing web based portal²⁵ that:

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

House Bill 21-1258 authorized the program through June 30, 2022, and appropriated \$9.0 million General Fund to support the program in FY 2020-21 and FY 2021-22. House Bill 22-1243 extended the program through June 30, 2024 and appropriated \$6.0 million cash funds from the Behavioral and Mental Health Cash Fund (originating as federal stimulus fund) for FY 2022-23. Senate Bill 24-001 continued the program through June 30, 2034 and included an appropriation of \$5.0 million General Fund for FY 2024-25.

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

Reversion: The line item reverted \$0.9 million of a \$6.0 million appropriation in FY 2023-24.

Request: \$5.0 million General Fund and 1.0 FTE.

Recommendation: Staff recommends approval of the request as detailed in the table below.

Behavioral Health Administration, Integrated Behavioral Health Services, Temporary Youth Mental Health Services Program

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
Other Legislation	\$5,000,000	\$5,000,000	\$0	\$0	\$0	1.0

²⁵ The portal is available at: <https://imattercolorado.org/>

Behavioral Health Administration, Integrated Behavioral Health Services, Temporary Youth Mental Health Services Program

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
H.B. 24-1430 (Long Bill)	\$0	\$0	\$0	\$0	\$0	0.0
S.B. 25-095 (Supplemental Bill)	\$0	\$0	\$0	\$0	\$0	0.0
Total FY 2024-25	\$5,000,000	\$5,000,000	\$0	\$0	\$0	1.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$5,000,000	\$5,000,000	\$0	\$0	\$0	1.0
Annualize prior year legislation	6,074,762	6,074,762	0	0	0	0.0
Annualize prior year budget actions	2,872	2,872	0	0	0	0.0
BHA R6 Align IMatter	-6,074,762	-6,074,762	0	0	0	0.0
Total FY 2025-26	\$5,002,872	\$5,002,872	\$0	\$0	\$0	1.0
Changes from FY 2024-25	\$2,872	\$2,872	\$0	\$0	\$0	0.0
Percentage Change	0.1%	0.1%	n/a	n/a	n/a	0.0%
FY 2025-26 Executive Request	\$5,002,872	\$5,002,872	\$0	\$0	\$0	1.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

988 Crisis Hotline

This line item was created in FY 2022-23 to support the 988 Crisis Hotline authorized in S.B. 21-154. The bill created the 988 Crisis Hotline Enterprise within the Department of Human Services and requires the enterprise to:

- Impose a 988 surcharge and a prepaid wireless 988 charge.
- Fund the 988 crisis hotline.
- Work with third parties to provide crisis outreach, stabilization, and acute care.
- Authorize and issue revenue bonds payable from the newly created 988 Crisis Hotline Cash Fund.

The enterprise is required to contract with a nonprofit to provide intervention and crisis care coordination for individuals calling the 988 hotline. The bill requires that nonprofit to have an agreement with the national 988 hotline, meet national suicide lifeline guidelines, deploy mobile response units and co-responder programs, coordinate access to walk-in centers, and provide follow-up services.

The bill also created the 988 Crisis Hotline Cash Fund to receive money collected from phone surcharges set in collaboration with the Public Utilities Commission (PUC).

Statutory Authority: Section 27-64-101, et seq., C.R.S. [988 Crisis Hotline Enterprise]; Section 40-17.5-101, et seq., C.R.S. [988 Surcharge and Prepaid Wireless 988 Charge for the 988 Crisis Hotline].

Reversion: The line item reverted \$7.2 million cash funds in FY 2023-24.

Request: \$12.6 million cash funds from the 988 Crisis Hotline Cash Fund. Adjustments consist only of the annualization of prior year salary survey.

Recommendation: Staff recommends approval of the request as detailed in the table below.

Behavioral Health Administration, Integrated Behavioral Health Services, 988 Crisis Hotline						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$12,530,464	\$0	\$12,530,464	\$0	\$0	2.0
Total FY 2024-25	\$12,530,464	\$0	\$12,530,464	\$0	\$0	2.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$12,530,464	\$0	\$12,530,464	\$0	\$0	2.0
Annualize prior year budget actions	53,800	0	53,800	0	0	0.0
Total FY 2025-26	\$12,584,264	\$0	\$12,584,264	\$0	\$0	2.0
Changes from FY 2024-25	\$53,800	\$0	\$53,800	\$0	\$0	0.0
Percentage Change	0.4%	n/a	0.4%	n/a	n/a	0.0%
FY 2025-26 Executive Request	\$12,584,264	\$0	\$12,584,264	\$0	\$0	2.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Medication Consistency and Health Information Exchange

This line item was created following implementation of Senate Bill 17-019. The bill required the Department, in consultation with the Department of Corrections (DOC), to promulgate rules that require providers and allow hospitals to use an agreed upon medication formulary. The formulary is intended to promote continuity of care across criminal justice agencies and health care providers. To ensure medication consistency for persons with mental health disorders in the criminal and juvenile justice systems, the act requires the Division of Youth Services, DOC, counties, comprehensive providers, and other providers to share patient-specific mental health care and treatment information.

The Department’s ongoing monitoring includes the following measures: emergency room utilization, psychiatric and physical inpatient admissions, criminal recidivism efforts, improved treatment outcomes, information access, and cost reductions. According to the Department, participating jails have reported improved treatment planning based on better information, improved work flow, and improved discharge planning and community transitions.

Statutory Authority: Section 27-70-101, et seq., C.R.S. [Medication consistency for individuals with behavioral or mental health disorders in the criminal and juvenile justice systems]; Section 39-28.8-501 (2)(b)(IV)(C) and (D), C.R.S. [Authorization for use of Marijuana Tax Cash Fund]

Reversion: The line item reverted \$82,952 cash funds in FY 2023-24. The BHA indicates that the reversion was the result of electronic interface barriers that have been resolved and does not expect that a reduction can be supported without impacting services.

Request: \$760,700 cash funds from the Marijuana Tax Cash Fund, which reflects no change from the prior year appropriation.

Recommendation: Staff recommends approval of the request.

Care Coordination

This line item was created in FY 2023-24 to support the Care Coordination Program previously been funded through the Behavioral Health Crisis Response System Telephone Hotline line item. Recent legislation (S.B. 21-137, S.B. 22-177, and H.B. 22-1278) tasked the BHA with establishing and developing a comprehensive care coordination infrastructure. Given the expanding role, the Department requested eliminating the statutory requirement that the crisis hotline contractor also provide the coordination services and creating a new line item specific to this program.

The community provider rate is applied to the full appropriation for direct client services but excluding the Department’s personnel and operating costs associated with the state FTE.

Reversion: The line item reverted \$112,872 General Fund in FY 2023-24.

Request: \$1.8 million General Fund, which reflects no change from the prior year appropriation.

Recommendation: The staff recommends approval of the request.

School Mental Health Screening Program

This line item supports the School Mental Health Screening Program created by H.B. 23-1003. The program supports mental health screenings in schools for students in sixth through twelfth grade. Schools must notify the BHA by May 1 to participate in the program for the following school year. Schools must provide written notification to parents within the first two weeks of school that screenings will be conducted, and parents have the authority to opt their children out of screenings. The BHA selects a screening vendor through an RFP process.

The original fiscal note assumed 25.0 percent of schools would participate. The BHA indicates that 11 schools participated in the 2023-24 school year, and 8 schools are currently participating.

Statutory Authority: Section 27-50-903, C.R.S.

Reversion: Actual expenditures are reported as part of the Program Administration line in FY 2023-24.

Request: \$1.8 million General Fund.

Recommendation: Staff recommends elimination of the program for General Fund balancing.

Behavioral Health Administration, Integrated Behavioral Health Services, School Mental Health Screening Program						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$2,536,706	\$2,536,706	\$0	\$0	\$0	0.0
S.B. 25-095 (Supplemental Bill)	-1,637,776	-1,637,776	0	0	0	0.0
Total FY 2024-25	\$898,930	\$898,930	\$0	\$0	\$0	0.0
FY 2025-26 Recommended Appropriation						

Behavioral Health Administration, Integrated Behavioral Health Services, School Mental Health Screening Program						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation	\$898,930	\$898,930	\$0	\$0	\$0	0.0
Annualize prior year budget actions	1,637,776	1,637,776	0	0	0	0.0
Annualize prior year legislation	0	0	0	0	0	0.0
BHA R5 School screenings	-2,536,706	-2,536,706	0	0	0	0.0
Total FY 2025-26	\$0	\$0	\$0	\$0	\$0	0.0
Changes from FY 2024-25	-\$898,930	-\$898,930	\$0	\$0	\$0	0.0
Percentage Change	-100.0%	-100.0%	n/a	n/a	n/a	n/a
FY 2025-26 Executive Request	\$1,760,708	\$1,760,708	\$0	\$0	\$0	0.0
Staff Rec. Above/-Below Request	-\$1,760,708	-\$1,760,708	\$0	\$0	\$0	0.0

Behavioral Health Continuum Gap Grant

This line item supports the Behavioral Health Continuum Gap Grant program created by H.B. 22-1281 and continued by H.B. 24-1176. The grant supports the expansion of behavioral health beds, crisis services, step-down facilities, and capital projects.

Statutory Authority: Section 27-60-502, C.R.S.

Reversion: The line did not have an appropriation in FY 2023-24.

Request: The BHA requests no appropriation. Adjustments include the annualization of H.B. 24-1176, which included a one-time General Fund appropriation.

Recommendation: Staff recommends approval of the request as detailed in the table below.

Behavioral Health Administration, Integrated Behavioral Health Services, Behavioral Health-care Continuum Gap Program						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
Other Legislation	\$4,000,000	\$0	\$4,000,000	\$0	\$0	0.0
Total FY 2024-25	\$4,000,000	\$0	\$4,000,000	\$0	\$0	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$4,000,000	\$0	\$4,000,000	\$0	\$0	0.0
Annualize prior year legislation	-4,000,000	0	-4,000,000	0	0	0.0
Total FY 2025-26	\$0	\$0	\$0	\$0	\$0	0.0
Changes from FY 2024-25	-\$4,000,000	\$0	-\$4,000,000	\$0	\$0	0.0
Percentage Change	-100.0%	n/a	-100.0%	n/a	n/a	n/a
FY 2025-26 Executive Request	\$0	\$0	\$0	\$0	\$0	0.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

(E) Indirect Cost Assessment

Indirect Cost Assessment

This line item reflects the money anticipated to be recovered from cash and federal fund sources that allow for statewide and departmental indirect administrative costs.

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

Reversion: The line item reverted \$407,740 reappropriated and federal funds in FY 2023-24.

Request: \$3.8 million cash, reappropriated, and federal funds.

Recommendation: The staff recommendation is provided in the table below. Staff requests permission to adjust the appropriation as necessary to align with Committee final action.

Behavioral Health Administration, Indirect Cost Assessment, Indirect Cost Assessment						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$3,697,193	\$0	\$1,976,728	\$59,304	\$1,661,161	0.0
S.B. 25-095 (Supplemental Bill)	-43,763	0	-23,398	-702	-19,663	0.0
Total FY 2024-25	\$3,653,430	\$0	\$1,953,330	\$58,602	\$1,641,498	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$3,653,430	\$0	\$1,953,330	\$58,602	\$1,641,498	0.0
Indirect costs	109,807	0	55,304	1,262	53,241	0.0
Annualize prior year budget actions	43,763	0	23,398	702	19,663	0.0
Centrally appropriated line items	12,319	0	6,586	198	5,535	0.0
Impacts driven by other agencies	5,195	0	2,777	84	2,334	0.0
R8 Increase county oversight and support	0	0	0	0	0	0.0
Total FY 2025-26	\$3,824,514	\$0	\$2,041,395	\$60,848	\$1,722,271	0.0
Changes from FY 2024-25	\$171,084	\$0	\$88,065	\$2,246	\$80,773	0.0
Percentage Change	4.7%	n/a	4.5%	3.8%	4.9%	n/a
FY 2025-26 Executive Request	\$3,828,013	\$0	\$2,043,266	\$60,904	\$1,723,843	0.0
Staff Rec. Above/-Below Request	-\$3,499	\$0	-\$1,871	-\$56	-\$1,572	0.0

(6) Office of Civil and Forensic Mental Health

Prior to the creation of the Behavioral Health Administration, behavioral health programs in the Department were under the Office of Behavioral Health. With the movement of community-based programs to the BHA, the Department internally re-named the Office of Behavioral

Health to the Office of Civil and Forensic Mental Health (OCFMH) to more accurately reflect the programming that remained within the Office.

OCFMH is primarily responsible for the operation of the two state hospitals that provide inpatient hospitalization for individuals with serious mental health disorders. One hospital is located in Pueblo and the other is located on the Fort Logan campus in southwest Denver. 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).

OCFMH also includes court and forensic services, which conduct competency evaluations and assist courts with navigating the waitlist for inpatient competency restoration services respectively. Finally, this section of the Long Bill includes appropriations for fines and fees associated with a Consent Decree for inpatient competency restoration services.

Office of Civil and Forensic Mental Health						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$310,163,883	\$288,039,074	\$8,380,405	\$13,744,404	\$0	1,565.9
S.B. 25-095 (Supplemental Bill)	-931,234	-4,088,577	-23,311	3,180,654	0	-8.4
Other Legislation	23,098	23,098	0	0	0	0.3
Total FY 2024-25	\$309,255,747	\$283,973,595	\$8,357,094	\$16,925,058	\$0	1,557.8
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$309,255,747	\$283,973,595	\$8,357,094	\$16,925,058	\$0	1,557.8
R4 Reduce inpatient competency contracts	-2,000,000	-2,000,000	0	0	0	0.0
R5 Reduce consent decree fines	278,556	278,556	0	0	0	0.0
R6 Staffing Fort Logan G-wing	6,212,786	6,212,786	0	0	0	54.4
R7 Transitional living home Medicaid	4,972,384	-12,195	0	4,984,579	0	31.4
R8 Increase county oversight/support	0	0	0	0	0	0.0
R9 Maintain electronic hospital records	467,916	467,916	0	0	0	0.0
Annualize prior year budget actions	1,603,844	1,196,966	562,336	-155,458	0	8.4
Annualize prior year legislation	-23,098	-23,098	0	0	0	-0.3
Impacts driven by other agencies	790,816	0	2,768	788,048	0	0.0
Centrally appropriated line items	11,824	0	6,562	5,262	0	0.0
Indirect costs	88,709	0	55,098	33,611	0	0.0
SI OCFMH Admin reduction	-33,731	-33,731	0	0	0	0.0
Total FY 2025-26	\$321,625,753	\$290,060,795	\$8,983,858	\$22,581,100	\$0	1,651.7

Office of Civil and Forensic Mental Health						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Changes from FY 2024-25	\$12,370,006	\$6,087,200	\$626,764	\$5,656,042	\$0	93.9
Percentage Change	4.0%	2.1%	7.5%	33.4%	0.0%	6.0%
FY 2025-26 Executive Request	\$317,156,217	\$288,170,417	\$8,985,721	\$20,000,079	\$0	1,652.7
Staff Rec. Above/-Below Request	\$4,469,536	\$1,890,378	-\$1,863	\$2,581,021	\$0	-1.0

Decision Items

→ R5 Reduce consent decree fines

Request

The Department requests an ongoing decrease of \$5.0 million General Fund for estimated competency restoration consent decree fines and fees.

Recommendation

Staff recommends an increase of \$278,556 General based on the most recent waitlist data.

Analysis

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.²⁶ When competency is raised, the court orders a forensic evaluation and legal proceedings are suspended until the evaluation is complete. The question of competency can therefore interrupt the right to a speedy trial.

Competency evaluations consist of a review of case discovery, client history, and a competency specific mental exam. The exam pertains specifically to the individual’s factual knowledge of legal proceedings and ability to assist in their own defense, rather than a comprehensive mental health exam. Evaluations can be court ordered to be completed in an inpatient hospital, jail, or community-based setting. Evaluations must be completed by a licensed psychiatrist or psychologist trained in forensic competency, or training under a licensed psychologist.²⁷

A defendant is determined to be **incompetent to proceed** if they do not have present ability aid and assist in their own defense as a result of a mental disability or developmental

²⁶ Office of Behavioral Health.

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

²⁷ Section 16-8.5-101 (3), C.R.S.

disability.²⁸ Competency is not related to mental condition at the time of the accused crime, and can change at any time based on services or medication.

The court determines whether an individual is competent to proceed based on information provided to the court by the competency evaluation.²⁹ 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.

Competency 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. The court may order that restoration services occur in an inpatient hospital, jail, or outpatient community-based setting.³⁰

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 inpatient restoration. Separate requirements and fines are set for evaluations and restoration, based on whether a patient meets Tier 1 or Tier 2 criteria. Patients who are gravely disabled or are an immediate threat to themselves or others are considered to be Tier 1. Tier 2 patients require inpatient restoration services, but do not meet Tier 1 criteria.³¹ Requirements for evaluation and restoration under the consent decree are described below.

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

The total fines and fees are capped to an annual amount adjusted for inflation each year. Fines were capped to \$12.2 million General Fund in FY 2024-25. Last year the Committee approved an RFI for the Department to report on actual fines and fees paid out on a monthly basis. The report for FY 2023-24 provided in November 2024 is below.

²⁸ Section 16-8.5-101 (12), C.R.S.

²⁹ Section 16-8.5-103 (5), C.R.S.

³⁰ Section 16-8.5-111 (5), C.R.S.

³¹ Section 16-8.5-101 (3), C.R.S.

Table 14: 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
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

The Department reached the fine cap within the first three months of the fiscal year. In absence of the cap, the Department would have paid \$54.5 million General Fund in 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 October 2024, \$54.0 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.³²

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 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-based programs.

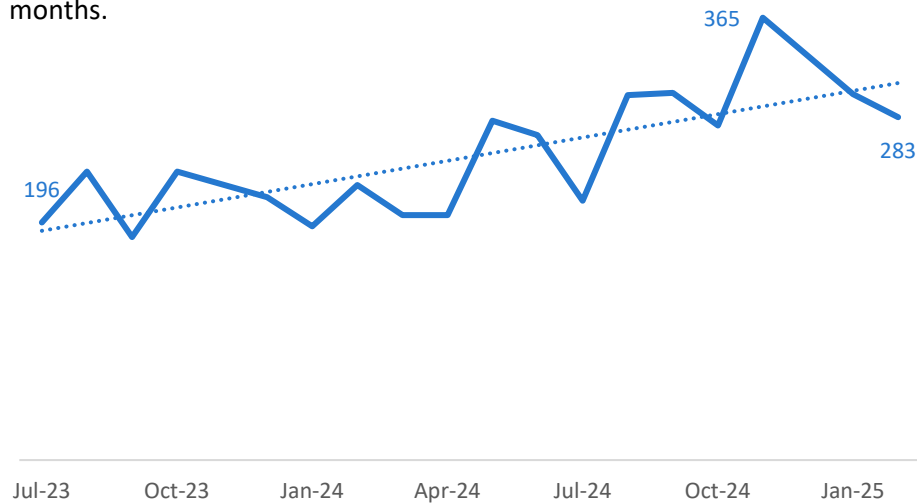
³² <https://coloradocompetencysolutions.com/fines-fund>

Current caseload

In November, the Department projected that consent decree fines and fees would average \$600,000 per month in FY 2025-26. Annual fines were expected to total \$7.2 million, which would allow a \$5.0 million General Fund reduction below the current appropriation.

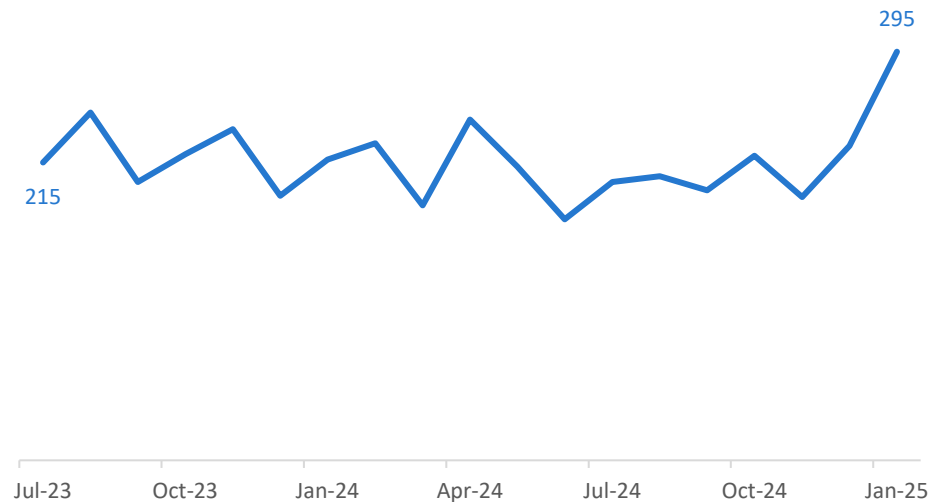
However, the Department reports that court-ordered evaluations and inpatient restoration services have increased dramatically since the reduction was submitted. Recent caseload for court-ordered competency evaluations is provided in the chart below.

Court ordered competency evaluations have increased over the last 18 months.



The Department indicates that the increase cannot be attributed to an individual judge or judicial district. The increase is of particular concern because caseload has an annual cycle, and is typically low in December while court orders may slow during holidays. Restoration orders lag evaluations, but increased from 190 in November 2024 to 295 in January 2025.

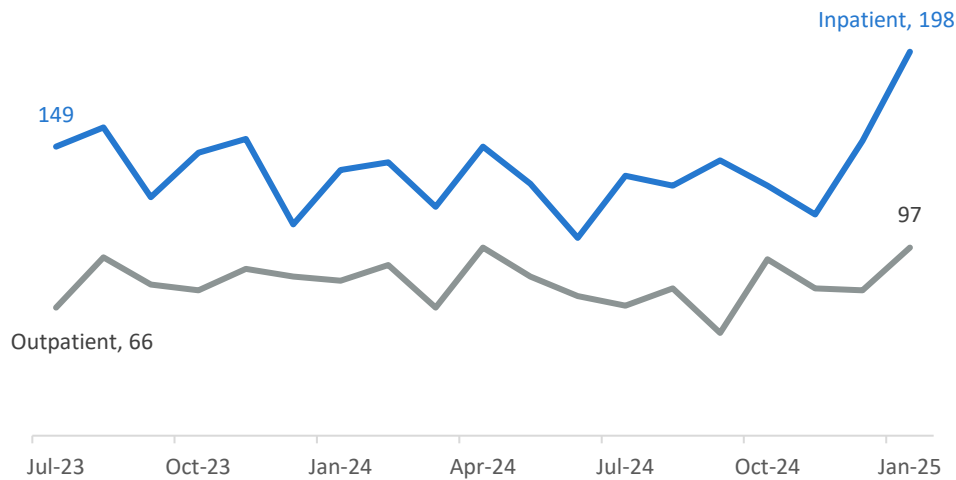
Court orders for restoration services increased from November to January.



Importantly, a majority of restoration court orders are inpatient. The court may choose to order inpatient or outpatient services as informed by the evaluation. The waitlist only includes pretrial detainees waiting for admission for inpatient services. Outpatient orders therefore impact capacity at community providers, but do not impact the waitlist or capacity at the state hospitals.

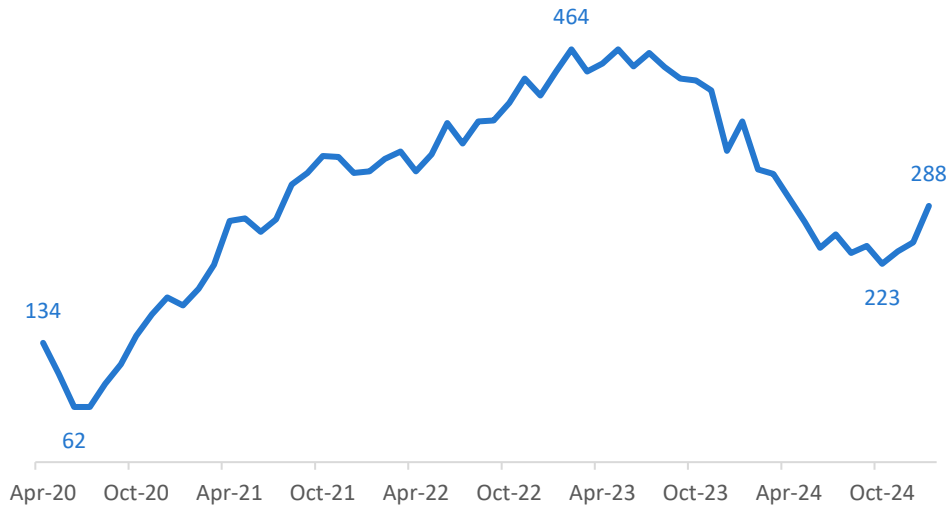
The percentage of inpatient orders has varied from a low of 57.1 percent in December 2023 to a high of 72.8 percent in September 2024. Outpatient orders also increased from December to January. However, the Department is concerned that inpatient orders increased at a greater rate.

Inpatient orders have increased at a greater rate than outpatient orders.



The Department increased capacity through legislation and budget actions, with total jail-based and inpatient competency restoration beds increasing from 350 to 455 in FY 2023-24. The waitlist peaked at 464 in May 2023 and decreased until October 2024. The waitlist has increased sharply since October due to the increase in court orders for inpatient restoration services.

The waitlist has increased after reaching a three-year low in October 2024.



There are multiple reasons the increase is of particular concern to the Department.

- 1 Caseload increased during a time of year that caseload typically slows.
- 2 The increase has sustained long enough to be considered a statistical trend.
- 3 The increase is not related to decreased capacity. Rather, the increase follows historic investments and capacity increases.

The Department is actively engaging with judicial districts and individual judges to address the increase in orders. The Forensic Services subdivision of OCFMH includes court services staff that manage evaluation orders, and forensic navigators that work with courts to manage the restoration waitlist. The requested appropriations for these lines in FY 2025-26 include \$9.0 million General Fund and 67.6 FTE for court services, and \$2.6 million General Fund and 28.0 FTE for the forensic support team.

Recommendation

Staff recommends an increase of \$287,556 General Fund for consent decree fines and fees in FY 2025-26. The Department requested a \$5.0 million reduction based on decreasing caseload trends in the fall of 2024. Trends have reversed since the request was submitted. Staff and the Department agree that fines can no longer be expected to fall below the cap if current trends are sustained.

Staff recommends an increase because the cap on fines is subject to an inflationary increase each year. The staff recommendation reflects the prior year appropriation as adjusted for Denver-Aurora-Lakewood CPI. Inflationary calculations are provided below.

Item	FY 2023-24 Actuals	FY 2024-25 Estimate	CPI	FY 2025-26 Estimate
Fines	\$11,480,560	\$11,882,380	2.3%	\$12,155,675
Special Master Fees	302,062	338,108	2.3%	345,884
Trustee Fees	4,676	6,840	2.3%	6,997
Total	\$11,787,298	\$12,227,328	2.3%	\$12,508,557

The caseload increase has only sustained for three months. It is possible that a reduction could be considered during the supplemental process next year if the trend reverses. However, staff finds that the last three months demonstrates the caseload volatility and risk associated with budgeting for any amount less than the cap.

Item	Request	Recommendation
FY 2024-25 Base	\$12,230,000	\$12,230,000
FY 2025-26 Change	-5,000,000	278,556
FY 2025-26 Total	\$7,230,000	\$12,508,556

The Department did provide staff with several offsetting reduction options on Friday, March 7. Staff has not had time to evaluate the options, but expects to comeback to the Committee with options that may include at least the following:

- Utilities reduction and/or restructure
- Forensic Services
- Jail-based competency restoration programs
- CMHHIP police staffing

→ R4 Reduce private hospital contracts

Request

The Department requests an ongoing decrease of \$2,000,000 General Fund for inpatient competency contracts with private hospitals.

Recommendation

Staff recommends approval of the request due to current inpatient capacity. However, staff would recommend additional reductions above the request if necessary for General Fund balancing.

Analysis

The FY 2024-25 appropriation for inpatient competency contracts with private hospitals was \$29.9 million General Fund. The request would result in a total appropriation of \$27.9 million General Fund for FY 2025-26. Contracts cost an average of \$1,200 per bed per day. The request is expected to decrease the number of private hospital beds from 95 to 90, and decrease the number of patients served from 216 to 201 annually.

Funding history

The Department began contracting with private hospitals for inpatient restoration treatment beds following a FY 2018-19 budget request. The appropriation included \$3.2 million General Fund to support 10 private hospital beds in the Denver metro area. The appropriation is subject to the common policy community provider rate and included \$3.5 million General Fund in FY

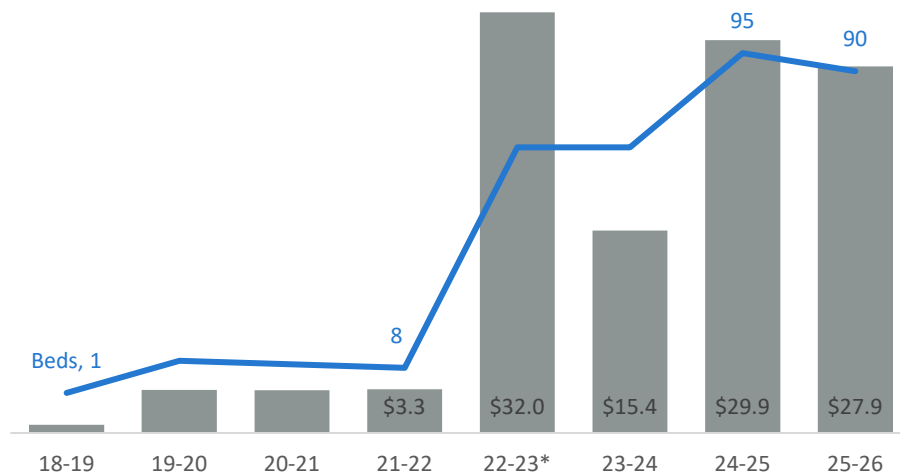
2023-24. The contract has decreased overtime, and currently supports 8 beds at a \$1,200 daily rate.

[House Bill 22-1386 \(Competency to Proceed and Restoration Competency\)](#) included a one-time appropriation of \$28.6 million ARPA funds to support additional private hospital competency restoration treatment beds. Executive Branch reports indicate that the appropriation is fully expended.³³ A total of 61 private hospital beds were supported with ARPA funds, and an additional 8 beds were supported with the existing General Fund appropriation.

In 2023, the Department submitted a request to continue the ARPA-funded contracts and add an additional 19 contract beds through an ongoing \$33.3 million General Fund appropriation. At the time, the Department estimated that capacity for inpatient competency restoration would decrease by 203 patients per year when ARPA funding expired.

The Committee initially approved the FY 2024-25 request, but decreased the amount by \$7.0 million for budget balancing. The final approved increase was \$26.3 million, and was expected to support 63 beds in addition to 8 existing beds.

Total funding and bed capacity increased after an ARPA appropriation was continued with ongoing General Fund in FY 2024-25.



*ARPA funds appropriated in FY 22-23 also supported contract beds in FY 23-24.

The FY 2024-25 request assumed a daily rate of \$1,200 based on the current contract. The Department therefore assumed that the increase approved by the Committee would support a total of 71 beds, including the existing 8 bed General Fund contracts. However, an RFI indicates that the Department was able to contract for a total of 95 beds by the end of FY 2023-24.

The exact calculations provided by the Department remain unclear. The Department indicates that beds were contracted at a lower daily rate than anticipated by the FY 2024-25 request, resulting in more beds. However, the projected expenditures provided by the Department for FY 2024-25 are \$3.8 million above the FY 2024-25 appropriation.

³³ <https://coforward.colorado.gov/arpa-data/agency-spending-data/dept-of-human-services-cdhs>

Row	Item	Amount
1	FY 2024-25 Appropriation	\$29,860,026
2	FY 2024-25 Projected expenditure	33,688,960
3	Appropriation -under/over expenditure	-\$3,828,934
4	Requested FY 2025-26 appropriation	\$27,860,801
5	Change from FY 2024-25 appropriation	-\$1,999,225
6	Change from FY 2024-25 expenditure	-5,828,159

The Department indicates that the over-expenditure is covered by existing roll-forward authority. Staff is currently unaware of where the roll-forward authority originates because it is not provided in the Long Bill.

Calculations

Even though actual FY 2024-25 contracts came in at a lower rate and the Department is currently contracted for 95 beds, the FY 2025-26 request still assumes a daily rate of \$1,200 and a current total of 71 beds in alignment with the FY 2024-25 request.

The Department only pays the daily rate if the bed is occupied. The request indicates that each bed is expected to have a 95.0 percent occupancy rate and serve 3.04 patients per year. Expenditures would be higher than the amounts provided by the Department using these data points. Staff assumes that expenditures will be higher than estimated, or the occupancy or daily rates are lower than the information provided by the Department.

Source	Contract	Beds	Daily Rate	Occupancy	Days	Total Cost
Request information						
	Peakview	80	\$1,050	95%	365	\$29,127,000
	Denver Health	15	1,040	90%	365	5,124,600
	Total	\$95				\$34,251,600
Department projection						
	Peakview	80	\$1,050	93.0%	365	\$28,500,000
	Denver Health	15	1,040	91.1%	365	5,188,960
	Total					\$33,688,960
	Difference					\$562,640

Based on the Department’s projected expenditures for FY 2024-25, **the average annual cost per bed is \$354,621, or \$116,652 per patient.** In comparison, the new Fort Logan G-wing unit is expected to cost \$133,909 per patient per year. According to the request, private contracts and the state hospitals have similar occupancy and turnover rates. However, the Department has separately indicated that the private hospital beds turnover more quickly because the state hospital serves the highest acuity patients with the longest stays.

Advocates contend that more patients could be supported if funding was directed to community-based outpatient services rather than inpatient hospitals. However, whether a

patient is served in an inpatient or outpatient setting is determined by the court order and hospitals are expected to serve higher acuity clients.

Recommendation

Staff recommends approval of the request. The Committee could choose to deny the request to maintain current inpatient capacity, or approve a greater decrease for budget balancing.

Due to the high cost, reducing the number of contracts can result in large savings without significant impacts to capacity. This is unlike the state hospitals, where even small personal services reductions can require the Department to close an entire unit and severely reduce capacity.

The Committee may choose to consider a reduction of any amount. However, the Department is concerned that any decreases to capacity will jeopardize compliance with the consent decree given the most recent waitlist trends.

Staff cannot accurately estimate General Fund savings based on the number of beds because the Department is currently overspending. Staff’s best estimate based on the information provided is in the table below. However, staff assumes that the number of beds would be lower if the Department operates within the appropriation.

Beds	General Fund Savings	Caseload
Current: 95	\$0	289
Request: 90	1,571,621	274
80	4,714,863	243
70	7,858,106	213
60	11,001,348	182
50	14,144,590	152
40	17,287,832	122
30	20,431,074	91
20	23,574,317	61
10	26,717,559	30
0	29,860,801	0

→ R6 Staffing Fort Logan G-wing

Request

The Department requests an increase of \$6.9 million General Fund and 56.7 FTE in FY 2025-26 to staff a newly constructed unit at Fort Logan. The request decreases to \$6.7 million General Fund and 57.1 FTE in FY 2026-27 and ongoing.

Recommendation

Staff recommends an increase of \$6.3 million General Fund and 55.9 FTE in FY 2025-26, and approval of the Department’s ongoing request.

Analysis

[House Bill 22-1303 \(Increase Residential Behavioral Health Beds\)](#) appropriated funds that originated from ARPA for the renovation of existing facilities to create a new 16 bed unit at Fort Logan. The unit is expected to serve forensic clients initially, but transition to serving civil clients when the competency restoration waitlist is eliminated or trending toward elimination.

The fiscal note for the bill anticipated that the unit would be operational in FY 2023-24, and that ongoing operational expenses would be fully supported with General Fund beginning in FY 2024-25. The anticipated cost at the time was \$6.2 million General Fund and 59.2 FTE. The unit is currently under construction and is not yet operational.

The Department initially submitted an annualization as part of the FY 2024-25 request to align with the fiscal note. The annualization included \$5.5 million General Fund and 61.5 FTE. However, the unit was not yet constructed. As part of figure setting, the Department indicated that the unit was expected to be constructed and operational by June 2025. However, four months of funding was necessary to begin hiring and training staff in order to open as soon as construction was complete.

The General Assembly appropriated a total of \$2.8 million General Fund and 14.6 for a quarter year of funding to support hiring and training in FY 2024-25. The Department identified constructions delays in December 2024, and determined that the unit would not open until September 2025. The General Assembly therefore approved a decrease as part of the supplemental process, for a total of \$1.3 million General Fund. Funding is associated with one month of funding for hiring and training to begin in June.

The Department has also identified increased costs associated with higher staffing ratios, pharmacy, and operating costs based on other newly established units, rather than the initial fiscal note estimates provided three years ago. The Department recently opened two additional units in Fort Logan through budget requests last year. In opening the units, the Department found that actual costs exceeded initial estimates, and have therefore increased the associated budget for the G-wing in alignment with recent actual expenditures.

Calculation

The request includes 56.9 FTE and the associated operating costs for the unit. Amounts include state FTE and contract positions. A summary of the calculation is provided in the table below.

Item	FY 2025-26	FY 2026-27
State FTE	\$4,563,784	\$4,570,788
Contract positions	1,046,331	1,046,331
Ongoing operating	1,010,971	1,011,068
One-time operating	206,219	0
Centrally appropriated	28,848	33,098
Total	\$6,856,153	\$6,661,285

Contract positions include medical staff that may not be able to be supported through full-time state employees. Contracted positions include a psychiatrist, physician, nurse practitioner, radiologist, and pathologist. Ongoing operating costs include laboratory and pharmacy costs.

Recommendation

Staff recommends an increase of \$6.3 million General Fund in FY 2025-26. The recommendation is based on Committee common policies for FTE in the first year, including no centrally appropriated costs, salaries at the minimum, and prorated FTE for non-clinical positions.

However, the request does not meet standard criteria for common policy compensation adjustments. First, the request includes more than 20.0 FTE, which is normally the threshold for approving centrally appropriated costs. The Department only requested \$28,848 for centrally appropriated costs associated with new facilities positions, which staff assumes is absorbable.

The General Assembly also approved funding for the Department to begin hiring in FY 2024-25, which would typically negate the need to further prorate FTE. It may also be reasonable to fund some positions at the mid-point of the salary range as requested due to historic challenges with competitive compensation.

The staff recommendation is based on an assumption that all sixty positions will not be filled for the entire fiscal year. A reduction to this request could also prevent the need to reduce another Department program by \$500,000 General Fund.

Staff is concerned that a reduced appropriation could prevent the Department from hiring adequate staff and delay the opening of the new unit. However, the unit has faced prolonged construction delays and could face further delays. A summary of the requested and recommended positions are provided in the table below.

Position	FTE	Request	Recommendation	Difference
Medical/clinical	35.6	\$2,744,924	\$2,513,290	-\$231,634
Security	11.0	768,144	618,790	-149,354
Administrative	3.5	190,710	172,839	-17,871
Lab/pharmacy	2.2	161,074	139,542	-21,532
Dining	2.1	100,503	91,087	-9,416
Facilities	1.5	71,248	69,694	-1,554
Total	55.9	\$4,036,603	\$3,605,241	-\$431,362

The overall request and recommendation is greater than the amounts included in the original fiscal note of the bill. The increase is due to higher staffing ratios and pharmacy costs that the Department has determined are necessary to meet safety standards to operate a forensic unit since the fiscal note was developed three years ago.

Staff recommends approval of operating amounts because standard operating costs are lower than the staff calculation and non-standard operating costs are specific to operating the state hospitals.

Item	Request	Recommendation	Difference
Personal services*	\$4,563,784	\$4,083,931	-\$479,853
Contract positions	1,046,331	1,046,331	0
Ongoing operating	1,010,971	1,010,971	0
One-time operating	206,219	206,219	0
Centrally appropriated	28,848	0	-28,848
Total	\$6,856,153	\$6,347,452	-\$508,701

*Includes costs for PERA excluded from the prior calculation to align with Department calculations.

→ R7 Transitional living homes

Request

The Department requests a net increase of \$5.2 million total funds to reflect Medicaid funds received for the operation of Mental Health Transitional Living Homes. Amounts include a decrease of \$12,195 General Fund offset by an increase of \$5.2 million reappropriated funds from the Department of Health Care Policy and Financing.

The request is related to a supplemental request approved by the Committee for FY 2024-25.

Recommendation

Staff recommends a net increase of \$4.7 million total funds. Amounts include a decrease of \$442,990 General Fund, offset by an increase of \$5.2 million Medicaid funds. The recommendation includes several technical differences from the request, and aligns with the forecast provided by the Department of Health Care Policy and Financing.

Analysis

Mental health transitional living homes (MHTLH) were created within the Office of Civil and Mental Health (OCFMH) by [H.B. 22-1303 \(Increase Residential Behavioral Health Beds\)](#). The bill required the Department to establish at least 125 beds for individuals in need of ongoing support services. The homes are expected to serve as an intermediary on the care continuum between the state hospitals and community-based services. The bill appropriated stimulus funds that originated from the federal American Rescue Plan Act of 2021 (ARPA) to support construction and renovation projects to establish the beds.

The bill required the Department to establish at least 125 beds. The fiscal note assumed that of that amount, 18 beds would be at state-operated facilities and 107 beds would operate through contracts with private providers. The bill included \$33.5 million ARPA funds to support renovation projects at state and private facilities, as well as the first year of operating costs. This amount was reduced to \$11.2 million in H.B. 24-1465 after actual construction expenses came in under projections and homes did not open in FY 2023-24 as anticipated.

The Department indicates that 164 beds have been established and are operational in FY 2024-25, including 140 private contract beds and 24 state-operated beds. The state-operated beds

are located at three renovated former group-homes. The homes serve different acuity levels referred to as Level 1, 2, and 3.

Level 1 homes (L1) are responsible for daily living with support including medication dispensation, minimal therapeutic activities, and regularly scheduled daily activity support. Programming is geared toward supporting engagement and work toward full independence.

Level 2 homes (L2, Supported Therapeutic Transitional Living) provide coordinated care including medication dispensation, therapeutic services, daily social and life skills training, and group activities. This is a higher level of care for patients needing continued management of mental illness. This may include additional supervision to support safety, which may or may not require increased staffing and delayed egress systems.

Level 3 homes (L3, Supported Therapeutic Skilled Nursing Transitional Living) provide a therapeutic environment of care and treatment. Services include intensive psychiatric and skilled nursing care in addition to medication management, daily social and life skills, and group activities. This is the highest acuity level, and provides 24-hour care due to ongoing, complex medical conditions.

2024 Figure Setting

The fiscal note assumed an ongoing cost of \$20.6 million to operate mental health transitional living homes by FY 2024-25. The fiscal note appears to assume that contract beds will be 100% Medicaid funded, but does not provide fund source detail for the amount of General Fund expected to support either state operated or contract beds on an ongoing basis.

The Department included the annualization of \$19.8 million total funds in FY 2023-24 as part of the November 2023 budget submission. Amounts included \$12.6 million General Fund, \$7.2 million federal funds, and 21.8 FTE.

During figure setting, staff identified that the \$7.5 million federal funds were actually ARPA cash funds that were no longer available for appropriation. Staff also questioned why the beds were supported with General Fund, rather than Medicaid funds as indicated in the fiscal note. The Department indicated that some clients were expected to be Medicaid eligible and bill directly, while General Fund supports costs and clients that are not Medicaid eligible or privately insured.

Staff recommended and the Committee approved an associated \$7.5 million reduction. The staff recommendation was based on General Fund balancing, the construction status of the homes, and a lack of information about available Medicaid funding.

The staff recommendation maintained \$12.6 million General Fund to support the homes, which were expected to open mid-year. At the time, the Department assumed that an increase of \$5.3 million General Fund was necessary or 84 of the 146 contract beds would not be able to open based on that reduction.

The Committee also approved an RFI for the Department to report on the construction status of the homes in November 2024. In the RFI response, the Department indicated that renovations

were expected to be final by the end of December 2024. Hiring was also expected to be complete in December.

2025 Supplemental

The FY 2024-25 Supplemental included a reduction of \$2.6 million General Fund, offset by an equal increase of reappropriated Medicaid funds. The request indicated that it was previously unknown if and when CMS would authorize Medicaid reimbursement, and therefore couldn't be included in the fiscal note for H.B. 22-1303 (which did include \$16.9 million ongoing Medicaid funds). The request indicated that the associated funding was already included in the HCPF forecast.

Staff then identified that the FY 2023-24 Long Bill included an annualization of \$22.8 million total funds in the HCPF Medical Services Premiums section for the annualization of H.B. 22-1303. HCPF attributes \$2.5 million of that amount to state operated beds. According to the requests submitted by the Department of Human Services, beds were not operational until FY 2024-25.

The DHS request stated that the Department had made arrangements for a total of 164 beds, including 24 state operated and 140 contract beds in FY 2024-25. All beds were expected to be operational in January 2025. The request indicated that the JBC reduced funding in FY 2024-25 because not all homes were operational and a full year of funding was not necessary.

Medicaid funding

Both state and private facilities are supported with \$12.6 million General Fund through the Department of Human Services. How Medicaid funds are received and reflected in the budget varies between the two facility types as well as the level of home.

The private contractors bill directly to Medicaid and do not flow through the Department of Human Services. Human Services pays the contractors on top of the Medicaid reimbursement to support the contracts and costs not covered by Medicaid. This is supported by the General Fund appropriation in the Department of Human Services. It is staff's understanding that HCPF anticipates that Level 1 patients are eligible for the Home and Community-based Services waiver (HCBS). Level 2 and 3 may still be eligible for and receive Medicaid reimbursement, but not through HCBS waivers.

For state-operated beds, Medicaid funds for eligible clients should be reappropriated from HCPF to the Department of Human Services. The request indicates that the amount of these reappropriated funds was not known last year, and therefore was not included in the Long Bill. However, the necessary funds were included in the HCPF forecast.

The November 2024 HCPF request included funding associated with the beds in Medical Services Premiums, Behavioral Health Capitation, and the Office of Community Living. The Committee approved a staff recommendation to move the portion of the appropriation associated with state operated beds from Medical Services Premiums to the Transfers to other Agencies section of the HCPF Long Bill. This allows staff to more accurately align appropriations

between the two Departments, but removes HCPF’s ability to adjust the amount based on utilization forecasts.

HCPF indicates that they have since identified that all state operated beds are currently being paid for under behavioral health capitation. HCPF has adjusted the 2025 February forecast for behavioral health to remove the impact associated with these beds from the behavioral health capitation line item for FY 2024-25 and FY 2025-26 to align with the Committee’s supplemental action. Costs associated with contract beds are still included in Medical Services Premiums and Behavioral Health Capitation.

Calculations

The request includes a net increase of \$5.2 million total funds and 32.9 FTE to fully staff mental health transitional living homes. Amounts include a decrease of \$12,195 General Fund and an increase of \$5.2 million Medicaid funds reappropriated from HCPF.

The requested amounts are based on the personal services, operating, and contract costs for staff to operate the homes. The anticipated amount of Medicaid funds exceeds staffing costs, resulting in the slight General Fund reduction.

Item	Amount
Personal Services	\$2,314,789
Operating	1,615,133
Contracts	1,236,859
Centrally appropriated lines	28,848
Total Cost	\$5,195,629
Medicaid Estimate	\$5,207,824
Difference (GF impact)	-\$12,195

Recommendation

Staff recommends three technical calculation changes from the request:

- 1 Align Medicaid amounts with adjustments from HCPF for the February forecast.
- 2 Standard FTE salary adjustments and removal of centrally appropriated costs.
- 3 Appropriate General Fund in line items that do not currently include Medicaid funds.

Medicaid. Staff has worked with the Department of Health Care Policy and Financing to identify the appropriate amount based on the February forecast. HCPF estimates \$5.1 million total funds to support the request. The staff recommendation continues Committee action from the supplemental to include this amount in a separate line item from the forecasts in FY 2025-26 and ongoing to ensure alignment between the two agencies.

Personnel costs. Staff estimates a total cost of \$4.7 million for staffing, operating, and contract costs. The recommendation includes salaries at the minimum of the range, removal of centrally appropriated line items, and operating and contract costs as requested.

General Fund for facilities staff. The request includes 1.5 FTE for facilities staff that are located in the Division of Administration and Finance. Appropriations for the Division do not currently include Medicaid Funds, and the HCPF budget structure does not include a section for the Division. Therefore, staff recommends appropriating General Fund for the facilities position, and appropriating all Medicaid funds in the line item for Mental Health Transitional Living Homes.

Renaming. Finally, staff recommends renaming the Long Bill section and line item associated with Mental Health Transitional Living Homes from “Residential Behavioral Health Beds” to “Mental Health Transitional Living Homes.” Staff assumes that the renaming will reduce potential confusion about what the line item supports.

Item	Request	Rec.	Difference
Personal Services	\$2,314,789	\$1,870,048	-\$444,741
Operating	1,615,133	1,615,133	0
Contracts	1,236,859	1,236,859	0
Centrally appropriated lines	28,848	0	-28,848
Total Cost	\$5,195,629	\$4,722,040	-\$473,589
Medicaid Estimate	\$5,207,824	\$5,165,030	-\$42,794
General Fund for facilities staff	\$0	201,993	201,993
Difference (GF impact)	-\$12,195	-\$442,990	-\$430,795

➔ R9 Maintain electronic health records

Request

The Department requests an increase of \$819,724 General Fund in FY 2025-26 for the electronic records system at the state hospitals. The amount increases to \$894,724 General Fund in FY 2026-27 and ongoing.

Recommendation

Staff recommends an increase of \$467,916 General Fund.

Analysis

The Behavioral Electronic Health Record (BEHR) system is used by the two state hospitals and the Forensic Services Division. The system includes all patient health data, legal status, and treatment plan. The system includes records for over 10,000 patients, and must meet state, federal, and consent decree regulatory requirements.

Federal requirements mandated that all hospitals begin using electronic records systems in 2009 under the Health Information Technology for Economic and Clinical Health Act. In 2011,

the Office of the State Auditor found that the state hospitals were using paper records.³⁴ The audit found that migrating to an electronic system could address many concerns with patient care, and identified cost as the main barrier to implementation.

The audit recommended that the hospitals work with the Department, Governor’s Office, and Legislature to pursue funding for electronic records. Funding was added to implement the system through a budget request beginning in FY 2014-15. The request indicates that the system went live in 2018.

The current system is licensed and maintained through a contract with Cerner. The request indicates that Cerner was acquired by Oracle. Costs associated with the contract increased after the acquisition, including annual maintenance, functionality updates, and separated fees for annual software updates.

Annual Maintenance

Routine maintenance was previously included in the Cerner contract. However, routine maintenance is no longer included in the Oracle contract. As a result, the BEHR has not received software updates since 2022. The Department estimates that the current system is 10 versions behind. It is therefore assumed that basic system fixes could require significant time and financial investment. The request includes \$242,052 to address this need.

Required Upgrades

The request also indicates that the Consent Decree requires large data reports to monitor the competency waitlist. The Department has diverted resources from regular system maintenance needs to invest in reporting requirements. The request identifies several systems upgrades that are necessary for compliance with federal regulations. Upgrades required by CMS include:

- 1 Antimicrobial Usage and Resistance (AUR) Reporting Module (\$540):** Tracks utilization of antibiotics and the spread of antibiotic-resistant infections.
- 2 ePrescribe (\$3,948):** Allows automatic prescription distribution and communication. The Department indicates that they currently provide discharging patients with paper prescriptions, and anticipate that electronic prescriptions will increase medication compliance.
- 3 Imprivata (\$98,184):** Implements secure authentication for employees.
- 4 HealthIntent (\$123,192):** Allows for communication between electronic records systems in a cloud-based system.

The total ongoing cost associated with the required upgrades is \$225,864. The request indicates that this level of increase is standard on an annual basis, and the current budget cannot support responsive upgrades. Increased federal requirements may come at any time with less than six-months’ notice.

³⁴ [Office of the State Auditor \(2011\).](#)

This timeframe may not allow for incremental budget requests to be submitted for each upgrade. The request therefore includes \$351,808 to allow for the Department to respond to future requirements based on recent increases. This is not attributed to known requirements, but is expected to allow the Department to be responsive to changing requirements.

Item	FY 2025-26	FY 2026-27
Annual software updates	\$242,052	\$242,052
Required CMS updates	225,864	225,864
Future modules	351,808	426,808
Total	\$819,724	\$894,724

The request indicates that the updates cannot be delayed or deferred. The Department is concerned about fines from regulatory compliance, as well as severe liability from known security risks. The request estimates that potential non-compliance fines could range from tens of thousands to millions of dollars annually.

The request also indicates that an industry standard from 2005 estimated EHR basic maintenance costs \$1,500 per month and \$1,200 per user per year. The Department therefore estimates that basic maintenance should cost \$7.9 million annually, or \$12.0 million after adjusting for inflation. The current appropriation is \$2.4 million General Fund in FY 2024-25.

Recommendation

Staff recommends an ongoing increase of \$467,916 General Fund. The recommendation includes funding for annual maintenance and upgrade requirements as request. However, the recommendation does not include requested funding that would provide flexibility to address future federal requirements that may occur.

Staff appreciates that the BEHR system has not been funded sufficiently to allow the Department to be responsive to new federal requirements. If the system cannot be responsive, the system is liable to potential fines. However, the request indicates that the Department has been able to implement system upgrades within the current budget.

Primarily, staff does not recommend building in budget flexibility in a year when General Fund balancing requires difficult reductions in other areas of the budget. The staff recommendation compared to the Department request is provided in the table below. Option 2 provides an alternative if the Committee agrees that some amount of flexibility is necessary to address potential future requirements.

Item	Request	Recommendation	Option 2
Annual software updates	\$242,052	\$242,052	\$242,052
Required CMS updates	225,864	225,864	225,864
Future modules	351,808	0	200,000
Total	\$819,724	\$467,916	\$667,916

→ SI OCFMH Administration 1% reduction

Recommendation

Staff recommends a reduction of \$33,731 General Fund for General Fund balancing. The reduction reflects a 1.0 percent reduction to the FY 2025-26 General Fund request for the OCFMH administration line item and the Forensic Services administration line item.

Analysis

Staff recommends a reduction to align with Committee action on the Offices of Economic Security and Adults, Aging, and Disability Services. The Committee chose to delay action on a similar recommendation in the Office of Children, Youth and Families.

The reduction is not tied to specific vacancies or reversions and is only presented as a budget balancing option. The decrease is expected to be absorbable and not impact the Department's ability to deliver services.

The OCFMH administration request reflects a 9.5 percent increase from FY 2024-25. The Forensic Services administration request reflects a 2.8 percent increase from FY 2024-25. Both increases are driven by the annualization of prior year salary survey and step pay.

The majority of funding for this division is administration for state hospitals. Staff does not recommend a reduction for those line items at this time out of concern that even small adjustments risk significant capacity impacts.

→ SI Division renaming

Recommendation

Staff recommends renaming the Office of Behavioral Health in the Long Bill to the Office of Civil and Forensic Mental Health.

Analysis

Prior to the creation of the BHA, all behavioral health programs in the Department of Human Services were located within the Office of Behavioral Health (OBH). The creation of the BHA moved community-based programs out of OBH and into the BHA, but kept the state hospitals and forensic services under the OBH. The associated Long Bill section has remained OBH, but the Department has renamed the division to the Office of Civil and Forensic Mental Health (OCFMH).

Staff retained OBH as the Long Bill division name because it was understood to still be the statutory name of the division. Staff can no longer find reference to OBH in statute. Retaining the name OBH causes confusion for references in staff documents, the public Committee schedule, and appropriations clauses as OCFMH is now more broadly recognized.

Staff therefore recommends renaming the Long Bill section from the Office of Behavioral Health to the Office of Civil and Forensic Mental Health in the FY 2025-26 Long Bill.

Line Item Detail

(A) Administration

Administration

This line item supports personnel and operating expenses required to administer OCFMH. Personal services and operating expenses were separate line items until the Department’s Long Bill section was restructured in FY 2022-23.

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

Reversion: The line item did not revert in FY 2023-24.

Request: \$0.9 million General Fund and 4.0 FTE. Adjustments include the annualization of prior year salary survey, step pay, and removal of a one-time contract from H.B. 24-1355 (Reduce Competency Waitlist).

Recommendation: The staff recommendation is provided in the table below and includes reductions for General Fund balancing.

Office of Civil and Forensic Mental Health, Administration, Administration						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$812,773	\$812,773	\$0	\$0	\$0	4.0
Other Legislation	\$23,098	\$23,098	\$0	\$0	\$0	0.3
Total FY 2024-25	\$835,871	\$835,871	\$0	\$0	\$0	4.3
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$835,871	\$835,871	\$0	\$0	\$0	4.3
Annualize prior year budget actions	126,298	126,298	0	0	0	0.0
Annualize prior year legislation	-23,098	-23,098	0	0	0	-0.3
SI OCFMH Admin reduction	-20,444	-20,444	0	0	0	0.0
Total FY 2025-26	\$918,627	\$918,627	\$0	\$0	\$0	4.0
Changes from FY 2024-25	\$82,756	\$82,756	\$0	\$0	\$0	-0.3
Percentage Change	9.9%	9.9%	n/a	n/a	n/a	-7.0%
FY 2025-26 Executive Request	\$939,071	\$939,071	\$0	\$0	\$0	4.0
Staff Rec. Above/-Below Request	-\$20,444	-\$20,444	\$0	\$0	\$0	0.0

Electronic Health Record and Pharmacy System

This line item supports a fully automated electronic health records system for the two state mental health hospitals. The system is integrated with all clinical, operational, and financial modules and must comply with federal requirements. The project replaced a number of separate health information and billing systems. This line item provides an appropriation for software licenses and maintenance, system hosting and support, and ongoing development and system enhancement.

Statutory Authority: Section 26-1-105, C.R.S.

Reversion: The line item did not revert in FY 2023-24.

Request: \$3.2 million General Fund.

Recommendation: The staff recommendation is provided in the table below.

Office of Civil and Forensic Mental Health, Administration, Electronic Health Record and Pharmacy System						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$2,403,802	\$2,403,802	\$0	\$0	\$0	0.0
Total FY 2024-25	\$2,403,802	\$2,403,802	\$0	\$0	\$0	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$2,403,802	\$2,403,802	\$0	\$0	\$0	0.0
R9 Maintain electronic hospital records	467,916	467,916	0	0	0	0.0
Total FY 2025-26	\$2,871,718	\$2,871,718	\$0	\$0	\$0	0.0
Changes from FY 2024-25	\$467,916	\$467,916	\$0	\$0	\$0	0.0
Percentage Change	19.5%	19.5%	n/a	n/a	n/a	n/a
FY 2025-26 Executive Request						
Staff Rec. Above/-Below Request	-\$351,808	-\$351,808	\$0	\$0	\$0	0.0

Mental Health Institutes

The Department administers and operates two mental health hospitals that provide inpatient hospitalization for individuals with serious mental health disorders. One institute is located in Pueblo and the other is located on the Fort Logan campus in southwest Denver. The hospitals serve civil and forensic patients.

The hospitals are licensed by the Department of Public Health and Environment; certified by the federal Center for Medicare and Medicaid Services; and accredited by the Joint Commission. The Joint Commission is an independent, not-for-profit organization that accredits and certifies more than 20,500 health care organizations and programs in the United States.

The General Assembly has increased capacity in recent years. Changes include providing funding to relocate existing programs at Pueblo to address safety risks in the 20-bed adolescent

program, and adding 20 beds within the existing facility to serve long-term patients preparing to re-enter the community. These new beds freed up 20 beds in various units. Budget actions in FY 2024-25 supported additional funding for contract staff to open existing units at both hospitals. Funding was expected to support two units and 60 beds at Pueblo, and one unit and 22 beds at Fort Logan.

The General Assembly has also increased capacity utilizing stimulus funds that originated from the federal American Rescue Plan Act of 2021 (ARPA). House Bill 22-1283 appropriated \$35.0 million ARPA funds to construct a 16-bed youth neuro-psychiatric unit at Fort Logan, currently expected to be operational in 2026. House Bill 22-1303 appropriated \$33.5 million ARPA funds to renovate and open a 16-bed unit at Fort Logan, contract for at least 18 group home beds, and contract for at least 107 transitional living beds. The group home and transitional living beds are currently operational, while the Fort Logan unit is expected to open in 2025. Finally, H.B. 22-1386 appropriated \$29.4 million ARPA funds for 61 private hospital inpatient restoration beds.

The hospitals are primarily supported by General Fund appropriations. Other sources of revenue include patient revenues (including federal Medicaid and Medicare funds), funds transferred from the Department of Corrections for food, and Marijuana Tax Cash Fund that supports certified addiction counselors at both institutes.

Funding for the hospitals is affected by capacity, personnel costs, and operational costs (including medication expenses and the cost of purchasing medical services from local hospitals and medical providers). The hospitals were refinanced with \$130.1 million ARPA funds on a one-time basis in FY 2023-24.

(B) Mental Health Institute at Ft. Logan

Personal Services

This line item supports employee compensation for the Mental Health Hospital in Ft. Logan (CMHHIFL, Fort Logan). The line also includes funding for contract medical services and medical staff employed through an interagency agreement with the University of Colorado at Denver, and contract trauma-informed care peer support specialists. Cash fund sources include patient revenues and Marijuana Tax Cash Fund.

The community provider rate is applied to contracted vendors such as interpreters and contract nursing staff. The provider rate does not apply to contract nurses and other medical staff.

Statutory Authority: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-94-102 and 103, C.R.S. [CMHHIFL]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders].

Reversion: The line item reverted \$421,216 cash and reappropriated funds in FY 2023-24, but no General Fund.

Request: \$55.6 million total funds, including \$53.6 million General Fund, and 386.6 FTE.

Recommendation: The staff recommendation is provided in the table below.

Office of Civil and Forensic Mental Health, Mental Health Institute - Ft. Logan, Personal Services						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$49,735,907	\$47,929,302	\$1,712,179	\$94,426	\$0	331.2
S.B. 25-095 (Supplemental Bill)	-1,506,062	-1,506,062	0	0	0	-8.4
Total FY 2024-25	\$48,229,845	\$46,423,240	\$1,712,179	\$94,426	\$0	322.8
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$48,229,845	\$46,423,240	\$1,712,179	\$94,426	\$0	322.8
R6 Staffing Fort Logan G-wing	5,109,517	5,109,517	0	0	0	54.4
Annualize prior year budget actions	1,837,585	1,624,588	149,471	63,526	0	8.4
Total FY 2025-26	\$55,176,947	\$53,157,345	\$1,861,650	\$157,952	\$0	385.6
Changes from FY 2024-25	\$6,947,102	\$6,734,105	\$149,471	\$63,526	\$0	62.8
Percentage Change	14.4%	14.5%	8.7%	67.3%	n/a	19.5%
FY 2025-26 Executive Request	\$55,597,071	\$53,577,469	\$1,861,650	\$157,952	\$0	386.6
Staff Rec. Above/-Below Request	-\$420,124	-\$420,124	\$0	\$0	\$0	-1.0

Contract Medical Services

This line item covers the costs of outside medical expenses for Ft. Logan patients. The community provider rate is not applied because contract medical services are based on bids and negotiated via a competitive solicitation for a five-year term. Prices are associated with Medicare pricing are typically fixed.

Statutory Authority: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-94-102, C.R.S. [CMHHIFL].

Reversion: The line item did not revert in FY 2023-24.

Request: \$1.0 million General Fund.

Recommendation: Staff recommends approval of the request as provided in the table below.

Office of Civil and Forensic Mental Health, Mental Health Institute - Ft. Logan, Contract Medical Services						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$815,297	\$815,297	\$0	\$0	\$0	0.0
Total FY 2024-25	\$815,297	\$815,297	\$0	\$0	\$0	0.0
FY 2025-26 Recommended Appropriation						

Office of Civil and Forensic Mental Health, Mental Health Institute - Ft. Logan, Contract Medical Services						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation	\$815,297	\$815,297	\$0	\$0	\$0	0.0
R6 Staffing Fort Logan G-wing	188,000	188,000	0	0	0	0.0
Total FY 2025-26	\$1,003,297	\$1,003,297	\$0	\$0	\$0	0.0
Changes from FY 2024-25	\$188,000	\$188,000	\$0	\$0	\$0	0.0
Percentage Change	23.1%	23.1%	n/a	n/a	n/a	n/a
FY 2025-26 Executive Request	\$1,003,297	\$1,003,297	\$0	\$0	\$0	0.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Operating Expenses

This line item supports the general operating expenses of CMHHIFL, including food, medical supplies, custodial supplies, laundry, telephone and IT expenses, office equipment, and maintenance. Cash fund sources include patient revenues and Marijuana Tax Cash Fund.

Statutory Authority: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-94-102, C.R.S. [CMHHIFL].

Reversion: The line item reverted \$26,658 cash and reappropriated funds in FY 2023-24, but no General Fund.

Request: \$2.5 million total funds, including \$2.4 million General Fund. Annualizations include the FY 2024-25 competency request.

Recommendation: Staff recommends approval of the request as provided in the table below.

Office of Civil and Forensic Mental Health, Mental Health Institute - Ft. Logan, Operating Expenses						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$1,871,796	\$1,732,263	\$115,630	\$23,903	\$0	0.0
Total FY 2024-25	\$1,871,796	\$1,732,263	\$115,630	\$23,903	\$0	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$1,871,796	\$1,732,263	\$115,630	\$23,903	\$0	0.0
R6 Staffing Fort Logan G-wing	647,269	647,269	0	0	0	0.0
Annualize prior year budget actions	26,299	26,299	0	0	0	0.0
Total FY 2025-26	\$2,545,364	\$2,405,831	\$115,630	\$23,903	\$0	0.0
Changes from FY 2024-25	\$673,568	\$673,568	\$0	\$0	\$0	0.0
Percentage Change	36.0%	38.9%	0.0%	0.0%	n/a	n/a
FY 2025-26 Executive Request	\$2,545,364	\$2,405,831	\$115,630	\$23,903	\$0	0.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Capital Outlay

This line item supports the replacement of equipment and furnishings and minor facility renovations.

Statutory Authority: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-94-102, C.R.S. [CMHHIFL].

Reversion: The line item did not revert in FY 2023-24.

Request: \$112,916 General Fund, which reflects no change from the prior year appropriation.

Recommendation: Staff recommends approval of the request.

Pharmaceuticals

This line item supports the cost of purchasing medication for CMHHIFL patients. The pharmacy is responsible for dispensing over-the-counter medications, general health-related medications for the treatment of conditions such as diabetes and hypertension, and psychiatric medications such as mood stabilizers, anti-depressants, and anti-psychotics. Cash funds are from patient revenues.

Statutory Authority: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-94-102, C.R.S. [CMHHIFL].

Reversion: The line item reverted \$22,572 reappropriated funds in FY 2023-24, but no General Fund.

Request: \$2.0 million total funds, including \$1.9 million General Fund.

Recommendation: Staff recommends approval of the request as provided in the table below.

Office of Civil and Forensic Mental Health, Mental Health Institute - Ft. Logan, Pharmaceuticals						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$1,707,007	\$1,590,399	\$94,036	\$22,572	\$0	0.0
Total FY 2024-25	\$1,707,007	\$1,590,399	\$94,036	\$22,572	\$0	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$1,707,007	\$1,590,399	\$94,036	\$22,572	\$0	0.0
R6 Staffing Fort Logan G-wing	268,000	268,000	0	0	0	0.0
Total FY 2025-26	\$1,975,007	\$1,858,399	\$94,036	\$22,572	\$0	0.0
Changes from FY 2024-25	\$268,000	\$268,000	\$0	\$0	\$0	0.0
Percentage Change	15.7%	16.9%	0.0%	0.0%	n/a	n/a
FY 2025-26 Executive Request	\$1,975,007	\$1,858,399	\$94,036	\$22,572	\$0	0.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

(C) Mental Health Institute at Pueblo

Personal Services

This line item supports employee compensation at the Mental Health Hospital in Pueblo (CMHHIP). The line also includes funding for contract medical services and the medical staff employed through an interagency agreement with the University of Colorado at Denver and contract trauma-informed care peer support specialists. Cash funds are from patient revenues and the Marijuana Tax Cash Fund.

The community provider rate is applied to contracted vendors such as interpreters and contract nursing staff. The FY 2024-25 request does not include nurses as contracting costs are addressed in a prioritized request.

Statutory Authority: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101 and 103, C.R.S. [CMHHIP].

Reversion: The line item reverted \$3.8 million cash and reappropriated funds in FY 2023-24, but no General Fund.

Request: \$138.8 million total funds, including \$126.0 million General Fund, and 1,059.0 FTE. Annualizations include prior year salary survey, step pay, non-base building compensation, and the FY 2024-25 competency request.

Recommendation: The staff recommendation is pending Committee action on the Department of Corrections. Staff requests permission to work with the Department of Human Services to align the appropriation with Committee action.

Office of Civil and Forensic Mental Health, Mental Health Institute - Pueblo, Personal Services						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$138,793,222	\$126,890,902	\$3,898,149	\$8,004,171	\$0	1,059.0
S.B. 25-095 (Supplemental Bill)	\$126,212	\$0	\$0	\$126,212	\$0	0.0
Total FY 2024-25	\$138,919,434	\$126,890,902	\$3,898,149	\$8,130,383	\$0	1,059.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$138,919,434	\$126,890,902	\$3,898,149	\$8,130,383	\$0	1,059.0
Impacts driven by other agencies	234,255	0	0	234,255	0	0.0
Annualize prior year budget actions	-358,669	-1,001,166	389,554	252,943	0	0.0
Total FY 2025-26	\$138,795,020	\$125,889,736	\$4,287,703	\$8,617,581	\$0	1,059.0
Changes from FY 2024-25	-\$124,414	-\$1,001,166	\$389,554	\$487,198	\$0	0.0
Percentage Change	-0.1%	-0.8%	10.0%	6.0%	n/a	0.0%
FY 2025-26 Executive Request	\$138,795,020	\$125,889,736	\$4,287,703	\$8,617,581	\$0	1,059.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Contract Medical Services

This line item supports outside medical expenses for Pueblo patients. The provider rate is not applied to this line item because contract medical services are based on bids and negotiated via a competitive solicitation for a five-year term. Prices are associated with Medicare pricing and are typically fixed.

Statutory Authority: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101, C.R.S. [CMHIP]; Section 39-28.8-501 (2)(b)(IV)(C), C.R.S. [Authorization for use of Marijuana Tax Cash Fund to treat and provide related services to people with any type of substance use or mental health disorder, including those with co-occurring disorders].

Reversion: The line item did not revert in FY 2023-24.

Request: \$2.8 million General Fund, which reflects no change from the prior year appropriation.

Recommendation: Staff recommends approval of the request.

Operating Expenses

This line item supports general operating expenses for CMHHIP, including food, medical supplies, custodial supplies, laundry, telephone and IT expenses, office equipment, and maintenance. Cash funds are from patient revenues and reappropriated funds are Medicaid funds from the Department of Health Care Policy and Financing.

Statutory Authority: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101, C.R.S. [CMHHIP].

Reversion: The line item reverted \$417,165 cash and reappropriated funds in FY 2023-24, but no General Fund.

Request: \$9.1 million total funds, including \$4.4 million General Fund.

Recommendation: The staff recommendation is pending Committee action on the Department of Corrections. Staff requests permission to work with the Department of Human Services to align the appropriation with Committee action.

Office of Civil and Forensic Mental Health, Mental Health Institute - Pueblo, Operating Expenses						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$8,568,451	\$4,395,918	\$395,155	\$3,777,378	\$0	0.0
S.B. 25-095 (Supplemental Bill)	\$490,617	\$0	\$0	\$490,617	\$0	0.0
Total FY 2024-25	\$9,059,068	\$4,395,918	\$395,155	\$4,267,995	\$0	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$9,059,068	\$4,395,918	\$395,155	\$4,267,995	\$0	0.0
Impacts driven by other agencies	551,575	0	0	551,575	0	0.0
Annualize prior year budget actions	-490,617	0	0	-490,617	0	0.0
Total FY 2025-26	\$9,120,026	\$4,395,918	\$395,155	\$4,328,953	\$0	0.0

Office of Civil and Forensic Mental Health, Mental Health Institute - Pueblo, Operating Expenses						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Changes from FY 2024-25	\$60,958	\$0	\$0	\$60,958	\$0	0.0
Percentage Change	0.7%	0.0%	0.0%	1.4%	n/a	n/a
FY 2025-26 Executive Request	\$9,120,026	\$4,395,918	\$395,155	\$4,328,953	\$0	0.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Capital Outlay

This line item supports the replacement of equipment and furnishings and minor facility renovations.

Statutory Authority: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101, C.R.S. [CMHHIP].

Reversion: The line item did not revert in FY 2023-24.

Request: \$324,068 General Fund, which reflects no change from the prior year appropriation.

Recommendation: Staff recommends approval of the request.

Pharmaceuticals

This line item supports the cost of purchasing medication for CMHHIP patients. The pharmacy is responsible for dispensing over-the-counter medications, general health-related medications for the treatment of conditions such as diabetes and hypertension, and psychiatric medications such as mood stabilizers, anti-depressants, and anti-psychotics. Cash funds are from patient revenues and reappropriated funds are Medicaid funds from the Department of Health Care Policy and Financing.

Statutory Authority: Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101, C.R.S. [CMHHIP].

Reversion: The line item reverted \$37,621 reappropriated funds in FY 2023-24.

Request: \$4.7 million total funds, including \$4.5 million General Fund, which reflects no change from the prior year appropriation.

Recommendation: Staff recommends approval of the request.

Educational Programs

This line item supports Pueblo staff and operating expenses associated with educational programs. Patients under age 21 receive educational services. These services include educational testing and assessment, treatment planning, special education, GED training and testing, and career education. This line item is supported by reappropriated funds transferred from the Facility Schools Funding line item in the Department of Education, and General Fund.

Statutory Authority: Section 22-54-129, C.R.S. [Facility school funding]; Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101, C.R.S. [CMHHIP].

Reversion: The line item reverted \$120,409 reappropriated and federal funds in FY 2023-24, but no General Fund.

Request: \$236,402 total funds, including \$6,305 General Fund and 2.7 FTE, which reflects no change from the prior year appropriation.

Recommendation: Staff recommends approval of the request.

(D) Forensic Services

This subsection was first included in the FY 2018-19 Long Bill to support operational and programmatic funding related to court-ordered services for forensic clients. Forensic clients are individuals who are diagnosed with mental health disorders, involved with the criminal justice system, and either currently incarcerated or living in the community. Funds were transferred from various line items in the Mental Health Institutes subsection and the Community Behavioral Health Administration subsection to create the division.

Forensic Services Administration

This line item supports personnel expenses for forensic services. Some positions are specific to forensic services, and others support all hospital functions and are thus allocated across all three subsections.

Statutory Authority: Section 16-8-101, et seq., C.R.S. [Criminal proceedings – insanity]; Section 16-8.5-101, et seq., C.R.S. [Criminal proceedings – competency to proceed]; Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101 and 103, C.R.S. [CMHHIP].

Reversion: The line item did not revert in FY 2023-24.

Request: \$1.3 million General Fund and 15.9 FTE. Annualizations include prior year salary survey and step pay.

Recommendation: The staff recommendation is provided in the table below and includes a reduction for General Fund balancing.

Office of Civil and Forensic Mental Health, Forensic Services, Forensic Services Administration						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE

Office of Civil and Forensic Mental Health, Forensic Services, Forensic Services Administration

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$1,279,624	\$1,279,624	\$0	\$0	\$0	15.9
Total FY 2024-25	\$1,279,624	\$1,279,624	\$0	\$0	\$0	15.9
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$1,279,624	\$1,279,624	\$0	\$0	\$0	15.9
Annualize prior year budget actions	49,112	49,112	0	0	0	0.0
SI OCFMH Admin reduction	-13,287	-13,287	0	0	0	0.0
Total FY 2025-26	\$1,315,449	\$1,315,449	\$0	\$0	\$0	15.9
Changes from FY 2024-25	\$35,825	\$35,825	\$0	\$0	\$0	0.0
Percentage Change	2.8%	2.8%	n/a	n/a	n/a	0.0%
FY 2025-26 Executive Request	\$1,328,736	\$1,328,736	\$0	\$0	\$0	15.9
Staff Rec. Above/-Below Request	-\$13,287	-\$13,287	\$0	\$0	\$0	0.0

Forensic Support Team

This line item was added in the FY 2022-23 Long Bill for the Forensic Support Team, which the Department reports was created and funded in response to the consent decree from S.B. 19-223 (Consent Decree). Prior to FY 2022-23, the team was included in the Court Services line item.

The Forensic Support Team includes forensic navigators and care coordinators responsible for monitoring pretrial defendants awaiting admission to inpatient competency restoration services. In contrast, the Court Services line item supports competency evaluators who are licensed psychologists. According to the Department, the navigators continuously monitor the acuity levels of defendants and may make recommendations to the court to consider outpatient restoration services or opportunities to resolve charges. As such, the navigators are the primary point of contact for judicial stakeholders tracking defendants’ progress toward competency.

Statutory Authority: Section 16-8-101, et seq., C.R.S. [Criminal proceedings – insanity]; Section 16-8.5-101, et seq., C.R.S. [Criminal proceedings – competency to proceed]; Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101 and 103, C.R.S. [CMHHIP].

Reversion: The line item did not revert in FY 2023-24.

Request: \$2.6 million General Fund and 28.0 FTE. Annualizations consist of prior year salary survey and step pay.

Recommendation: Staff recommends approval of the request as detailed in the table below.

Office of Civil and Forensic Mental Health, Forensic Services, Forensic Support Team

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
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Office of Civil and Forensic Mental Health, Forensic Services, Forensic Support Team						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$2,518,734	\$2,518,734	\$0	\$0	\$0	28.0
Total FY 2024-25	\$2,518,734	\$2,518,734	\$0	\$0	\$0	28.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$2,518,734	\$2,518,734	\$0	\$0	\$0	28.0
Annualize prior year budget actions	32,807	32,807	0	0	0	0.0
Total FY 2025-26	\$2,551,541	\$2,551,541	\$0	\$0	\$0	28.0
Changes from FY 2024-25	\$32,807	\$32,807	\$0	\$0	\$0	0.0
Percentage Change	1.3%	1.3%	n/a	n/a	n/a	0.0%
FY 2025-26 Executive Request	\$2,551,541	\$2,551,541	\$0	\$0	\$0	28.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Court Services

This line item supports staff who administer and deliver services related to court-ordered exams and evaluations of competency, sanity, and other mental conditions. This includes the costs directly related to licensed psychologists that conduct competency evaluations. The community provider rate is applied to contracted vendors for this line item.

Statutory Authority: Section 16-8-101, et seq., C.R.S. [Criminal proceedings – insanity]; Section 16-8.5-101, et seq., C.R.S. [Criminal proceedings – competency to proceed]; Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101 and 103, C.R.S. [CMHHIP].

Reversion: The line item did not revert in FY 2023-24.

Request: \$9.0 million General Fund and 67.6 FTE. Annualizations consist of prior year salary survey and step pay.

Recommendation: Staff recommends approval of the request as detailed in the table below.

Office of Civil and Forensic Mental Health, Forensic Services, Court Services						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$8,877,265	\$8,877,265	\$0	\$0	\$0	67.6
Total FY 2024-25	\$8,877,265	\$8,877,265	\$0	\$0	\$0	67.6
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$8,877,265	\$8,877,265	\$0	\$0	\$0	67.6
Annualize prior year budget actions	107,625	107,625	0	0	0	0.0
Total FY 2025-26	\$8,984,890	\$8,984,890	\$0	\$0	\$0	67.6
Changes from FY 2024-25	\$107,625	\$107,625	\$0	\$0	\$0	0.0

Office of Civil and Forensic Mental Health, Forensic Services, Court Services						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Percentage Change	1.2%	1.2%	n/a	n/a	n/a	0.0%
FY 2025-26 Executive Request	\$8,984,890	\$8,984,890	\$0	\$0	\$0	67.6
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Forensic Community-based Services

This line item supports staff who provide case management and support for individuals found not guilty by reason of insanity (NGRI) transitioning from the mental health institutes to a community-based outpatient setting. The community provider rate is applied to the value of vendor contracts.

Statutory Authority: Section 16-8-101, et seq., C.R.S. [Criminal proceedings – insanity]; Section 16-8.5-101, et seq., C.R.S. [Criminal proceedings – competency to proceed]; Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101 and 103, C.R.S. [CMHHIP].

Reversion: The line item did not revert in FY 2023-24.

Request: \$4.6 million General Fund and 20.4 FTE. Annualizations consist of prior year salary survey and step pay.

Recommendation: Staff recommends approval of the request as detailed in the table below.

Office of Civil and Forensic Mental Health, Forensic Services, Forensic Community-based Services						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$4,439,893	\$4,439,893	\$0	\$0	\$0	20.4
Total FY 2024-25	\$4,439,893	\$4,439,893	\$0	\$0	\$0	20.4
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$4,439,893	\$4,439,893	\$0	\$0	\$0	20.4
Annualize prior year budget actions	120,293	120,293	0	0	0	0.0
Total FY 2025-26	\$4,560,186	\$4,560,186	\$0	\$0	\$0	20.4
Changes from FY 2024-25	\$120,293	\$120,293	\$0	\$0	\$0	0.0
Percentage Change	2.7%	2.7%	n/a	n/a	n/a	0.0%
FY 2025-26 Executive Request	\$4,560,186	\$4,560,186	\$0	\$0	\$0	20.4
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Jail-based Competency Restoration Program

This line item has provided funding for a jail-based competency restoration program since FY 2013-14. The program serves defendants who have been determined by the court to be incompetent to proceed with criminal cases. The Department has contracted with Wellpath (formerly known as Correct Care, LLC., and GEO Care), to provide these services at the Arapahoe County Detention Facility in Centennial. This program is called the Restoring Individuals Safely and Effectively or "RISE" Program. The RISE Program generally serves individuals who: do not have significant medical needs identified; do not have significant medication compliance issues; and are likely to be restored in a relatively short period of time. The community provider rate is historically applied to the value of vendor contracts.

Statutory Authority: Section 16-8.5-101, et seq., C.R.S. [Criminal proceedings – competency to proceed]; Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101, C.R.S. [CMHHIP].

Reversion: The line item did not revert in FY 2023-24.

Request: \$17.1 million General Fund and 5.3 FTE. Annualizations consist of prior year salary survey and step pay.

Recommendation: Staff recommends approval of the request as detailed in the table below.

Office of Civil and Forensic Mental Health, Forensic Services, Jail-based Competency Restoration Program						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$17,050,457	\$17,050,457	\$0	\$0	\$0	5.3
Total FY 2024-25	\$17,050,457	\$17,050,457	\$0	\$0	\$0	5.3
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$17,050,457	\$17,050,457	\$0	\$0	\$0	5.3
Annualize prior year budget actions	56,062	56,062	0	0	0	0.0
Total FY 2025-26	\$17,106,519	\$17,106,519	\$0	\$0	\$0	5.3
Changes from FY 2024-25	\$56,062	\$56,062	\$0	\$0	\$0	0.0
Percentage Change	0.3%	0.3%	n/a	n/a	n/a	0.0%
FY 2025-26 Executive Request	\$17,106,519	\$17,106,519	\$0	\$0	\$0	5.3
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Purchased Psychiatric Bed Capacity

This line item supports contracts with private for-profit or not-for-profit hospitals to increase inpatient competency restoration capacity. The community provider rate is applied to the value of vendor contracts.

House Bill 22-1386 provided a one-time appropriation of \$28.6 million for this line item from federal stimulus funds that originated from the American Rescue Plan Act of 2021. Those funds were fully expended by the Spring of 2024, and were replaced by an ongoing General Fund appropriation through budget actions beginning in FY 2023-24. The FY 2024-25 appropriation was expected to support 71 beds and 216 clients per year, at a daily rate of \$1,200.

Statutory Authority: Section 16-8.5-101, et seq., C.R.S. [Criminal proceedings – competency to proceed]; Section 26-1-201, C.R.S. [Programs administered and services provided by DHS]; Section 27-93-101 and 103, C.R.S. [CMHHIP].

Reversion: The line item did not revert in FY 2023-24, but did transfer \$3.0 million.

Request: \$27.9 million General Fund and 1.0 FTE. Annualizations consist only of prior year salary survey.

Recommendation: Staff recommends approval of the request as detailed in the table below.

Office of Civil and Forensic Mental Health, Forensic Services, Purchased Psychiatric Bed Capacity						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$29,860,026	\$29,860,026	\$0	\$0	\$0	1.0
Total FY 2024-25	\$29,860,026	\$29,860,026	\$0	\$0	\$0	1.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$29,860,026	\$29,860,026	\$0	\$0	\$0	1.0
Annualize prior year budget actions	775	775	0	0	0	0.0
R4 Reduce inpatient competency contracts	-2,000,000	-2,000,000	0	0	0	0.0
Total FY 2025-26	\$27,860,801	\$27,860,801	\$0	\$0	\$0	1.0
Changes from FY 2024-25	-\$1,999,225	-\$1,999,225	\$0	\$0	\$0	0.0
Percentage Change	-6.7%	-6.7%	n/a	n/a	n/a	0.0%
FY 2025-26 Executive Request	\$27,860,801	\$27,860,801	\$0	\$0	\$0	1.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Outpatient Competency Restoration Program

This line item supports contracts for community-based competency restoration education services, related case management services, and associated administrative and training expenses. Senate Bill 17-012 required the Office to develop standardized juvenile and adult curricula for the educational component of competency restoration services by December 1, 2017, and included funding for this purpose. The community provider rate is historically applied to the value of vendor contracts.

Statutory Authority: Section 27-60-105, et seq., C.R.S. [Outpatient restoration to competency services]

Reversion: The line item did not revert in FY 2023-24, and received a \$598,544 transfer.

Request: \$4.5 million General Fund and 3.0 FTE. Annualizations consist of prior year salary survey and step pay.

Recommendation: Staff recommends approval of the request as detailed in the table below.

Office of Civil and Forensic Mental Health, Forensic Services, Outpatient Competency Restoration Program						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$4,490,063	\$4,490,063	\$0	\$0	\$0	3.0
Total FY 2024-25	\$4,490,063	\$4,490,063	\$0	\$0	\$0	3.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$4,490,063	\$4,490,063	\$0	\$0	\$0	3.0
Annualize prior year budget actions	23,694	23,694	0	0	0	0.0
Total FY 2025-26	\$4,513,757	\$4,513,757	\$0	\$0	\$0	3.0
Changes from FY 2024-25	\$23,694	\$23,694	\$0	\$0	\$0	0.0
Percentage Change	0.5%	0.5%	n/a	n/a	n/a	0.0%
FY 2025-26 Executive Request	\$4,513,757	\$4,513,757	\$0	\$0	\$0	3.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

Quality Assurance

This line item was added in FY 2023-24 resulting from a budget request to establish a Quality Assurance Program.

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

Reversion: The line item did not revert in FY 2023-24.

Request: \$393,605 General Fund and 6.0 FTE. Annualizations consist of prior year salary survey.

Recommendation: Staff recommends approval of the request as detailed in the table below.

Office of Civil and Forensic Mental Health, Forensic Services, Quality Assurance						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$389,428	\$389,428	\$0	\$0	\$0	6.0
Total FY 2024-25	\$389,428	\$389,428	\$0	\$0	\$0	6.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$389,428	\$389,428	\$0	\$0	\$0	6.0
Annualize prior year budget actions	4,177	4,177	0	0	0	0.0
Total FY 2025-26	\$393,605	\$393,605	\$0	\$0	\$0	6.0
Changes from FY 2024-25	\$4,177	\$4,177	\$0	\$0	\$0	0.0

Office of Civil and Forensic Mental Health, Forensic Services, Quality Assurance						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Percentage Change	1.1%	1.1%	n/a	n/a	n/a	0.0%
FY 2025-26 Executive Request	\$393,605	\$393,605	\$0	\$0	\$0	6.0
Staff Rec. Above/-Below Request	\$0	\$0	\$0	\$0	\$0	0.0

(E) Consent Decree Fines and Fees

Consent Decree Fines and Fees

This line item was added in FY 2020-21 to support expected fines and fees accrued for the Consent Decree from the *Center for Legal Advocacy (d/b/a Disability Law Colorado) v. Barnes and Marshall (Colorado Department of Human Services)* lawsuit.

In March 2019, the Department reached an agreement with plaintiffs in a federal lawsuit concerning the length of time that pre-trial detainees wait for court-ordered competency services. The parties filed the agreement in federal court in the form of a consent decree. The consent decree resolves the lawsuit and replaced an existing settlement agreement. The consent decree is legally binding and judicially enforceable through December 1, 2027 unless the Department sustains a two-year period of compliance, in which case the consent decree is terminated. 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).

Among other provisions, the consent decree establishes set timeframes for competency evaluation and restoration services, and fines for each day a pretrial detainee waits beyond these timeframes. Fines range from \$100 to \$500 per detainee per day, and the consent decree capped the total amount paid by the Department at \$10.0 million for the period June 1, 2019, to May 31, 2020. This \$10.0 million limit increases for each subsequent 12-month period based on inflation. Fines are submitted to the Special Master and deposited into a trust account for the purpose of funding “non-Department mental health services”. A court-appointed administrator manages the account, and a committee consisting of representatives from DLC, the Department, and the Special Master, makes decisions concerning payments from the account.

The Department paid the maximum of \$10.0 million in fines in FY 2019-20. Payments were reduced to \$2.0 million for FY 2020-21 and then increased to \$6.0 million for FY 2021-22 (but were still capped below the maximum under the consent decree) based on the impact of COVID-19. The appropriation increased to \$12.0 million for FY 2022-23 and \$12.2 million in FY 2024-25 with the expiration of those limits.

Reversion: The line item did not revert in FY 2023-24.

Request: \$7.2 million General Fund.

Recommendation: The staff recommendation is provided in the table below.

Office of Civil and Forensic Mental Health, Consent Decree Fines and Costs, Consent Decree Fines and Costs

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$12,230,000	\$12,230,000	\$0	\$0	\$0	0.0
Total FY 2024-25	\$12,230,000	\$12,230,000	\$0	\$0	\$0	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$12,230,000	\$12,230,000	\$0	\$0	\$0	0.0
R5 Reduce consent decree fines	278,556	278,556	0	0	0	0.0
Total FY 2025-26	\$12,508,556	\$12,508,556	\$0	\$0	\$0	0.0
Changes from FY 2024-25	\$278,556	\$278,556	\$0	\$0	\$0	0.0
Percentage Change	2.3%	2.3%	n/a	n/a	n/a	n/a
FY 2025-26 Executive Request	\$7,230,000	\$7,230,000	\$0	\$0	\$0	0.0
Staff Rec. Above/-Below Request	\$5,278,556	\$5,278,556	\$0	\$0	\$0	0.0

(F) Mental Health Transitional Living Homes

Mental Health Transitional Living Homes

This subdivision and line item were created in FY 2024-25 to support the ongoing operating costs for Mental Health Transitional Living Homes. The homes were established by H.B. 22-1303 (Increase Residential Behavioral Health Beds). The homes were created through the renovation of existing state facilities and contracts with private providers. House Bill 22-1303 supported construction projects with a \$39.9 million appropriation that originated as federal stimulus funds from the American Rescue Plan Act of 2021. The homes are expected to be a step-down from the state hospitals, and operate as a transition between inpatient hospitalization and community-based services.

The FY 2024-25 Long Bill included one line item for Residential Behavioral Health Beds. Staff recommends separating appropriations for contracted and state operated homes into separate line items as the homes are reimbursed differently.

Statutory Authority: Section 27-71-103, C.R.S.

Request: \$17.6 million total funds, including \$12.6 million General Fund, and 53.2 FTE.

Recommendation: The staff recommendation is provided in the table below.

Office of Behavioral Health, Residential Behavioral Health Beds, Residential Bed Program

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$12,599,486	\$12,599,486	\$0	\$0	\$0	21.8
S.B. 25-095 (Supplemental Bill)	\$0	-\$2,582,515	\$0	\$2,582,515	\$0	0.0

Office of Behavioral Health, Residential Behavioral Health Beds, Residential Bed Program						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Total FY 2024-25	\$12,599,486	\$10,016,971	\$0	\$2,582,515	\$0	21.8
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$12,599,486	\$10,016,971	\$0	\$2,582,515	\$0	21.8
R7 Transitional living home Medicaid	4,520,047	-644,983	0	5,165,030	0	31.4
Annualize prior year budget actions	26,402	26,402	0	0	0	0.0
Total FY 2025-26	\$17,145,935	\$9,398,390	\$0	\$7,747,545	\$0	53.2
Changes from FY 2024-25	\$4,546,449	-\$618,581	\$0	\$5,165,030	\$0	31.4
Percentage Change	36.1%	-6.2%	n/a	200.0%	n/a	144.0%
FY 2025-26 Executive Request	\$17,598,272	\$12,613,693	\$0	\$4,984,579	\$0	53.2
Staff Rec. Above/-Below Request	-\$452,337	-\$3,215,303	\$0	\$2,762,966	\$0	0.0

(G) Indirect Cost Assessment

Indirect Cost Assessment

This line item reflects the money anticipated to be recovered from cash and federal fund sources that allow for statewide and departmental indirect administrative costs.

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

Reversion: The line item reverted \$955,465 total funds in FY 2023-24.

Request: \$3.7 million cash and reappropriated funds.

Recommendation: The staff recommendation is provided in the table below. Staff requests permission to adjust the appropriation as necessary to align with Committee final action.

Office of Behavioral Health, Indirect Cost Assessment, Indirect Cost Assessment						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2024-25 Appropriation						
H.B. 24-1430 (Long Bill)	\$3,548,420	\$0	\$1,969,395	\$1,579,025	\$0	0.0
S.B. 25-095 (Supplemental Bill)	-42,001	0	-23,311	-18,690	0	0.0
Total FY 2024-25	\$3,506,419	\$0	\$1,946,084	\$1,560,335	\$0	0.0
FY 2025-26 Recommended Appropriation						
FY 2024-25 Appropriation	\$3,506,419	\$0	\$1,946,084	\$1,560,335	\$0	0.0
Indirect costs	88,709	0	55,098	33,611	0	0.0
Annualize prior year budget actions	42,001	0	23,311	18,690	0	0.0
Centrally appropriated line items	11,824	0	6,562	5,262	0	0.0
Impacts driven by other agencies	4,986	0	2,768	2,218	0	0.0
R8 Increase county oversight and support	0	0	0	0	0	0.0
Total FY 2025-26	\$3,653,939	\$0	\$2,033,823	\$1,620,116	\$0	0.0

Staff Working Document – Does Not Represent Committee Decision

Office of Behavioral Health, Indirect Cost Assessment, Indirect Cost Assessment						
Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Changes from FY 2024-25	\$147,520	\$0	\$87,739	\$59,781	\$0	0.0
Percentage Change	4.2%	n/a	4.5%	3.8%	n/a	n/a
FY 2025-26 Executive Request	\$3,657,296	\$0	\$2,035,686	\$1,621,610	\$0	0.0
Staff Rec. Above/-Below Request	-\$3,357	\$0	-\$1,863	-\$1,494	\$0	0.0

Long Bill Footnotes

Staff recommends **continuing and modifying** the following footnotes.

- 1 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: This footnote was first included in the FY 2016-17 Long Bill as part of a \$500,000 General Fund increase in the appropriation for “Services for Indigent Mentally Ill Clients”. The increase was intended to expand access to inpatient psychiatric care for individuals who are diagnosed with physical health conditions exacerbated by co-occurring mental health problems. This footnote was included to specify the General Assembly's intent in making the appropriation.

The Department used a request for proposal process and awarded the funds to Mind Springs Health. The General Assembly amended the footnote mid-year (through S.B. 17-163) after staff became aware that the funding was unlikely to be spent based on procurement-related delays and footnote language that did not reflect the manner in which the services are being provided. The appropriation has increased by the community provider rate common policy as follows.

- FY 2017-18: Increased by \$7,009 General Fund.
- FY 2018-19: Increased by \$5,070 General Fund.
- FY 2019-20: Increased by \$5,121 General Fund.
- FY 2020-21: Increased by \$9,827 General Fund.
- FY 2021-22: Increased by \$7,905 General Fund.
- FY 2022-23: Increased by \$10,699 General Fund.
- FY 2023-24: Increased by \$16,369 General Fund.
- FY 2024-25: Increased by \$14,050 General Fund.

Staff does not recommend an increase for FY 2025-26 as there is no community provider rate common policy increase.

- 2 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 was added by the Committee to the FY 2022-23 Long Bill to express the General Assembly's intent for the use of funds in the Treatment and Detoxification Programs line item.

- 3 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 initial expenses necessary to establish, license, and begin operating one or more programs that provide these services, such as building renovations, furnishing, and equipment.

Comment: This footnote states the General Assembly's intent for the use of funds in the Circle Program and Other Rural Treatment Programs for People with Co-occurring Disorders line item. The General Assembly consolidated two previously existing footnotes in FY 2018-19 when the line items were combined.

- 4 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: This footnote provides the Department with the authority to transfer up to 5.0 percent between subdivisions. 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 of mid-year appropriation adjustments.

First, funding for outside medical expenses was removed from the Personal Services line items for each Institute and placed in a two new line item appropriations for "Contract Medical Services" – one for each Institute. Second, the above footnote was added to allow the Department to transfer up to 10 percent of the total appropriations in the Mental Health Institutes subsection of the Long Bill, starting in FY 2014-15.

In FY 2018-19, the Long Bill format was modified further to include appropriations related to forensic services in a separate subsection. In FY 2019-20, this footnote was modified to reduce the transfer authority from 10.0 percent to 5.0 percent to reflect historic transfers ranging from 1.6 percent (\$12.3 million in FY 2017-18) to 3.7 percent (\$11.3 million in FY 2015-16).

Staff recommends continuing the footnote, but adding an RFI to report on transfers.

Requests for Information

Staff recommends the following **new** requests for information.

- N Department of Human Services, Office of Civil and Forensic Mental Health, Mental Health Institute at Ft. Logan; Mental Health Institute at Pueblo; Forensic Services; Consent Decree Fines and Fees – The Department is requested to provide by November 1 of each fiscal year, a list of each transfer made in the previous fiscal year between division line items as authorized by a Long Bill footnote pursuant to FY 2024-25 Long Bill Footnote 55. This information should include: the line item in which the funds originated, the line item to which the funds were transferred, the amount of each transfer, the fund split for each transfer, and the purpose of the transfer.

Comment: Staff recommends adding a footnote for the Department to report on transfers made between line items in the Office of Civil and Forensic Mental Health. The RFI is based on an RFI that already exists for Child Welfare.

- N Department of Human Services, Behavioral Health Administration – The BHA is requested to provide by November 1, 2025, a line item structure aligned to current programming. The BHA is requested to work with BHASOs, comprehensive providers, and essential providers, to determine a budget structure that optimizes existing resources and provides public transparency. The report should include information to tie existing appropriations to the newly proposed structure.

Staff recommends **continuing and modifying** the following requests for information.

- 1 Department of Corrections; Department of Human Services; Judicial Department; Department of Public Safety; and Department of Transportation -- State agencies involved in multi-agency programs requiring separate appropriations to each agency are requested to designate one lead agency to be responsible for submitting a comprehensive annual budget request for such programs to the Joint Budget Committee, including prior year, request year, and three year forecasts for revenues into the fund and expenditures from the fund by agency. The requests should be sustainable for the length of the forecast based on anticipated revenues. Each agency is still requested to submit its portion of such request with its own budget document. This applies to requests for appropriation from: the Alcohol and Drug Driving Safety Program Fund, the Law Enforcement Assistance Fund, the Offender Identification Fund, the Persistent Drunk Driver Cash Fund, and the Sex Offender Surcharge Fund, among other programs.
- 2 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: This RFI was added in FY 2024-25 to help assist the Committee in determining when it will be necessary to appropriate ongoing operating costs for construction projects that were not yet complete. The most recent response indicates that the Fort Logan unit will be operational in the Fall of 2024, and the youth unit will be operational in 2026. Staff therefore recommends continuing the RFI until both units are fully operational.

- 3 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: This RFI was added in FY 2024-25 to proactively provide the Committee with information regarding the timing of consent decree payments. Staff recommends continuing the RFI.

- 4 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 COURT ORDERED OUTPATIENT RESTORATION SERVICES;
- c THE NUMBER OF COURT ORDERED INPATIENT RESTORATION SERVICES;
- d The number of people on the competency restoration wait list;
- e The average wait time for competency evaluation;
- f The range of wait time for competency evaluation;
- g The average wait time for outpatient competency restoration services;
- h The range of wait time for outpatient competency restoration;
- i The average wait time for inpatient competency restoration services;
- j The range of wait time for inpatient competency restoration services; and
- k Estimated number of inpatient competency restoration beds.

Comment: This RFI was added in FY 2024-25 to proactively provide the Committee with information regarding the competency restoration waitlist. Staff recommends continuing the RFI.

- 5 Department of Human Services, Behavioral Health Administration -- The Department is requested to provide the following information no later than ~~the submission of the November 1, 2023, budget request:~~ (1) the 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,~~ AND FY 2024-25, as well as the estimated amounts for ~~FY 2024-25~~ FY 2025-26; (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 in FY 2024-25 with the implementation of the Behavioral Health Administrative Service Organizations. In

addition, the response should include information on how the system going forward will account for additional comprehensive and essential safety net providers.

Comment: This RFI was added in 2023 to provide additional transparency into the allocation of the BHA’s various funding streams among comprehensive safety net providers. Staff recommends continuing the RFI given the General Assembly’s goal of adding safety net providers (both comprehensive and essential as outlined in H.B. 22-1278).

Appendix A: Numbers Pages

JBC Staff Figure Setting - FY 2025-26
Staff Working Document - Does Not Represent Committee Decision

Appendix A: Numbers Pages

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
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DEPARTMENT OF HUMAN SERVICES
Michelle Barnes, Executive Director

(1) EXECUTIVE DIRECTOR'S OFFICE

(A) General Administration

Personal Services	<u>2,947,557</u>	<u>1,170,707</u>	<u>3,156,620</u>	<u>3,029,518</u>	<u>3,009,074</u> *
FTE	25.8	28.3	23.3	19.3	19.3
General Fund	1,601,837	0	1,849,324	2,044,482	2,024,038
Cash Funds	0	0	0	0	0
Reappropriated Funds	1,345,720	1,170,707	1,307,296	985,036	985,036
Federal Funds	0	0	0	0	0
Health, Life, and Dental	<u>48,850,091</u>	<u>31,501,262</u>	<u>62,408,454</u>	<u>71,527,165</u>	<u>70,560,691</u> *
General Fund	37,653,120	19,596,008	37,631,312	43,174,382	42,248,346
Cash Funds	2,196,120	3,448,791	3,549,403	3,949,240	3,935,212
Reappropriated Funds	8,680,892	8,189,105	9,226,025	11,085,170	11,058,760
Federal Funds	319,959	267,358	12,001,714	13,318,373	13,318,373
Short-term Disability	<u>446,773</u>	<u>390,781</u>	<u>543,692</u>	<u>275,045</u>	<u>267,553</u> *
General Fund	357,116	311,943	350,914	178,047	170,821
Cash Funds	19,709	20,190	27,666	13,336	13,229
Reappropriated Funds	66,517	55,312	70,505	35,158	34,999
Federal Funds	3,431	3,336	94,607	48,504	48,504

JBC Staff Figure Setting - FY 2025-26
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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
Paid Family Medical Leave Insurance	0	0	1,631,023	1,742,072	1,719,593 *
General Fund	0	0	1,052,687	1,119,812	1,098,133
Cash Funds	0	0	82,999	85,364	85,042
Reappropriated Funds	0	0	211,515	225,082	224,604
Federal Funds	0	0	283,822	311,814	311,814
 S.B. 04-257 Amortization Equalization					
Disbursement	<u>14,363,158</u>	<u>13,359,735</u>	0	0	0
General Fund	11,418,994	10,639,954	0	0	0
Cash Funds	668,991	701,938	0	0	0
Reappropriated Funds	2,167,647	1,909,082	0	0	0
Federal Funds	107,526	108,761	0	0	0
 S.B. 06-235 Supplemental Amortization					
Equalization Disbursement	<u>14,363,158</u>	<u>13,359,735</u>	0	0	0
General Fund	11,418,994	10,639,954	0	0	0
Cash Funds	668,991	701,938	0	0	0
Reappropriated Funds	2,167,647	1,909,082	0	0	0
Federal Funds	107,526	108,761	0	0	0
 Unfunded Liability Amortization Equalization					
Disbursement Payments	0	0	36,244,938	38,712,682	38,213,157 *
General Fund	0	0	23,393,044	24,884,694	24,402,945
Cash Funds	0	0	1,844,426	1,896,986	1,889,831
Reappropriated Funds	0	0	4,700,324	5,001,812	4,991,191
Federal Funds	0	0	6,307,144	6,929,190	6,929,190

JBC Staff Figure Setting - FY 2025-26
Staff Working Document - Does Not Represent Committee Decision

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
Salary Survey	<u>10,163,614</u>	<u>21,564,241</u>	<u>13,579,244</u>	<u>13,661,755</u>	<u>9,752,706</u>
General Fund	7,981,128	17,879,793	8,743,496	10,039,982	6,130,933
Cash Funds	559,338	1,233,419	669,022	505,351	505,351
Reappropriated Funds	1,520,060	2,294,943	1,746,293	1,314,359	1,314,359
Federal Funds	103,088	156,086	2,420,433	1,802,063	1,802,063
Step Pay	<u>0</u>	<u>0</u>	<u>13,878,502</u>	<u>2,272,768</u>	<u>2,272,768</u>
General Fund	0	0	10,507,319	1,651,181	1,651,181
Cash Funds	0	0	1,156,211	155,850	155,850
Reappropriated Funds	0	0	1,078,304	250,808	250,808
Federal Funds	0	0	1,136,668	214,929	214,929
Incentives and Bonuses	<u>0</u>	<u>0</u>	<u>3,300,480</u>	<u>0</u>	<u>0</u>
General Fund	0	0	3,300,480	0	0
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
PERA Direct Distribution	<u>2,794,594</u>	<u>1,214,283</u>	<u>7,859,623</u>	<u>7,379,119</u>	<u>7,379,119</u>
General Fund	0	3,603	5,305,245	4,980,905	4,980,905
Cash Funds	0	0	0	0	0
Reappropriated Funds	2,794,594	1,210,680	2,554,378	2,398,214	2,398,214
Federal Funds	0	0	0	0	0
Shift Differential	<u>8,622,427</u>	<u>6,709,519</u>	<u>10,232,894</u>	<u>13,236,261</u>	<u>13,236,261</u>
General Fund	6,259,535	4,822,475	6,798,902	5,994,152	5,994,152
Cash Funds	182,415	185,023	373,939	528,511	528,511
Reappropriated Funds	2,136,664	1,667,913	2,069,602	2,326,707	2,326,707
Federal Funds	43,813	34,108	990,451	4,386,891	4,386,891

JBC Staff Figure Setting - FY 2025-26
Staff Working Document - Does Not Represent Committee Decision

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
Temporary Employees Related to Authorized Leave	<u>1,042,082</u>	<u>270,213</u>	<u>1,575,658</u>	<u>1,575,658</u>	<u>1,575,658</u>
General Fund	1,042,082	0	1,042,082	1,042,082	1,042,082
Cash Funds	0	44,080	57,247	57,247	57,247
Reappropriated Funds	0	226,133	226,064	226,064	226,064
Federal Funds	0	0	250,265	250,265	250,265
Workers' Compensation	<u>9,426,840</u>	<u>2,896,105</u>	<u>9,541,384</u>	<u>9,767,694</u>	<u>9,753,546</u>
General Fund	5,852,423	0	5,924,423	6,067,770	6,058,923
Cash Funds	0	0	0	0	0
Reappropriated Funds	3,574,417	2,896,105	3,616,961	3,699,924	3,694,623
Federal Funds	0	0	0	0	0
Operating Expenses	<u>548,061</u>	<u>493,801</u>	<u>494,244</u>	<u>488,844</u>	<u>488,844</u> *
General Fund	243,052	243,052	243,052	243,544	243,544
Cash Funds	0	0	0	0	0
Reappropriated Funds	305,009	250,749	250,242	244,350	244,350
Federal Funds	0	0	950	950	950
Legal Services	<u>4,229,289</u>	<u>6,107,819</u>	<u>5,996,490</u>	<u>5,780,752</u>	<u>5,780,752</u>
General Fund	2,590,965	4,451,042	4,386,079	4,219,949	4,219,949
Cash Funds	0	0	0	0	0
Reappropriated Funds	1,638,324	1,656,777	1,610,411	1,560,803	1,560,803
Federal Funds	0	0	0	0	0
Administrative Law Judge Services	<u>1,067,699</u>	<u>663,443</u>	<u>834,562</u>	<u>1,646,250</u>	<u>1,644,899</u> *
General Fund	397,887	450,511	514,280	1,014,464	1,217,267
Cash Funds	0	0	0	0	0
Reappropriated Funds	669,812	212,932	320,282	631,786	427,632
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2025-26
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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
Payment to Risk Management and Property Funds	<u>3,255,687</u>	<u>771,277</u>	<u>4,043,601</u>	<u>4,725,290</u>	<u>5,241,275</u>
General Fund	2,829,127	0	3,511,144	4,103,845	4,551,775
Cash Funds	0	0	0	0	0
Reappropriated Funds	426,560	771,277	532,457	621,445	689,500
Federal Funds	0	0	0	0	0
Office of the Ombudsman for Behavioral Health					
Access to Care	<u>129,400</u>	<u>36,205</u>	<u>482,087</u>	<u>555,192</u>	<u>555,192</u>
FTE	0.0	1.0	4.8	5.0	5.0
General Fund	129,400	36,205	482,087	555,192	555,192
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Centrally Appropriated Personal Services (ARPA Swap)	<u>0</u>	<u>214,000,000</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	0	0	(63,182,048)	0	0
Cash Funds	0	0	63,182,048	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	214,000,000	0	0	0
SUBTOTAL - (A) General Administration	122,250,430	314,509,126	175,803,496	176,376,065	171,451,088
FTE	<u>25.8</u>	<u>29.3</u>	<u>28.1</u>	<u>24.3</u>	<u>24.3</u>
General Fund	89,775,660	69,074,540	51,853,822	111,314,483	106,590,186
Cash Funds	4,295,564	6,335,379	70,942,961	7,191,885	7,170,273
Reappropriated Funds	27,493,863	24,420,797	29,520,659	30,606,718	30,427,650
Federal Funds	685,343	214,678,410	23,486,054	27,262,979	27,262,979

JBC Staff Figure Setting - FY 2025-26
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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
(B) Indirect Cost Assessment					
Indirect Cost Assessment	<u>1,252,807</u>	<u>821,651</u>	<u>1,103,021</u>	<u>1,109,935</u>	<u>1,109,700</u> *
General Fund	0	0	0	0	0
Cash Funds	1,086,190	649,817	902,636	901,393	901,393
Reappropriated Funds	166,617	171,834	173,813	180,638	180,433
Federal Funds	0	0	26,572	27,904	27,874
SUBTOTAL - (B) Indirect Cost Assessment	1,252,807	821,651	1,103,021	1,109,935	1,109,700
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	0	0	0	0	0
Cash Funds	1,086,190	649,817	902,636	901,393	901,393
Reappropriated Funds	166,617	171,834	173,813	180,638	180,433
Federal Funds	0	0	26,572	27,904	27,874
TOTAL - (1) Executive Director's Office	123,503,237	315,330,777	176,906,517	177,486,000	172,560,788
<i>FTE</i>	<u>25.8</u>	<u>29.3</u>	<u>28.1</u>	<u>24.3</u>	<u>24.3</u>
General Fund	89,775,660	69,074,540	51,853,822	111,314,483	106,590,186
Cash Funds	5,381,754	6,985,196	71,845,597	8,093,278	8,071,666
Reappropriated Funds	27,660,480	24,592,631	29,694,472	30,787,356	30,608,083
Federal Funds	685,343	214,678,410	23,512,626	27,290,883	27,290,853

JBC Staff Figure Setting - FY 2025-26
Staff Working Document - Does Not Represent Committee Decision

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
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(5) BEHAVIORAL HEALTH ADMINISTRATION

(A) Community Behavioral Health Administration

ijuana Tax Cash Fund.

Program Administration	14,120,364	11,208,806	19,758,626	22,362,560	23,023,307
FTE	95.8	115.1	165.4	170.1	160.1
General Fund	6,251,106	2,926,300	12,001,405	12,885,631	10,838,679
Cash Funds	1,533,863	1,332,878	2,208,232	3,120,877	4,120,877
Reappropriated Funds	354,645	501,260	905,883	926,843	926,843
Federal Funds	5,980,750	6,448,368	4,643,106	5,429,209	7,136,908
Behavioral Health Capacity Tracking System	0	31,809 1.0	42,611	42,611	42,611
General Fund	0	0	0	0	0
Cash Funds	0	31,809	42,611	42,611	42,611
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Behavioral Health Workforce Learning Management System	0	705,906	808,935	773,935	773,935
FTE	0.0	0.0	1.0	1.0	1.0
General Fund	0	705,906	808,935	773,935	773,935
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2025-26
Staff Working Document - Does Not Represent Committee Decision

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
Emergency Commitment Data Collection and Storage	0	0	18,945	0	0
General Fund	0	0	18,945	0	0
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

SUBTOTAL - (A) Community Behavioral Health Administration	14,120,364	11,946,521	20,629,117	23,179,106	23,839,853
<i>FTE</i>	<u>95.8</u>	<u>116.1</u>	<u>166.4</u>	<u>171.1</u>	<u>161.1</u>
General Fund	6,251,106	3,632,206	12,829,285	13,659,566	11,612,614
Cash Funds	1,533,863	1,364,687	2,250,843	3,163,488	4,163,488
Reappropriated Funds	354,645	501,260	905,883	926,843	926,843
Federal Funds	5,980,750	6,448,368	4,643,106	5,429,209	7,136,908

(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 2.2</u>	<u>38,303,570</u>	<u>40,653,570</u>	<u>52,063,993</u>
General Fund	28,616,022	29,474,503	30,063,993	32,413,993	30,063,993
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	22,508,269	24,428,344	8,239,577	8,239,577	22,000,000
 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>	 <u>18,366,392</u>
General Fund	17,481,813	18,006,267	18,366,392	18,366,392	18,366,392
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2025-26
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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
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>	<u>6,210,075</u>
General Fund	0	0	0	0	0
Cash Funds	5,910,980	5,899,047	6,210,075	6,210,075	6,210,075
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Children and Youth Mental Health Treatment Act	<u>6,048,856</u>	<u>6,765,224</u>	<u>7,955,159</u>	<u>8,110,513</u>	<u>8,110,513</u>
General Fund	5,617,032	6,368,097	7,363,781	7,519,135	7,519,135
Cash Funds	431,824	397,127	453,698	453,698	453,698
Reappropriated Funds	0	0	137,680	137,680	137,680
Federal Funds	0	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>	<u>663,253</u>
General Fund	631,309	650,248	663,253	663,253	663,253
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Behavioral Health Vouchers	<u>49,831</u>	<u>50,000</u>	<u>50,000</u>	<u>50,000</u>	<u>0</u>
General Fund	49,831	50,000	50,000	50,000	0
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Access to Behavioral Health Care	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,150,656</u>	<u>0</u>
General Fund	0	0	0	1,150,656	0

JBC Staff Figure Setting - FY 2025-26
Staff Working Document - Does Not Represent Committee Decision

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
Veterans Mental Health Services	0	0	0	5,000,000	5,000,000
Cash Funds	0	0	0	5,000,000	5,000,000
Veteran Suicide Prevention Pilot Program	<u>2,953,200</u>	<u>3,022,813</u>	<u>3,089,376</u>	0	0
General Fund	2,953,200	3,022,813	3,089,376	0	0
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

SUBTOTAL - (B) Community-based Mental Health Services	84,200,280	88,296,446	74,637,825	80,204,459	90,414,226
<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	59,596,795	60,163,429	56,612,773
Cash Funds	6,342,804	6,296,174	6,663,773	11,663,773	11,663,773
Reappropriated Funds	0	0	137,680	137,680	137,680
Federal Funds	22,508,269	24,428,344	8,239,577	8,239,577	22,000,000

JBC Staff Figure Setting - FY 2025-26
Staff Working Document - Does Not Represent Committee Decision

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
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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>	<u>53,392,307</u>
FTE	0.8	0.7	2.1	2.1	2.1
General Fund	15,301,518	19,900,258	14,096,426	15,871,526	15,871,526
Cash Funds	6,222,496	9,494,636	7,020,781	7,520,781	7,520,781
Reappropriated Funds	0	0	0	0	0
Federal Funds	33,315,966	39,925,065	19,193,467	19,448,467	30,000,000
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>	<u>16,938,566</u>
General Fund	0	0	0	0	0
Cash Funds	17,397,132	25,092,008	16,938,566	16,938,566	16,938,566
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	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>	<u>7,051,149</u>
General Fund	0	0	0	0	0
Cash Funds	9,744	22,388	51,149	51,149	51,149
Reappropriated Funds	0	0	0	0	0
Federal Funds	6,808,954	8,111,493	6,331,016	6,331,016	7,000,000

JBC Staff Figure Setting - FY 2025-26
Staff Working Document - Does Not Represent Committee Decision

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
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>	<u>2,583,275</u>
FTE	0.0	0.0	0.0	0.0	0.0
General Fund	0	0	0	0	0
Cash Funds	2,233,232	2,334,631	2,583,275	2,583,275	2,583,275
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	3,387,818	3,387,818	0
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>	<u>4,000,000</u>
FTE	0.5	0.4	1.0	1.0	1.0
General Fund	4,390,630	3,913,513	4,000,000	4,004,823	4,000,000
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	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>	<u>3,318,616</u> *
FTE	0.0	0.0	0.0	0.0	0.0
General Fund	2,853,778	3,087,591	3,318,616	4,423,789	3,318,616
Cash Funds	0	0	0	0	0
Reappropriated Funds	1,168,012	924,941	1,105,173	0	0
Federal Funds	0	0	0	0	0
Recovery Residence Certification Program	<u>224,646</u>	<u>200,000</u>	<u>200,000</u>	<u>200,000</u>	<u>200,000</u>
General Fund	224,646	200,000	200,000	200,000	200,000
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2025-26
Staff Working Document - Does Not Represent Committee Decision

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

JBC Staff Figure Setting - FY 2025-26
Staff Working Document - Does Not Represent Committee Decision

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
Managed Service Organization Regional Evaluations	316,250	0	0	0	0
General Fund	316,250	0	0	0	0
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
SUBTOTAL - FY 2017-18 Long Bill Structure	90,592,358	113,231,524	79,749,745	80,839,173	87,561,876
<i>FTE</i>	<u>1.3</u>	<u>1.1</u>	<u>4.6</u>	<u>3.1</u>	<u>3.1</u>
General Fund	23,086,822	27,101,362	22,910,537	24,500,138	23,390,142
Cash Funds	26,212,604	37,168,663	26,821,734	27,171,734	27,171,734
Reappropriated Funds	1,168,012	924,941	1,105,173	0	0
Federal Funds	40,124,920	48,036,558	28,912,301	29,167,301	37,000,000
SUBTOTAL - (C) Substance Use Treatment and Prevention Services	90,592,358	113,231,524	79,749,745	80,839,173	87,561,876
<i>FTE</i>	<u>1.3</u>	<u>1.1</u>	<u>4.6</u>	<u>3.1</u>	<u>3.1</u>
General Fund	23,086,822	27,101,362	22,910,537	24,500,138	23,390,142
Cash Funds	26,212,604	37,168,663	26,821,734	27,171,734	27,171,734
Reappropriated Funds	1,168,012	924,941	1,105,173	0	0
Federal Funds	40,124,920	48,036,558	28,912,301	29,167,301	37,000,000

JBC Staff Figure Setting - FY 2025-26
Staff Working Document - Does Not Represent Committee Decision

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
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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>39,837,978</u>	<u>39,837,978</u>
General Fund	25,497,236	25,640,511	26,787,396	31,327,708	31,327,708
Cash Funds	4,137,476	4,261,600	4,346,832	7,346,832	7,346,832
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	1,163,438	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>	<u>594,572</u>
General Fund	0	0	0	0	0
Cash Funds	401,842	570,189	594,572	594,572	594,572
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	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>	<u>3,863,938</u>
General Fund	3,623,434	3,428,061	3,496,622	0	0
Cash Funds	0	318,022	367,316	3,863,938	3,863,938
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

Crisis Response System - Marketing

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

JBC Staff Figure Setting - FY 2025-26
Staff Working Document - Does Not Represent Committee Decision

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
Community Transition Services	<u>7,563,171</u>	<u>7,790,066</u>	<u>7,945,867</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	7,945,867
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	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>	<u>7,954,471</u>
FTE	0.7	1.1	2.3	2.3	2.3
General Fund	1,556,480	2,393,262	1,987,498	1,740,348	1,740,348
Cash Funds	5,314,501	5,960,441	6,099,775	6,214,123	6,214,123
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	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>	<u>16,241,451</u> *
FTE	0.0	0.0	0.0	0.0	0.0
General Fund	9,033,797	7,099,462	7,241,451	7,748,929	7,241,451
Cash Funds	0	0	0	0	0
Reappropriated Funds	7,005,078	7,005,068	9,507,478	9,000,000	9,000,000
Federal Funds	0	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>6,783,945</u>	<u>6,533,945</u>	<u>6,467,949</u> *
General Fund	607,520	626,462	338,286	704,282	638,286
Cash Funds	5,213,646	5,705,585	5,741,377	5,829,663	5,829,663
Reappropriated Funds	447,634	904,282	704,282	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2025-26
Staff Working Document - Does Not Represent Committee Decision

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

JBC Staff Figure Setting - FY 2025-26
Staff Working Document - Does Not Represent Committee Decision

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
988 Crisis Hotline	<u>9,894,591</u>	<u>14,742,251</u>	<u>12,530,464</u>	<u>12,584,264</u>	<u>12,584,264</u>
FTE	1.6	3.7	2.0	2.0	2.0
General Fund	0	0	0	0	0
Cash Funds	9,894,591	14,742,251	12,530,464	12,584,264	12,584,264
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
School Mental Health Screening Program	<u>0</u>	<u>0</u>	<u>898,930</u>	<u>1,760,708</u>	<u>0</u>
General Fund	0	0	898,930	1,760,708	0
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	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>	<u>760,700</u>
General Fund	0	0	0	0	0
Cash Funds	621,789	677,748	760,700	760,700	760,700
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Youth Residential Treatment	<u>0</u>	<u>0</u>	<u>4,768,854</u>	<u>0</u>	<u>0</u>
FTE	0.0	0.0	0.0	0.0	0.0
General Fund	0	0	0	0	0
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	4,768,854	0	0

JBC Staff Figure Setting - FY 2025-26
Staff Working Document - Does Not Represent Committee Decision

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

JBC Staff Figure Setting - FY 2025-26
Staff Working Document - Does Not Represent Committee Decision

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
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SUBTOTAL - (D) Integrated Behavioral Health					
Services	83,331,304	94,526,103	109,779,705	107,736,638	105,397,468
<i>FTE</i>	<u>3.0</u>	<u>7.3</u>	<u>6.5</u>	<u>6.3</u>	<u>6.3</u>
General Fund	50,294,747	54,380,917	60,358,055	60,379,108	58,039,938
Cash Funds	25,583,845	32,235,836	34,441,036	37,194,092	37,194,092
Reappropriated Funds	7,452,712	7,909,350	10,211,760	9,000,000	9,000,000
Federal Funds	0	0	4,768,854	1,163,438	1,163,438

(E) Indirect Cost Assessment

Indirect Cost Assessment	<u>2,844,287</u>	<u>2,992,538</u>	<u>3,653,430</u>	<u>3,828,013</u>	<u>3,824,514</u> *
General Fund	0	0	0	0	0
Cash Funds	1,898,396	2,066,982	1,953,330	2,043,266	2,041,395
Reappropriated Funds	6,407	374	58,602	60,904	60,848
Federal Funds	939,484	925,182	1,641,498	1,723,843	1,722,271
SUBTOTAL - (E) Indirect Cost Assessment	2,844,287	2,992,538	3,653,430	3,828,013	3,824,514
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	0	0	0	0	0
Cash Funds	1,898,396	2,066,982	1,953,330	2,043,266	2,041,395
Reappropriated Funds	6,407	374	58,602	60,904	60,848
Federal Funds	939,484	925,182	1,641,498	1,723,843	1,722,271

JBC Staff Figure Setting - FY 2025-26
Staff Working Document - Does Not Represent Committee Decision

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
TOTAL - (5) Behavioral Health Administration	275,088,593	310,993,132	288,449,822	295,787,389	311,037,937
<i>FTE</i>	<u>100.1</u>	<u>126.7</u>	<u>177.5</u>	<u>180.5</u>	<u>170.5</u>
General Fund	134,981,882	142,686,413	155,694,672	158,702,241	149,655,467
Cash Funds	61,571,512	79,132,342	72,130,716	81,236,353	82,234,482
Reappropriated Funds	8,981,776	9,335,925	12,419,098	10,125,427	10,125,371
Federal Funds	69,553,423	79,838,452	48,205,336	45,723,368	69,022,617

JBC Staff Figure Setting - FY 2025-26
Staff Working Document - Does Not Represent Committee Decision

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
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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>	<u>0</u>
FTE	14.1	0.0	0.0	0.0	0.0
General Fund	712,007	0	0	0	0
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
 OBH Administration	 <u>0</u>	 <u>143,367</u>	 <u>835,871</u>	 <u>939,071</u>	 <u>918,627</u>
FTE	0.0	42.8	4.3	4.0	4.0
General Fund	0	143,367	835,871	939,071	918,627
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	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>	 <u>2,871,718</u>
General Fund	2,075,147	2,403,802	2,403,802	3,223,526	2,871,718
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2025-26
Staff Working Document - Does Not Represent Committee Decision

	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
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SUBTOTAL - (A) Administration	2,787,154	2,547,169	3,239,673	4,162,597	3,790,345
<i>FTE</i>	<u>14.1</u>	<u>42.8</u>	<u>4.3</u>	<u>4.0</u>	<u>4.0</u>
General Fund	2,787,154	2,547,169	3,239,673	4,162,597	3,790,345
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

(B) Mental Health Institute - Ft. Logan

Personal Services	<u>33,124,142</u>	<u>44,484,996</u>	<u>48,229,845</u>	<u>55,597,071</u>	<u>55,176,947</u>
<i>FTE</i>	208.9	257.5	322.8	386.6	385.6
General Fund	31,531,849	11,868,289	46,423,240	53,577,469	53,157,345
Cash Funds	1,497,867	32,584,829	1,712,179	1,861,650	1,861,650
Reappropriated Funds	94,426	31,878	94,426	157,952	157,952
Federal Funds	0	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>	 <u>1,003,297</u>
General Fund	1,519,456	1,328,471	815,297	1,003,297	1,003,297
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

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

JBC Staff Figure Setting - FY 2025-26
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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
SUBTOTAL - (B) Mental Health Institute - Ft. Logan	38,050,000	50,168,080	52,736,861	61,233,655	60,813,531
<i>FTE</i>	<u>208.9</u>	<u>257.5</u>	<u>322.8</u>	<u>386.6</u>	<u>385.6</u>
General Fund	36,202,434	17,342,480	50,674,115	58,957,912	58,537,788
Cash Funds	1,706,665	32,793,722	1,921,845	2,071,316	2,071,316
Reappropriated Funds	140,901	31,878	140,901	204,427	204,427
Federal Funds	0	0	0	0	0

(C) Mental Health Institute - Pueblo

Personal Services	<u>117,380,918</u>	<u>119,036,952</u>	<u>138,919,434</u>	<u>138,795,020</u>	<u>138,795,020</u>
<i>FTE</i>	756.9	704.6	1,059.0	1,059.0	1,059.0
General Fund	106,324,737	20,343,955	126,890,902	125,889,736	125,889,736
Cash Funds	3,309,068	91,403,812	3,898,149	4,287,703	4,287,703
Reappropriated Funds	7,747,113	7,289,185	8,130,383	8,617,581	8,617,581
Federal Funds	0	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>	<u>2,784,664</u>
General Fund	3,550,458	2,279,175	2,784,664	2,784,664	2,784,664
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Operating Expenses	<u>7,412,663</u>	<u>8,861,263</u>	<u>9,059,068</u>	<u>9,120,026</u>	<u>9,120,026</u>
General Fund	3,751,788	5,284,527	4,395,918	4,395,918	4,395,918
Cash Funds	395,155	60,079	395,155	395,155	395,155
Reappropriated Funds	3,265,720	3,516,657	4,267,995	4,328,953	4,328,953
Federal Funds	0	0	0	0	0

JBC Staff Figure Setting - FY 2025-26
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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
Capital Outlay	<u>375,945</u>	<u>324,068</u>	<u>324,068</u>	<u>324,068</u>	<u>324,068</u>
General Fund	375,945	324,068	324,068	324,068	324,068
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
Pharmaceuticals	<u>5,170,630</u>	<u>4,467,447</u>	<u>4,714,182</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	4,480,700
Cash Funds	195,861	195,861	195,861	195,861	195,861
Reappropriated Funds	37,621	0	37,621	37,621	37,621
Federal Funds	0	0	0	0	0
Educational Programs	<u>126,547</u>	<u>137,622</u>	<u>236,402</u>	<u>236,402</u>	<u>236,402</u>
FTE	0.0	0.1	2.7	2.7	2.7
General Fund	31,094	31,094	31,094	31,094	31,094
Cash Funds	0	0	0	0	0
Reappropriated Funds	80,868	91,776	205,308	205,308	205,308
Federal Funds	14,585	14,752	0	0	0
SUBTOTAL - (C) Mental Health Institute - Pueblo	134,017,161	135,106,527	156,037,818	155,974,362	155,974,362
FTE	<u>756.9</u>	<u>704.7</u>	<u>1,061.7</u>	<u>1,061.7</u>	<u>1,061.7</u>
General Fund	118,971,170	32,534,405	138,907,346	137,906,180	137,906,180
Cash Funds	3,900,084	91,659,752	4,489,165	4,878,719	4,878,719
Reappropriated Funds	11,131,322	10,897,618	12,641,307	13,189,463	13,189,463
Federal Funds	14,585	14,752	0	0	0

JBC Staff Figure Setting - FY 2025-26
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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
(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>	<u>1,315,449</u>
FTE	8.9	11.9	15.9	15.9	15.9
General Fund	1,167,746	192,287	1,279,624	1,328,736	1,315,449
Cash Funds	0	764,047	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	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>	 <u>2,551,541</u>
FTE	18.3	20.4	28.0	28.0	28.0
General Fund	1,495,996	491,795	2,518,734	2,551,541	2,551,541
Cash Funds	0	1,441,919	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	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>	 <u>8,984,890</u>
FTE	49.9	47.5	67.6	67.6	67.6
General Fund	8,978,501	3,347,495	8,877,265	8,984,890	8,984,890
Cash Funds	0	5,165,661	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	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>	 <u>4,560,186</u>
FTE	16.6	17.2	20.4	20.4	20.4
General Fund	2,970,739	1,696,679	4,439,893	4,560,186	4,560,186
Cash Funds	0	1,237,790	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

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

JBC Staff Figure Setting - FY 2025-26
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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
SUBTOTAL - (D) Forensic Services	30,500,452	44,157,792	68,905,490	67,300,035	67,286,748
<i>FTE</i>	<u>102.6</u>	<u>110.5</u>	<u>147.2</u>	<u>147.2</u>	<u>147.2</u>
General Fund	30,500,452	35,548,375	68,905,490	67,300,035	67,286,748
Cash Funds	0	8,609,417	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

(E) Consent Decree Fines and Costs

Consent Decree Fines and Costs	<u>11,134,173</u>	<u>11,787,297</u>	<u>12,230,000</u>	<u>7,230,000</u>	<u>12,508,556</u>
General Fund	11,134,173	11,787,297	12,230,000	7,230,000	12,508,556
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
SUBTOTAL - (E) Consent Decree Fines and Costs	11,134,173	11,787,297	12,230,000	7,230,000	12,508,556
<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	12,508,556
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	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>	<u>17,145,935</u>
<i>FTE</i>	0.0	0.0	21.8	53.2	53.2
General Fund	0	0	10,016,971	12,613,693	9,398,390
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	2,582,515	4,984,579	7,747,545
Federal Funds	0	0	0	0	0

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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
SUBTOTAL - (F) Residential Behavioral Health Beds	0	0	12,599,486	17,598,272	17,145,935
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>21.8</u>	<u>53.2</u>	<u>53.2</u>
General Fund	0	0	10,016,971	12,613,693	9,398,390
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	2,582,515	4,984,579	7,747,545
Federal Funds	0	0	0	0	0
(G) Indirect Cost Assessment					
Indirect Cost Assessment	<u>1,645,564</u>	<u>2,232,857</u>	<u>3,506,419</u>	<u>3,657,296</u>	<u>3,653,939</u> *
General Fund	0	0	0	0	0
Cash Funds	1,645,564	892,983	1,946,084	2,035,686	2,033,823
Reappropriated Funds	0	1,339,874	1,560,335	1,621,610	1,620,116
Federal Funds	0	0	0	0	0
SUBTOTAL - (G) Indirect Cost Assessment	1,645,564	2,232,857	3,506,419	3,657,296	3,653,939
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	0	0	0	0	0
Cash Funds	1,645,564	892,983	1,946,084	2,035,686	2,033,823
Reappropriated Funds	0	1,339,874	1,560,335	1,621,610	1,620,116
Federal Funds	0	0	0	0	0
TOTAL - (6) Office of Behavioral Health	218,134,504	245,999,722	309,255,747	317,156,217	321,173,416
<i>FTE</i>	<u>1,082.5</u>	<u>1,115.5</u>	<u>1,557.8</u>	<u>1,652.7</u>	<u>1,651.7</u>
General Fund	199,595,383	99,759,726	283,973,595	288,170,417	289,428,007
Cash Funds	7,252,313	133,955,874	8,357,094	8,985,721	8,983,858
Reappropriated Funds	11,272,223	12,269,370	16,925,058	20,000,079	22,761,551
Federal Funds	14,585	14,752	0	0	0

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	FY 2022-23 Actual	FY 2023-24 Actual	FY 2024-25 Appropriation	FY 2025-26 Request	FY 2025-26 Recommendation
TOTAL - Department of Human Services	616,726,334	872,323,631	774,612,086	790,429,606	804,772,141
<i>FTE</i>	<u>1,208.4</u>	<u>1,271.5</u>	<u>1,763.4</u>	<u>1,857.5</u>	<u>1,846.5</u>
General Fund	424,352,925	311,520,679	491,522,089	558,187,141	545,673,660
Cash Funds	74,205,579	220,073,412	152,333,407	98,315,352	99,290,006
Reappropriated Funds	47,914,479	46,197,926	59,038,628	60,912,862	63,495,005
Federal Funds	70,253,351	294,531,614	71,717,962	73,014,251	96,313,470